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: Callmonitor LLC

| Name: | callmonitor llc | Phone Number: | 415–446–9888 |
|--------------|----------------------------------|---------------|-------------------------|
| DBA Name: | | Fax Number: | |
| Street: | 1700 Montgomery Street suite 101 | E–Mail: | richard@callmonitor.com |
| City: | san francisco | State: | CA |
| Country: | USA | Zipcode: | 94111 – |
| Attention: | richard offenbach | | |

| 2. Contact | | | | |
|---------------|-------------------|-------------------------------------|----------------------------------|-------------------------|
| | Name: | Richard Offenbach | Phone Number: | 415–446–9888 |
| | Company: | Callmonitor LLC | Fax Number: | |
| | Street: | 1700 Montgomery Street | E-Mail: | richard@callmonitor.com |
| | | Suite 101 | | |
| | City: | San Francisco | State: | CA |
| | Country: | USA | Zipcode: | 94111 – |
| | Attention: | | Relationship: | Other |
| | | | | |
| | | | | |
| 3. Place of | Incorporation | n of Applicant Nevada | | |
| 4. Other Co | ompany(ies) a | and Place(s) of Incorporation | | |
| | | | | |
| 5. Service | Type(s) (chec | k all that apply) | | |
| Glo | bal or Limited | d Global Facilities-Based Author | rity (Section 63.18(e)(1)) | |
| ★ Glol | bal or Limited | d Global Resale Authority (Secti | on 63.18(e)(2)) | |
| Indi | vidual Facilit | ies-Based Service (Section 63.18 | 8(e)(3)) | |
| Indi | vidual Switch | ned Resale Service (Section 63.18 | 8(e)(3)) | |
| Indi | vidual Facilit | ies-Based and Resale Service (S | ection 63.18(e)(3)) | |
| Swi | tched Service | s over Private Lines (ISR) (Section | on 63.16 and/or 63.18 (e)(3)) | |
| Inm | arsat and Mol | bile Satellite Service (Section 63 | .18(e)(3)) | |
| | rseas Cable C | Construction (Section 63.18(e)(3) |) | |
| Indi | vidual Non–I | nterconnected Private Line Resal | le Service (Section 63.18(e)(3)) | |
| Oth | er (Section 63 | 3.18(e)(3)) | | |

| | tted with this application? ete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| ~ | l Entity Noncommercial educational licensee | |
| Other(please e | - | |
| 6b. Fee Classificati | tion CUT – Section 214 Authority | |
| 7. Destination Cou "Countries X, Y, ar | untry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y and Z only".) All international points | " or |
| All International P | ption of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Soints Except Country X) and description does not appear in this box, please go to the end of the form to view it in its entirety.) | ervices to |
| | Application to resell Inmarsat and Mobile Satellite Service to all permissible international points pursuant to section 63.18(e)(3) of the rules; and Global Resale Authority to all permissible international points pursuant to Section 63.18(e)(2) | |
| Attachment 1 a sta | cant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in atement of how the application qualifies for streamlined processing. The authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the services over private lines pursuant to Section 63.16, provide the required showing in the section of the section 63.16, provide the required showing in the section 64.16 and 64.16 are section 64.16 are | o No |

| 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.

| applicant certifies that its responses to questions 11 through 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. | • | Yes | 0 | 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. | 0 | 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

| 8. Typed Name of Person Signing (Must be Richard Offenbach | a Corporate Officer) | 19. Title of Person Sig Member | ning | | |
|---------------------------------------------------------------|-----------------------------------------------|-----------------------------------|-------|----------|--|
| (U.S. Code, Title 18, So | TS MADE ON THIS FORM ection 1001), AND/OR REV | OCATION OF ANY S' | ГАТІС | | |
| 20. 1: Attachment 1 | 2: Attachment 2 | | 3: | Form 159 | |

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0686), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0686.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.