



**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. 44864 (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.**  
Wireless Broadband 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 Services and Wireless Broadband Services

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: Onvoy Spectrum, 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:  
10300 6th Ave. N.  
Plymouth, MN 55441

Main Telephone Number: 800-933-1224      FAX Number: 763-230-4200  
E-mail Address: customerservicevoip@onvoy.com  
Website Address: www.onvoy.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 Mary Buley, Senior Regulatory Manager  
Telephone Number: 763-230-4183      FAX Number: 763-230-4200  
Mailing Address: 10300 6th Ave. N., Plymouth, MN 55441  
Email Address: mary.buley@onvoy.com

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

Name and Title Brett P. Ferenchak  
Telephone Number: 202-373-6697      FAX Number: 202-373-6001  
Mailing Address: Morgan, Lewis & Bockius LLP, 2020 K Street, N.W., Washington, DC 20006  
E-mail Address: brett.ferenchak@morganlewis.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.

N/A

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.

N/A

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.

N/A

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.

N/A

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.

N/A

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

N/A

G. Does the applicant seek authorization to provide facilities-based local exchange? N/A

H. Does the applicant seek authorization to offer interexchange services only? N/A

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

N/A

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

N/A

*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.

N/A

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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.)

 10/4/16  
\_\_\_\_\_  
Signature and Date (month, day, year)

Michael A. Donohue CFO  
\_\_\_\_\_  
Name and Title (printed or typed)

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

I, Michael A. D'Archie (print name), as an authorized corporate officer or person authorized to bind Onjoy Spectrum, 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;

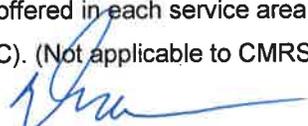
d) the applicant agrees to notify the Commission when the applicant commences offering communications service in each service area identified in the application (Pursuant to I.C. 8-1-32.5-6(e), this requirement is not applicable to CSPs that only offer a service(s) described in I.C. 8-1-2.6-1.1.);

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

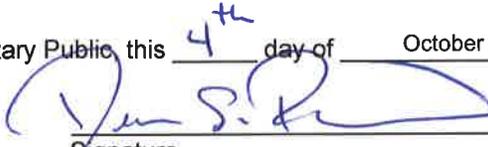
- applicable interconnection agreement; or
- lawful tariff or order approved or issued by a regulatory body having jurisdiction.

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

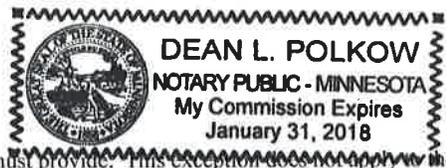
g) applicant further represents that it will provide an annual report concerning communications services offered in each service area (county, ZIP code and census tract) in Indiana as required by I.C. 8-1-2.6-13(d)(9)(C). (Not applicable to CMRS providers, per I.C. 8-1-2.6-13(d)(9).)

  
 Signature  
CFO  
 Title  
10/4/16  
 Date (month, day, year)

Subscribed and Sworn to before me, a Notary Public, this 4<sup>th</sup> day of October, A.D. 2016

  
 Signature  
Dean L. Polkox  
 Printed Name

My Commission Expires: 1/31/2018  
 My County of Residence: Hennepin



<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.

**ATTACHMENT**

**Amended Certificate of Authority from Indiana Secretary of State**

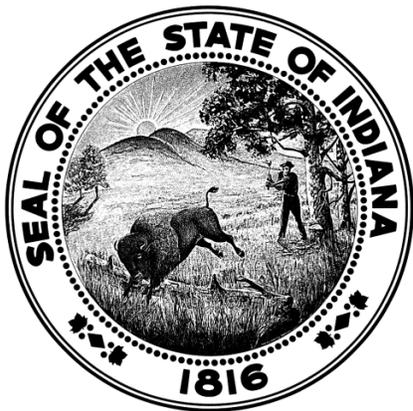
State of Indiana  
Office of the Secretary of State  
Certificate of Amendment  
of  
**EMERGENCY NETWORKS LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that an Application for Amended 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.

The name following said transaction will be:

**ONVOY SPECTRUM, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, September 01, 2016.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 02, 2016

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201606271147547 / 7389988

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

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

**BUSINESS ID** 201606271147547  
**BUSINESS TYPE** Foreign Limited Liability Company  
**BUSINESS NAME** EMERGENCY NETWORKS LLC  
**PRINCIPAL OFFICE ADDRESS** 1725 Walnut Street, Suite B, Boulder, CO, 80302, USA  
**DATE AMENDMENT WAS ADOPTED** 09/02/2016

EFFECTIVE DATE

**EFFECTIVE DATE** 09/01/2016

FOREIGN ENTITY DETAILS

**DOMICILE FORMATION DATE** 03/12/2015  
**DOMICILE COUNTRY** USA  
**DOMICILE STATE** CO

ARTICLE I - BUSINESS NAME CHANGE

**DATE OF ADOPTION** 09/01/2016  
**NEW BUSINESS NAME** