

CROCKER & CROCKER

ATTORNEYS AT LAW

PATRICK D. CROCKER
patrick@crockerlawfirm.com

RECEIVED

JUN 23 2017

INDIANA UTILITY
REGULATORY COMMISSION

June 21, 2017

Indiana Utility Regulatory Commission
Communications Division
PNC Center
101 W. Washington Street, Suite 1500 East
Indianapolis, IN 46204

RE: GW IT SOLUTIONS LLC

Dear Sir or Madam:

Enclosed herewith for filing with the Commission, please find an original and five (5) copies of the above captioned corporation's *APPLICATION FOR A CERTIFICATE OF TERRITORIAL AUTHORITY FOR COMMUNICATIONS SERVICE PROVIDERS*.

Also enclosed is an exact duplicate of this letter. Please stamp the duplicate received and return same in the postage-paid envelope attached thereto.

Should you have any questions concerning this filing, please contact the undersigned at (269) 381-8893 or by email at patrick@crockerlawfirm.com.

Very truly yours,

CROCKER & CROCKER

Patrick D. Crocker

PDC/tld



**APPLICATION FOR A CERTIFICATE OF TERRITORIAL AUTHORITY FOR
COMMUNICATIONS SERVICE PROVIDERS**

State Form 52648 (R5 / 8-11)
INDIANA UTILITY REGULATORY COMMISSION

FILED

June 23, 2017

INDIANA UTILITY

REGULATORY COMMISSION

Applicants are required to file an original and five (5) paper copies.

Cause No. 44959 (IURC use only)

PURSUANT TO IC 8-1-32.5-4, A COMMUNICATIONS SERVICE PROVIDER ("CSP") MEANS A PERSON OR ENTITY THAT OFFERS COMMUNICATIONS SERVICE TO CUSTOMERS IN INDIANA, WITHOUT REGARD TO THE TECHNOLOGY OR MEDIUM USED BY THE PERSON OR ENTITY TO PROVIDE THE COMMUNICATIONS SERVICE. THE TERM INCLUDES A PROVIDER OF COMMERCIAL MOBILE RADIO SERVICE (AS DEFINED IN 47 U.S.C. 332).

List each type of Communications Service which applicant proposes to offer in Indiana:

☐ TELECOMMUNICATIONS SERVICE AS DEFINED IN 47 U.S.C. 153(46)

Please list each type of service, such as facilities-based local exchange; bundled resale of local exchange; commercial mobile radio service; interexchange; operator services or other.

☒ INFORMATION SERVICE AS DEFINED IN 153(20), WITHOUT REGARD TO THE TECHNOLOGY OR MEDIUM USED TO PROVIDE THE COMMUNICATIONS SERVICE.

Please see Exhibit A.

Please list each type of service, such as internet protocol enabled services; broadband service; advanced service (as defined in 47 CFR 51.5); or other.

☐ VIDEO SERVICE AS DEFINED IN IC 8-1-34-14 (Note: A Video Service Provider which does not currently have a video franchise (local or state) for the service area described above must obtain a state issued video franchise as specified in IC 8-1-34-16)

Please list any service areas in Indiana where Applicant offers service under a local franchise.

PURSUANT TO I.C. 8-1-32.5-6(e), A CSP THAT IS ONLY OFFERING A SERVICE(S) DESCRIBED IN I.C. 8-1-2.6-1.1 IS ONLY REQUIRED TO REPORT AND CERTIFY THE ACCURACY OF SOME OF THE INFORMATION REQUESTED IN THIS FORM. NOT ALL PORTIONS OF THE FORM ARE APPLICABLE TO SUCH A CSP. *SEE PAGE 2 FOR INSTRUCTIONS.

