## INTERNATIONAL SECTION 214 SPECIAL TEMPORARY AUTHORITY APPLICATION FCC FORM 214STA FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Telecom Argentina USA seeks STA approval to allow continued operations following the transfer of control whereby Telecom Italia's indirect ownership increased from 50 percent to 58

licant			
Name:	Telecom Argentina USA, Inc.	Phone Number:	305-416-4300
<b>DBA Name:</b>		Fax Number:	305-416-4302
Street:	80 SW 8th Street	E-Mail:	asilvestre@telecomargentina.us
	Suite 2590		
City:	Miami	State:	FL
Country:	USA	Zipcode:	33130 –
Attention:	Alejandro Silvestre		

2. Contact				
N	ame:	Stephen L. Goodman	Phone Number:	202-454-2851
C	ompany:	Butzel Long Tighe Patton	Fax Number:	202-454-2805
St	treet:	1747 Pennsylvania Avenue, NW	E-Mail:	SGoodman@bltplaw.com
		Suite 300		
C	ity:	Washington	State:	DC
C	ountry:	USA	Zipcode:	20006 –
C	ontact Title:		Relationship:	Legal Counsel
3. Place	of Incorporati	on of ApplicantDelaware		
	1 2 0	nd Place(s) of Incorporation		
	*	Italian company		
	ype(s) (check a or Limited Glo		ction 63.18(e)(1))	
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))				
Other (Section 63.18(e)(3))				

TYPE OF REQUEST				
6. New Request	Extend STA Date	Other	7. Date Authorization Needed: 11/24/2010	
If Yes, complete an	ty Noncommercial educ		for fee exemption (see 47 C.F.R.Section 1.1114).	
(If the complete descrip	lecom Argentina US	s box, please go to to A seeks STA a er of control	he end of the form to view it in its entirety.)  pproval to allow continued operations  whereby Telecom Italia's indirect  nt to 58	
10. In Attachment 1, pr	ovide justification of need	for special temporar	ry authority requested.	
number [e.g., ITC-214		IB Submission ID o	any pending applications filed with the Commission, enter each of the pending application [e.g., IB200311111] AND go to quantum of the pending application [e.g., IB200311111] and go to quantum of the pending application [e.g., IB200311111] and go to quantum of the pending applications are pending applications.	

Applicant certifies that its responses to questions 11 through 17 are true:

12. 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).

13. 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.	<b>●</b> Yes	O No
14. 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
15. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applic direct and indirect shareholders or other equity holders, and identify any interlocking directorates.	ant's ten per	cent or greater
16. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
17. 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.	<b>⊚</b> Yes	O No
18. 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	O No

## **CERTIFICATION**

19. Typed Name of Person Signing	20. Title of Person Signing		
Alejandro Silvestre	Regional Director		
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).			
21. 1: STA Request 2:	3:		

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