# CABLE LANDING LICENSE APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

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

ASHC SCL Application

1. Applicant			
Name:	American Samoa Hawaii Cable, LLC	Phone Number:	684-699-2100
DBA Name:		Fax Number:	684–699–2105
Street:	P.O. Box 7870	E-Mail:	barry@rjvlaw.com
City:	Pago Pago	State:	AS
Country:	USA	Zipcode:	96799 –
Attention	: Mr Barry I Rose		

2. Contact

Name: Kent D. Bressie Phone Number: 202-730-1337

**Company:** Harris, Wiltshire & Grannis LLP **Fax Number:** 202–730–1301

**Street:** 1200 18th Street NW **E-Mail:** kbressie@harriswiltshire.com

Suite 1200

City: Washington State: DC

**Country:** USA **Zipcode:** 20036 – 2560

Attention: Relationship: Legal Counsel

### **3. Place of Incorporation of Applicant** Delaware

4. Other Company(ies) and Place(s) of Incorporation

AST Telecom, LLC (Delaware, FRN 0007435902)

Pac-Rim Redeployment, LLC (Delaware, FRN 0017882309)

- **5. Destination Country(ies)** United States (including its territory of American Samoa) and the Independent State of Samoa
- 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 Land and Operate a Private Fiber-Optic Cable System Connecting Hawaii, American Samoa, and Samoa, for THE AMERICAN SAMOA-HAWAII CABLE

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? • Ye	s 🍙 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		
10. By checking Yes, the undersigned certifies that neither applicant nor a to a denial of Federal benefits that includes FCC benefits pursuant to Sec 21 U.S.C. Section 862, because of a conviction for possession or distribu 1.2002(b) for the meaning of "party to the application" for the	tion 5301 of the Anti–Drug Act of 1988, tion of a controlled substance. See 47 CFR	
11. Typed Name of Person Signing James R. Wilson	12. Title of Person Signing Manager	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM (U.S. Code, Title 18, Section 1001), AND/OR REV (U.S. Code, Title 47, Section 312(a)(1)), AND/OR	OCATION OF ANY STATION AUTHORIZATION	
13. 1: SCL Application 2:	3:	

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