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 appplication

1. Applicant			
Name:	HARBOR LINK MARYLAND LLC	Phone Number:	13016025892
DBA Name:		Fax Number:	888–427–5651
Street:	211 EAST LOMBARD STREET SUITE 133	E-Mail:	bruceb@harborlinkusa.com
City:	BALTIMORE	State:	MD
Country:	USA	Zipcode:	21202 –
Attention:	Mr BRUCE S BOONE SR		

2. Contact				
Na	ame:	Mark C. Del Bianco	Phone Number:	3016025892
Co	ompany:	Law Office of Mark C. Del Bianco	Fax Number:	
St	reet:	3929 Washington St	E-Mail:	mark@markdelbianco.com
Ci	ty:	Kensington	State:	MD
Co	ountry:	USA	Zipcode:	20895 –
At	tention:		Relationship:	Legal Counsel
3. Place of Inc	orporation	n of Applicant Maryland USA		
		and Place(s) of Incorporation		
Harbor Li	nk Holdin	gs, LLC (parent) (Delaware)		
	/ \ / 1 · ·	1 11 1 1		
l ~		k all that apply) l Global Facilities–Based Authority ((Section 63 18(e)(1))	
		d Global Resale Authority (Section 6		
		ies—Based Service (Section 63.18(e)(
		ned Resale Service (Section 63.18(e)(
		ies-Based and Resale Service (Section	. , , , ,	
		s over Private Lines (ISR) (Section 6		
Inmarsa	at and Mol	bile Satellite Service (Section 63.18(e)(3))	
Oversea	as Cable C	Construction (Section 63.18(e)(3))		

Individual Non-Interconnected Private Line Resale Service (Section 63.18(e)(3))

Other (Section 63.18(e)(3))

	ed with this application? e and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
"	Entity Noncommercial educational licensee
-	•
Other(please ex	cpiain):
6b. Fee Classification	on CUT – Section 214 Authority
7. Destination Cour "Countries X, Y, an	ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or d Z only".) All permitted destinations
All International Po	tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to bints Except Country X) description does not appear in this box, please go to the end of the form to view it in its entirety.)
	Facilities-Based and Resold Services to All Permitted International Points
Attachment 1 a star	authority to provide switched services over private lines pursuant to Section 63.12? If yes, include in Yes No such that the 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 11 anough 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 Corp Felix Dialoiso	19. Title of Person Signing Manager				
WILLFUL FALSE STATEMENTS MAI (U.S. Code, Title 18, Section 1 (U.S. Code, Title 47, Section	001), AND/OR REVO	OCATION OF AN	NY STATION AUTHO	ORIZATION	
20. 1: Attachment 1	2: Attachment 2		3:		

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