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: Haxtun Telephone Company Application for Section 214 Authorization for Global or Limited Global Resale

1. Applicant			
Name:	Haxtun Telephone Company	Phone Number:	970–774–7611
DBA Name:		Fax Number:	
Street:	505 Plaza Circle	E-Mail:	amolina@townes.net
	Suite 200		
City:	Orange Park	State:	FL
Country:	USA	Zipcode:	32073 –
Attention:	Amanda Molina		

2. Contact					
	Name:	Amanda Molina	Phone Number:	904–403–7533	
	Company:	Townes Telecommunications, Inc.	Fax Number:		
	Street:	4300 Blackland Dr.	E-Mail:	amolina@townes.net	
	City:	Marietta	State:	GA	
	Country:	USA	Zipcode:	30067 –	
	Attention:	05/1	Relationship:	30001	
	1 Itterition.		Telutionship.		
3. Place of	Incorporation	n of Applicant Colorado			
4. Other C	ompany(ies) a	and Place(s) of Incorporation			
5. Service	Type(s) (chec	ek all that apply)			
	• • • • •	d Global Facilities–Based Authority	(Section 63.18(e)(1))		
Glo	bal or Limited	d Global Resale Authority (Section 6	63.18(e)(2))		
	ividual Facilit	ies-Based Service (Section 63.18(e)	(3))		
Indi	Individual Switched Resale Service (Section 63.18(e)(3))				
Indi	Individual Facilities—Based and Resale Service (Section 63.18(e)(3))				
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))					
Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))					
Overseas Cable Construction (Section 63.18(e)(3))					
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))					
Oth	Other (Section 63.18(e)(3))				

6a. Is a fee submitted with this application? If No. indicate reason for fee evention (see 47 C.E.P. Section 1.	1 1114)
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1)	l.1114).
Governmental Entity Noncommercial educational licensee	
Other(please explain):	
6b. Fee Classification CUT – Section 214 Authority	
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X "Countries X, Y, and Z only".) All international points	and Country Y" or
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Base All International Points Except Country X) (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)	ed and Resold Services to
Application of Haxtun Telephone Company for Section 214 Authorization Global or Limited Global Resale	ation
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing.	Yes No
10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the recent attachment 1.	quired 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 Corporate Officer) Amanda Molina		19. Title of Person Signing AVP of External Relations		
(U.S. Code, Title 18, Section	1001), AND/OR REVOCA	PUNISHABLE BY FINE AND / OR IMPRICION OF ANY STATION AUTHORIZATIO FEITURE (U.S. Code, Title 47, Section 503)	N	
20. 1: Attachment 1	2: Attachment 2	3:		

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