CABLE LANDING LICENSE APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

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

Application for Cable Landing License for CB–1 System

1. Applican	ıt			
	Name:	Cedar Cable Ltd.	Phone Number:	441–299–3075
	DBA Name:		Fax Number:	
	Street:	30 Victoria Street	E-Mail:	ldgilbert@keytech.bm
	City: Country: Attention:	Hamilton Bermuda Lorianne Gilbert	State: Zipcode:	_

2. Contact

Name:	Ulises R. Pin and Troy F. Tanner	Phone Number:	202-373-6560
Company:	Bingham McCutchen LLP	Fax Number:	202-373-6001
Street:	2020 K Street, NW	E–Mail:	troy.tanner@bingham.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
Attention:	Ulises Pin or Troy Tanner	Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Bermuda

4. Other Company(ies) and Place(s) of Incorporation MFS CableCo US, Inc. (Delaware)

5. Destination Country(ies) Bermuda

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.)

Application for a License to Operate a Fiber Optic Submarine Cable System between the United States and Bermuda 7. Is a fee submitted with this application?

⑥ 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? \bigcirc Yes \bigcirc No

If yes, provide the File Number 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

to a der 21 U.S.	checking Yes, the undersigned certifies that hial of Federal benefits that includes FCC be C. Section 862, because of a conviction for (b) for the meaning of "party to the ap	Yes No							
11. Typed Name of Person Signing Lorianne Gilbert			12. Title of Person Signing General Counsel						
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).									
	13. 1: Attachment 1	2:		3:					

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