The following services are "described in I.C. 8-1-2.6-1.1":

- (1) advanced services (as defined in 47 CFR 51.5);
- (2) broadband service, however defined or classified by the Federal Communications Commission;
- (3) information service (as defined in 47 U.S.C. 153(20));
- (4) Internet Protocol enabled retail services:
 - (A) regardless of how the service is classified by the Federal Communications Commission;
- and
- (B) except as expressly permitted under I.C. 8-1-2.8;
- (5) commercial mobile service (as defined in 47 U.S.C. 332); or
- (6) any service not commercially available on March 28, 2006.

In Indiana, will Applicant **ONLY** offer services described in I.C. 8-1-2.6-1.1?

Check one: ☒ YES ☐ NO

Please list the specific services, as described in I.C. 8-1-2.6-1.1, the Applicant proposes to offer:

PLEASE NOTE: All CSPs *must complete* a Verified Notice of Change form if the answer to this question changes at any time subsequent to completing this application form. The Notice of Change form is currently available on the Commission's website: www.in.gov/iurc.

***INSTRUCTIONS for providers offering ONLY a service(s) described in I.C. 8-1-2.6-1.1:**

You DO NOT have to complete the following sections:

- Part II •Part IV.2.a •Part IV.2.b
- Some portions of Part VI may also not apply.

The following sections are required, unless otherwise noted:

- Part I.A •Part I.D •Part IV.1
- Part I.B •Part I.E •Part IV.3
- Part I.C •Part III •Part V
- Selected portions of Part VI

I. APPLICANT CONTACT INFORMATION

A. Legal Name of Company: GW IT SOLUTIONS LLC

B. Name(s) under which the company will be marketing services in Indiana:

(Company names, including any "doing business as" names, must be registered with Indiana Secretary of State)
GW IT SOLUTIONS LLC

C. Company Address:

340 Prairie Street, Sturgis, MI 49091

Main Telephone Number: (844) 460-4948

FAX Number: 269-775-7179

E-mail Address: mike@gwitsolutions.com

Website Address: www.gwitvoip.com

D. Name, title, and other contact information of company's contact person for ongoing communications with the commission (including regulatory affairs and/or customer service information):

Name and Title Mike White

Telephone Number: (844) 460-4948

FAX Number: 269-775-7179

Mailing Address: 340 Prairie Street, Sturgis, MI 49091

Email Address: mike@gwitsolutions.com

E. Name, title, and other contact information of attorney or contact person for this application, if different from D. above:

Name and Title Patrick D. Crocker, Attorney

Telephone Number: (269) 381-8893

FAX Number: (269) 381-4855

Mailing Address: 107 W. Michigan Ave., 4th Floor, Kalamazoo, MI 49007

E-mail Address: patrick@crockerlawfirm.com

F. Parent Company's Legal Name, Address, and Telephone Number (if applicable):

(CSPs that will only offer a service(s) described in I.C. 8-1-2.6-1.1 are not required to provide their parent company information.)

II. Service Information

(Add additional sheets if necessary.)

A. Please describe the geographic area(s) for which the applicant seeks authority.

B. Please provide a description of each service area in Indiana in which the applicant initially proposes to offer communications service (i.e., county, city, or rate center). If the applicant is proposing to offer Video Service, will the service be authorized through a State or local franchise? If the applicant is a Video Service provider authorized through a local franchise authority, please provide the issuing franchise authority and expiration date.

C. Please provide a description of each type of communications service that the provider proposes to offer in each of the service areas identified in II B. above. The services listed should be consistent with the services marked at the top of Page 1.

D. For each type of service identified in C, please list whether the communications service will be offered only to residential customers, only to business customers or to both residential and business customers.

E. Please provide an estimated date of deployment (year and quarter) for each service area and each service type within that area for which the applicant seeks authority. The services listed should be consistent with the services marked at the top of Page 1.

F. Will applicant offer stand alone basic telecommunications service for a flat monthly rate pursuant to I.C. 8-1-2.6-0.1?

