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: 214 Authorization

1. Applicant			
Name:	Sangoma U.S., Inc.	Phone Number:	920–886–8130 x4007
DBA Name:		Fax Number:	
Street:	1351 Kimberly Drive	E-Mail:	plindheimer@sangoma.com
City:	Neenah	State:	WI
Count	ry: USA	Zipcode:	54956 –
Attenti	ion: Philippe Lindheimer		

2. Contact				
	Name:	Samantha Maqueo	Phone Number:	678–786–4200
	Company:	c/o GSA	Fax Number:	
	Street:	6250 Shiloh Rd.	E–Mail:	samantha@gsaudits.com
		Ste. 240		
	City:	Alpharetta	State:	GA
	Country:	USA	Zipcode:	30005 –
	Attention:		Relationship:	Other
3. Place of	Incorporation	n of Applicant DE		
4. Other Co	ompany(ies) a	and Place(s) of Incorporation		
5 Service	Type(s) (chec	k all that apply)		
		l Global Facilities–Based Au	thority (Section 63.18(e)(1))	
★ Glol	bal or Limited	d Global Resale Authority (S	ection 63.18(e)(2))	
	vidual Faciliti	ies-Based Service (Section 6	(3.18(e)(3))	
Indi	vidual Switch	ned Resale Service (Section 6	(3.18(e)(3))	
Indi	vidual Faciliti	ies-Based and Resale Service	e (Section 63.18(e)(3))	
Swi	tched Service	s over Private Lines (ISR) (S	ection 63.16 and/or 63.18 (e)(3))	
Inm	arsat and Mol	bile Satellite Service (Section	n 63.18(e)(3))	
Ove	rseas Cable C	Construction (Section 63.18(e)(3))	
Indi	vidual Non–I	nterconnected Private Line R	esale Service (Section 63.18(e)(3))	
Oth	er (Section 63	3.18(e)(3))		

6a. Is a fee submitted with If Yes, complete and at	this application? If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
"	Noncommercial educational licensee
Other(please explain):	· ·
6b. Fee Classification (CUT – Section 214 Authority
7. Destination Country(ies "Countries X, Y, and Z only	s) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or ly".)
All International Points Ex	authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to except Country X) ation does not appear in this box, please go to the end of the form to view it in its entirety.)
	ication for Authority to provide resold services to all rnational Points.
Attachment 1 a statement	nest streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in of how the application qualifies for streamlined processing. The 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

		19. Title of Person Signing Tony Lewis		
(U.S. Code, Title 18, Se	ction 1001), AND/OR RE	ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT VOCATION OF ANY STATION AUTHORIZATION R FORFEITURE (U.S. Code, Title 47, Section 503).		
20. 1: Streamlined	2: Owner List	3:		

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.