## 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: International Section 214 of the Communications Act of 1934

Applicant				
Name:	24 Karats Incorporated	Phone Number:	9176858992	
DBA Name:		Fax Number:	N/A	
Street:	2745 East 22 Street	E-Mail:	ceo@sglabsinc.com	
	#1W			
City:	Brooklyn	State:	NY	
<b>Country:</b>	USA	Zipcode:	11235 –	
Attention:	Mr Melvin Cooper			

2. Contac	t					
	Name:	Albert Davydov	Phone Number:	17186007124		
	Company:	Spinal Guides Labs, Inc.	Fax Number:	N/A		
	Street:	109-33 71St Road	E-Mail:	ceo@sglabsinc.com		
		#11 B				
	City:	Forest Hills	State:	NY		
	Country:	USA	Zipcode:	11375 –		
	Attention:		Relationship:	Other		
3. Place of	of Incorporation	n of Applicant Delaware				
4. Other (	Company(ies) a	and Place(s) of Incorporation				
5. Service	e Type(s) (chec	ek all that apply)				
	• • • • •	d Global Facilities–Based Author	ority (Section 63.18(e)(1))			
Gl	obal or Limited	d Global Resale Authority (Sect	tion 63.18(e)(2))			
Inc	lividual Facilit	ies-Based Service (Section 63.1	18(e)(3))			
Inc	Individual Switched Resale Service (Section 63.18(e)(3))					
Inc	lividual Facilit	ies-Based and Resale Service (S	Section 63.18(e)(3))			
Sw	Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))					
In	narsat and Mo	bile Satellite Service (Section 63	3.18(e)(3))			
Ov	erseas Cable C	Construction (Section 63.18(e)(3				
Inc	lividual Non–I	Interconnected Private Line Resa	ale Service (Section 63.18(e)(3))			
X Ot	▼ Other (Section 63.18(e)(3))					

	tted with this application?
<del>"</del>	ete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmenta	al Entity Noncommercial educational licensee
Other(please	explain):
6b. Fee Classifica	tion CUT – Section 214 Authority
7. Destination Co "Countries X, Y, a	ountry(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	iption 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 telecommunication services between the Applicants location (soft switch) inbound domestically and outbound internationally to telecom providers and carriers.
Attachment 1 a s	cant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in tatement of how the application qualifies for streamlined processing.  Yes No rauthority 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	0	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 President			
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:	2:		3:		

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