G. Does the applicant seek authorization to provide facilities-based local exchange? _____

H. Does the applicant seek authorization to offer interexchange services only? _____

I. Is applicant offering wholesale communications services, retail communications services, or both?

J. Will the applicant operate as a Local Cooperative Corporation pursuant to I.C. 8-1-17-3?

If yes, please submit three (3) original articles of incorporation as required by I.C. 8-1-17-5 et seq.¹

¹ The Commission is required to provide notice of CTA applications of local cooperative corporations to each facilities-based local exchange carrier operating in territory contiguous to the area in which the cooperative corporation proposes to render telephone service pursuant to IC 8-1-17-5(d).

K. Please list other states in which applicant is authorized to provide communications services and the types of services offered.

III. Additional Requirements²

Applicant further represents that it will:

- Comply with Indiana law (including but not limited to Title 8 of the Indiana Code) and IURC regulations (170 IAC 7) and applicable current and future Orders of the IURC.³
- Notify the Commission of any change in the legal name, address, control or status of the CTA, or service area (if applicable), pursuant to I.C. 8-1-32.5-12, using the CSP Notice of Change Form prescribed by the Commission. Such notification of change shall be provided to the Commission thirty (30) days prior to the occurrence of the change.
- Upon request, provide any other information the Commission is authorized to collect from a communications service provider under state or federal law pursuant to I.C. 8-1-2.6-13-9(E).
- Applicant represents that it will, at the time requested by the Commission, provide an annual report concerning communications services offered in each service area (county and ZIP code) in Indiana as required by I.C. 8-1-2.6-13(d)(9)(C) **Note:** This does not apply to CMRS providers.
- If applicable, file intrastate access tariffs, concurrences, and exceptions pursuant to the Commission's filing procedures and provide informational copies of interstate access tariffs.
- If applicable, provide the Commission with current and updated/corrected hyperlinks to the company's intrastate and interstate access tariffs, concurrences, and exceptions, consistent with the IURC's General Administrative Order (GAO) 1998-2.

IV. Attachments

The following information must be included with this application:

1. A copy of the Applicant's Certificate of Authority from the Indiana Secretary of State, authorizing the applicant to do business within the State of Indiana. (A tax statement or other documentation from the Indiana Department of Revenue **is not acceptable**.)
 - a. Applicants that are units of a municipal government, or are owned by a municipal government entity, may submit their local authorizing ordinance in lieu of the Secretary of State Certificate of Authority.
2. Information demonstrating the financial, managerial and technical ability to provide each communication service identified in the application.
 - a. The applicant's most recent financial statement or balance sheet or that of the parent company if separate Indiana operations have not yet been established. Applicants that are municipalities may submit their local budget.
 - b. Biographies of the applicant's corporate officers responsible for Indiana indicating managerial and technical qualifications.
(Attachment 2a and 2b are not required for CSPs that will "only offer a service(s) described in IC 8-1-2.6-1.1.")
3. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant (see attached affidavit).

Although an evidentiary hearing before the Commission is not required, the Commission shall hold an evidentiary hearing, if one is requested pursuant to IC 8-1-32.5-9(a). Any hearing shall follow the statutory provisions of IC 8-1-32.5-9(b).⁴

² Part III applies to all communications service providers, unless explicitly exempted pursuant to Indiana law and as otherwise noted herein.

³ Telecommunications Service Providers and Video Service Providers are subject to enforcement remedies for prohibited actions pursuant to IC 8-1-29.5.

⁴ The FCC determines market entry of CMRS providers pursuant to 47 CFR Chapter 1 Part 13.

V. Application Verification

I affirm under the penalties of perjury that the above representations made in this application are true.
(Must be signed by an officer of the company.)



