## INTERNATIONAL SECTION 214 APPLICATION FCC FORM 214 FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Zactly Managed Services FCC 214 Application

1. Applicant				
N	Name:	Zactly Managed Services, LLC	Phone Number:	609-683-9682
	OBA Name:		Fax Number:	
S	Street:	3760 Lawrenceville Rd	E-Mail:	vbakunoff@dvfund.com
	City:	Princeton	State:	NJ
	Country:	USA	Zipcode:	08540 –
A	Attention:	Mr Victor J Bakunoff		

2. Contact	t					
	Name:	Zactly Managed Services, LLC	Phone Number:	609-683-9682		
	Company:		Fax Number:			
	Street:	3760 Lawrenceville Rd	E-Mail:	vbakunoff@dvfund.com		
	City:	Princeton	State:	NJ		
	<b>Country:</b>	USA	Zipcode:	08540 –		
	Attention:		Relationship:			
3. Place of	f Incorporation	n of Applicant State of Delawar	e, USA			
4. Other C	Company(ies)	and Place(s) of Incorporation				
5. Service	Type(s) (chec	ck all that apply)				
	• • • • •	d Global Facilities—Based Authority	(Section 63.18(e)(1))			
Glo	Global or Limited Global Resale Authority (Section 63.18(e)(2))					
	Individual Facilities—Based Service (Section 63.18(e)(3))					
Ind	lividual Switcl	hed Resale Service (Section 63.18(e	)(3))			
Ind	Individual Facilities–Based and Resale Service (Section 63.18(e)(3))					
Sw	Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))					
Inn	Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))					
Ov	Overseas Cable Construction (Section 63.18(e)(3))					
Ind	lividual Non-	Interconnected Private Line Resale S	Service (Section 63.18(e)(3))			
Oth	ner (Section 63	3.18(e)(3))				

	ed with this application? e and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
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	Entity Noncommercial educational licensee
Other(please ex	aplain):
6b. Fee Classification	on CUT – Section 214 Authority
7. Destination Cour "Countries X, Y, and	ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or d Z only".) All international points
All International Po	ion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to ints Except Country X) description does not appear in this box, please go to the end of the form to view it in its entirety.)
	Application for authority to provide international resold long distance service to all international points.
	nt request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in ement of how the application qualifies for streamlined processing.
10. If applying for a Attachment 1.	authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in

Applicant c	ertifies that	its responses	to questions	11 through 1'	7 are true:

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

represent certifies that its responses to questions in an ough 17 are true.		
11. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m).		
12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	O Yes	No
13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	O Yes	No
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.		

16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	•	Yes	٥	No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	•	Yes	٥	No

## **CERTIFICATION**

18. Typed Name of Person Signing (Must be a Corp Victor Bakunoff III	19. Title of Person Signing CEO			
WILLFUL FALSE STATEMENTS MAD (U.S. Code, Title 18, Section 19) (U.S. Code, Title 47, Section 3)	001), AND/OR REV	OCATION OF ANY S'	TATION AUTHORIZATION	
20. 1: Attachment 1	2: Attachment 2		3:	

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