

CABLE LANDING LICENSE APPLICATION  
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APPLICANT INFORMATION

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

Application for pro forma assignment of cable landing license

1. Applicant

<b>Name:</b>	Overseas Telecommunications, Inc.	<b>Phone Number:</b>	972-729-6406
<b>DBA Name:</b>		<b>Fax Number:</b>	972-729-2690
<b>Street:</b>	2400 North Glenville	<b>E-Mail:</b>	LAURA.BIRKELBACH@mci. com
<b>City:</b>	RICHARDSON	<b>State:</b>	TX
<b>Country:</b>	USA	<b>Zipcode:</b>	75082 -
<b>Attention:</b>	Laura Birkelbach		

2. Contact

<b>Name:</b>	Dennis W. Guard, Jr.	<b>Phone Number:</b>	202-736-6148
<b>Company:</b>	MCI, Inc.	<b>Fax Number:</b>	202-736-6359
<b>Street:</b>	1133 19th Street NW	<b>E-Mail:</b>	Dennis.Guard@MCI.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Contact Title:</b>	Associate Counsel	<b>Relationship:</b>	Same

3. Place of Incorporation of Applicant Delaware

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

5. Destination Country(ies) PacRim West

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 approval of pro forma assignment of submarine cable landing license from Overseas Telecommunications, Inc. to MCI WorldCom Network Services, Inc., both of which are wholly-owned subsidiaries of MCI, Inc.

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 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> Dennis W. Guard, Jr.	<b>12. Title of Person Signing</b> Associate Counsel
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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: Application	2:	3:
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