CABLE LANDING LICENSE APPLICATION FCC FORM 220 FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

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

Submarine Cable Landing License Application

Submarine Cable Landing Electise Application										
1. Applica	ant									
	Name:	Quintillion Subsea Operations, LLC	Phone Number:	800-673-4394						
	DBA Name:		Fax Number:	888–551–0185						
	Street:	201 East 56th Avenue	E–Mail:	elizabeth. pierce@quintillionnetworks.com						
		Suite 300								
	City:	Anchorage	State:	AK						
	Country:	USA	Zipcode:	99518 – 1283						
	Attention:	Ms. Elizabeth A Pierce								

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Name: Edward A. Yorkgitis, Jr. Phone Number: 202–342–8400

Company: Kelley Drye & Warren LLP **Fax Number:** 202–342–8451

Street: 3050 K Street, NW E-Mail: cyorkgitis@kelleydrye.com

Suite 400

City: Washington State: DC

Country: USA Zipcode: 20007 -

Attention: Relationship: Legal Counsel

3. Place of Incorporation of Applicant Delaware

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

5. Destination Country(ies) Alaska

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.)

Quintillion Subsea Operations, LLC - Application for a License to Construct, Land and Operate a Private Fiber Optic Cable System Linking Points Within Alaska, and Request for Streamlined Treatment

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 ca	arrier basis? Yes	s o No								
If yes, provide the File Number of the associated Sect	tion 214 application	for the construction and oper	ation of new fac	cilities.						
9. In Attachment 1, provide the information and certi	fications required by	47 C.F.R. Section 1.767(a).								
CERTIFICATIONS										
10. By checking Yes, the undersigned certifies that no to a denial of Federal benefits that includes FCC benefits U.S.C. Section 862, because of a conviction for perfect 1.2002(b) for the meaning of " party to the apple	efits pursuant to Sectors ossession or distribut	ion 5301 of the Anti–Drug A ion of a controlled substance	act of 1988,	Yes O No						
11. Typed Name of Person Signing Elizabeth A. Pierce	12. Title of Person Signing Chief Executive Officer									
WILLFUL FALSE STATEMENTS MAD (U.S. Code, Title 18, Section 10 (U.S. Code, Title 47, Section 3	001), AND/OR REV	OCATION OF ANY STATIO	N AUTHORIZ	ATION						
13. 1: Attachment 1	2:	3:								

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