

CABLE LANDING LICENSE APPLICATION  
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APPLICANT INFORMATION

**Enter a description of this application to identify it on the main menu:**

In the Matter of WorldCom, Inc. (Debtor-in-Possession) d/b/a MCI, on behalf of its Subsidiary, MFS CableCo U.S., Inc. (Debtor-in-Possession), Application for Authority to Assign Cable Landing Licenses, Streamlined Processing Requested

1. Applicant

<b>Name:</b>	WorldCom, Inc. (debtor-in-possession)	<b>Phone Number:</b>	202-736-6053
<b>DBA Name:</b>		<b>Fax Number:</b>	202-736-6083
<b>Street:</b>	1133 19th Street, N.W.	<b>E-Mail:</b>	kerry.murray@mci.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>	Kerry E Murray		

2. Contact

<b>Name:</b>	Richard S. Whitt	<b>Phone Number:</b>	202-887-3845
<b>Company:</b>	MCI	<b>Fax Number:</b>	202-736-3304
<b>Street:</b>	1133 19th Street, N.W.	<b>E-Mail:</b>	richard.s.whitt@mci.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Contact Title:</b>	Director	<b>Relationship:</b>	Same

3. Place of Incorporation of Applicant Georgia

4. Other Company(ies) and Place(s) of Incorporation  
MCI, Inc., Delaware

5. Destination Country(ies) See Attachment A

6. Caption (description of authority requested, e.g., Application for a License to Land and Operate a Fiber Optic Submarine Cable System between the United States, Country A and Country B.)

(If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

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7. Is a fee submitted with this application?  
 If Yes, complete and attach FCC Form 159. **If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).**  
 Governmental Entity     Noncommercial educational licensee  
 Other (please explain):

8. Will the cable system be operated on a common carrier basis?     Yes     No  
 If yes, provide the File Number SEE ATTACHMENT A of the associated Section 214 application for the construction and operation of new facilities.

9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).

**CERTIFICATIONS**

10. 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     No

<b>11. Typed Name of Person Signing</b> Karen M. Johnson	<b>12. Title of Person Signing</b> Associate Counsel
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13. 1: cover	2: appl	3:
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