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: Mcleanics Technology Corporation 214

1. Applicant	t			
J	Name:	Mcleanics Technology Corporation	Phone Number:	704-817-8876
	DBA Name:		Fax Number:	
;	Street:	P.O. Box 44536	E-Mail:	jmclean@mcleanics.com
(City:	Charlotte	State:	NC
(Country:	USA	Zipcode:	28215 –
	Attention:	James Mclean		

Name:	Thomas Lynch	Phone Number:	410 349 4990
Company:	Thomas Lynch & Associates	Fax Number:	
Street:	185 Admiral Cochrane Drive	E-Mail:	tlynch@telecomlawyers.com
	Suite 115		
City:	Annapolis	State:	MD
Country:	USA	Zipcode:	21401 –
Attention:		Relationship:	Legal Counsel
Incorporation	n of Applicant North Carolina		
ompany(ies) a	and Place(s) of Incorporation		
Trung(a) (ahaa	Ir all that apply		
		v (Section 63 18(e)(1))	
	Company: Street: City: Country: Attention: Incorporation ompany(ies) a	Company: Thomas Lynch & Associates Street: 185 Admiral Cochrane Drive Suite 115 City: Annapolis Country: USA Attention: Incorporation of Applicant North Carolina company(ies) and Place(s) of Incorporation Type(s) (check all that apply) bal or Limited Global Facilities—Based Authorit	Company: Thomas Lynch & Associates Street: 185 Admiral Cochrane Drive

Other (Section 63.18(e)(3))

Individual Facilities—Based Service (Section 63.18(e)(3)) Individual Switched Resale Service (Section 63.18(e)(3))

Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))

Overseas Cable Construction (Section 63.18(e)(3))

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))

Individual Non–Interconnected Private Line Resale Service (Section 63.18(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	explain):
6b. Fee Classificat	tion CUT – Section 214 Authority
7. Destination Cou "Countries X, Y, a	untry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or and Z only".) All international points
All International I	ption of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to Points Except Country X) e 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 Resold Services to All International Points.
Attachment 1 a st	cant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes No ratement 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

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

. Typed Name of Person Signing (Must b	pe a Corporate Officer) 19. Title CEO	19. Title of Person Signing		
(U.S. Code, Title 18,	Section 1001), AND/OR REVOCATION	NISHABLE BY FINE AND / OR IMION OF ANY STATION AUTHORIZATITURE (U.S. Code, Title 47, Section 5	TION	
20. 1: A1 Stream	2: A2 Owners	3:		

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