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INDIANA UTILITY  
REGULATORY COMMISSION

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June 5, 2017

**VIA ELECTRONIC FILING**

Telecommunications Division  
Indiana Utility Regulatory Commission  
National City Center  
101 W. Washington Street, Suite 1500E  
Indianapolis, Indiana 46204  
(317) 232-2701

Re: Horizon River Technologies, LLC

Dear Sir/Madam:

Attached please find for filing Horizon River Technologies, LLC's Application For a Certificate of Territorial Authority For Communications Service Providers with attachments.

If you have any questions or if I may provide you with additional information, please do not hesitate to contact me.

Respectfully submitted,



Lance J.M. Steinhart, Esq.  
Managing Attorney  
Lance J.M. Steinhart, P.C.  
*Attorneys for Horizon River Technologies, LLC*

Enclosures

cc: Steven Koura



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

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

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

Cause No. 44955 (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)**  
Commercial Mobile Radio Service

*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 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:  
Commercial Mobile Radio Service

**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](http://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: Horizon River Technologies, 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)*

C. Company Address:  
3340 Peachtree Road, Suite 1800  
Atlanta, GA 30326

Main Telephone Number: (404) 662-2216      FAX Number: (404) 662-2206  
E-mail Address: steven.koura@horizonriver.com  
Website Address: www.horizonriver.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 Jefrey Wallace, CEO  
Telephone Number: (404) 662-2216      FAX Number: (404) 662-2206  
Mailing Address: 3340 Peachtree Road, Suite 1800, Atlanta, GA 30326  
Email Address: jef.wallace@horizonriver.com

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

Name and Title Lance J.M. Steinhart, Attorney at Law  
Telephone Number: (770) 232-9200      FAX Number: (770) 232-9208  
Mailing Address: 1725 Windward Concourse, Suite 150, Alpharetta, GA 30005  
E-mail Address: info@telecomcounsel.com

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

N/A

(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.

Statewide

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.

The Company proposes to offer services in all counties in the State. The Company will not offer Video Service(s).

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.

Wireless Service

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.

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.

Upon approval

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

No

G. Does the applicant seek authorization to provide facilities-based local exchange? No

H. Does the applicant seek authorization to offer interexchange services only? No

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

Retail

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

No

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

<sup>1</sup> 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.  
CMRS Services in Montana.

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### III. Additional Requirements<sup>2</sup>

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.<sup>3</sup>
- 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).<sup>4</sup>

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

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

<sup>4</sup> 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.)

X \_\_\_\_\_ June 5, 2017  
Signature and Date (month, day, year)

\_\_\_\_\_  
Steven Koura, Manager of Sunrise Bluff Capital LLC, Manager of Horizon River Technologies, LLC  
Name and Title (printed or typed)

**AFFIDAVIT<sup>5</sup>**

I, Steven Koura (*print name*), as an authorized corporate officer or person authorized to bind Horizon River Technologies, 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 I.C. 8-1-32.5-6(b)(3)(B) and 8-1-32.5-11(b) (not applicable to CMRS providers per I.C. 8-1-32.5-11(b));

c) the applicant (including CMRS providers<sup>6</sup>) agrees to update the information provided in the application on a regular basis pursuant to I.C. 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 I.C. 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 I.C. 8-1-2.6-13(d)(9)(C). (Not applicable to CMRS providers, per I.C. 8-1-2.6-13(d)(9).)

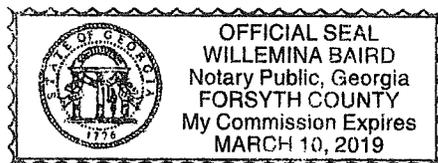
X [Handwritten Signature]

Signature  
Manager of Sunrise Bluff Capital LLC, Manager of Horizon River Technologies, LLC

Title  
5/10/17

Date (month, day, year)

Subscribed and Sworn to before me, a Notary Public, this 23rd day of May, A.D. 2017



Willemina Baird  
Signature

WILLEMINA BAIRD  
Printed Name

My Commission Expires: March 10, 2019

My County of Residence: Forsyth

<sup>5</sup>See IC 8-1-32.5-6(b)(3).

<sup>6</sup>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 IC 8-1-32.5-12.

EXHIBIT A

Certificate of Authority from Indiana Secretary of State

State of Indiana  
Office of the Secretary of State

Certificate of Authority  
of  
**HORIZON RIVER TECHNOLOGIES, 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, January 23, 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, January 24, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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