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: Section 214 Application

1. Applicant			
Name:	Alleswolke Wireless LLC	Phone Number:	713-778-1000
DBA Name:		Fax Number:	
Street:	39899 Balentine Dr., Newark, CA 94560	E-Mail:	zsantacruz@telecomlawyer.net
	Suite 200		
City:	Newark	State:	CA
Country:	USA	Zipcode:	94560 –
Attention:	Zugey Santacruz		

Name:	Zugey Santacruz	Phone Number:	713-778-1000
Company:	Bronston Legal PC	Fax Number:	713-664-7017
Street:	4615 Southwest Freeway	E-Mail:	zsantacruz@telecomlawyer.net
	Suite 350		
City:	Houston	State:	TX
Country:	USA	Zipcode:	77027 –
Attention:		Relationship:	Legal Counsel

 Other Company(ies) and Place(s) of Incorporation See attached. 	
5. Service Type(s) (check all that apply)	
Global or Limited Global Facilities–Based Authority (Section 63.18(e)(1))	
Global or Limited Global Resale Authority (Section 63.18(e)(2))	
Individual Facilities–Based Service (Section 63.18(e)(3))	
Individual Switched Resale Service (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))	
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))	
\square Other (Section 63.18(e)(3))	

6 a	Is	a fe	e submi	tted w	ith this	annlia	ration?
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If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

O Governmental Entity O Noncommercial educational licensee

O 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 and Country Y" or
"Countries X, Y, and Z only".)	All International Points except countries in the Exclusion List

All International Points Except Country X)	8. Caption (descri	otion	of aut	hority r	equeste	d, e	.g., /	Applic	ation f	for Aut	thority	v to	Prov	ide I	ntern	atio	nal	Faci	lities	s–B	ased a	and F	Resolu	d Serv	ices	to
	All Internation	ional F	oints	Excep	pt Coun	try 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.)

Application requests authority to provide international facilities− based and resale services to all countries except those in the Exclusion List.

• Yes

O No

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.

10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in	
Attachment 1.	

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.	۲	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.	۲	Yes	0	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.

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:

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.	۲	Yes	O 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.	۲	Yes	O No

CERTIFICATION

18. Typed Name of Person Signing (Must be a Corp Rui Zhu	,	19. Title of Person Signing Manager and CEO								
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).										
20. 1: Attachment 1 2: Attachment 2 3:										

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