5/2 / 17

Signature and Date (month, day, year)

Mike White, President

Name and Title (printed or typed)

EXHIBIT A

TYPE OF SERVICES

**INFORMATION SERVICE AS DEFINED IN 153(24),
WITHOUT REGARD TO THE TECHNOLOGY OR
MEDIUM USED TO PROVIDE THE
COMMUNICATIONS SERVICE**

	Customer Type	
Service Type	Business and/or Residential	Geographic Area
IP Enabled Services	Business	Statewide

EXHIBIT B

AUTHORIZED JURISDICTIONS

Applicant is not currently operating in any jurisdiction and is seeking authority to provide the wireless telecommunication services in the following jurisdictions:

Jurisdiction	Authority	Status
Indiana	Interconnected VoIP	IN PROCESS
Michigan	Interconnected VoIP	IN PROCESS

EXHIBIT C

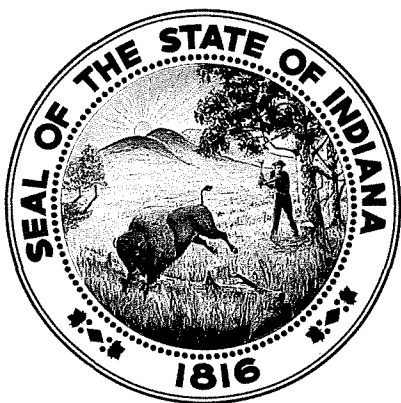
**Certification from the Indiana Secretary of State
authorizing the applicant to do business within the State of
Indiana**

**State of Indiana
Office of the Secretary of State**

**Certificate of Authority
of
GW IT SOLUTIONS LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that an Application for Certificate of Authority of the above Foreign Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, June 19, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 21, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201706191201431 / 7630660

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>



**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN LIMITED LIABILITY COMPANY**

State Form 49464 (R7 / 6-16)
Approved by State Board of Accounts, 2016

Approved and Filed
201706191201431/7630660
Filing Date: 06/21/2017
Effective :06/19/2017 11:00
CONNIE LAWSON
Indiana Secretary of State

Indiana Code 23-18-11-4
23-18-12-3

FILING FEE: \$125.00

**APPLICATION FOR CERTIFICATE OF AUTHORITY OF
GW IT SOLUTIONS LLC**

The undersigned manager or member desiring to effectuate the admittance of the above Limited Liability Company (LLC) to transact business in the State of Indiana, certifies the following facts:

ARTICLE I - NAME AND PRINCIPAL OFFICE

Fictitious Name (Only used if name in the application is not available in Indiana.)

Address of Principal Office (number and street)

340 Prairie Street

City

Sturgis

State

MI

ZIP code

49091

ARTICLE II - REGISTERED OFFICE AND AGENT

Name of Registered Agent (Cannot be the organization itself.)

Brett A Carlile

Address of Registered Office (number and street or building - PO box not accepted)

135 North Pennsylvania Street, Ste. 1100

City

Indianapolis

State

IN

ZIP code

46204

Required:



By checking the box, the Signator(s) represent(s) that the Registered Agent named in the application has consented to the appointment of Registered Agent.

ARTICLE III - DATE OF ORGANIZATION AND DURATION OF EXISTENCE

Date of organization in domiciliary state (month, day, year)

June 29, 2015

State of organization

Michigan



The LLC is perpetual until dissolution.

OR



The latest date upon which the LLC is to dissolve (month, day, year): _____

ARTICLE IV - MANAGEMENT

The LLC will be managed by its manager or managers.



Yes



No

☐ The LLC will be a single member LLC (optional).

In witness whereof, the undersigned being the Mike White of said LLC executes this
(manager or member)

Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true,

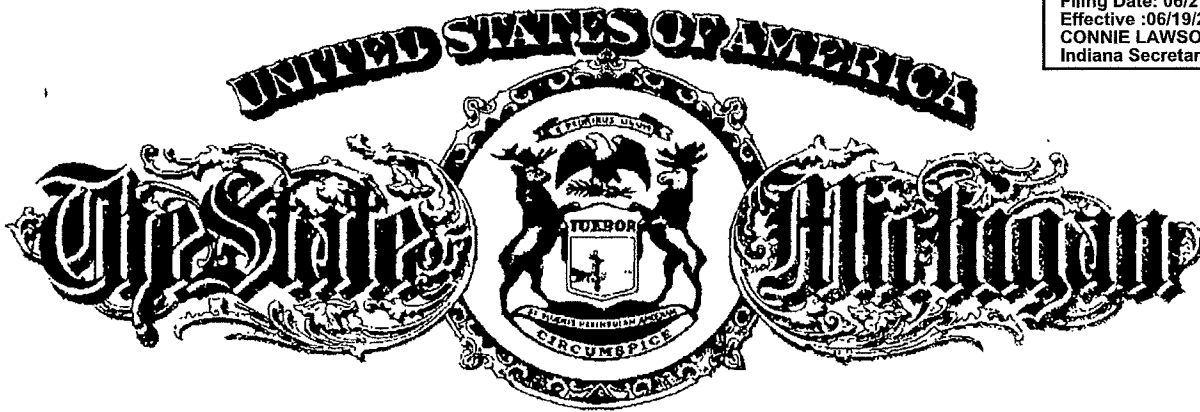
this 7 day of June, 20 17.

Signature

Printed name

Mike White

2017 JUN 19 PM 11:19
INDIANA SECRETARY OF STATE
RECEIVED



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

GW IT SOLUTIONS LLC

was validly organized on June 29, 2015 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1455680

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 14th day of June, 2017

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

INDIANA SECRETARY OF STATE
RECEIVED
2017 JUN 19 PM 11:19

EXHIBIT D

AFFIDAVIT

VI. AFFIDAVIT⁵

I, Mike White (print name), as an authorized corporate officer or person authorized to bind GW IT SOLUTIONS LLC (company name), affirm under penalty of perjury that:

a) the applicant has filed or will timely file with the Federal Communications Commission ("FCC") all forms required by the FCC;

b) the applicant agrees to comply with customer notification requirements of the Commission pursuant to IC 8-1-32.5-6(b)(3)(B) and 8-1-32.5-11(b) (not applicable to CMRS providers per IC 8-1-32.5-11(b));

c) the applicant (including CMRS providers⁶) agrees to update the information provided in the application on a regular basis pursuant to IC 8-1-32.5-12;

d) the applicant agrees to notify the Commission when the applicant commences offering communications service in each service area identified in the application (Pursuant to I.C. 8-1-32.5-6(e), this requirement is not applicable to CSPs that only offer a service(s) described in I.C. 8-1-2.6-1.1);

e) the applicant agrees to pay any lawful rate or charge for switched and special access services, as required under any:

- applicable interconnection agreement; or
- lawful tariff or order approved or issued by a regulatory body having jurisdiction.

f) the applicant agrees to report, at the time requested by the Commission, information required under IC 8-1-2.6-13(d)(9) et seq. (This requirement is not applicable to CMRS providers, per I.C. 8-1-2.6-13(d)(9).); and

g) applicant further represents that it will provide an annual report concerning communications services offered in each service area (county, zip code and census tract) in Indiana as required by IC 8-1-2.6-13(d)(9)(C). (Not applicable to CMRS providers per IC 8-1-2.6-13(d)(9).)

Mike White
Signature

President
Title

5/2/17
Date (month, day, year)

Subscribed and Sworn to before me, a Notary Public, this 2nd day of May, A.D. 2017.

Julia A. Bregitzer
Signature

Julia A. Bregitzer
Printed Name

My Commission Expires: 9-17-2019

My County of Residence: St. Joseph

JULIA A. BREGITZER
Notary Public, St. Joseph County, MI
My Commission Expires Sept. 17, 2019

⁵ See IC 8-1-32.5-6(b)(3).

⁶ There is an exception in IC 8-1-32.5-12-6 to the information that CMRS providers must provide. This exception does not apply to the other subsections in 8-1-32.5-12.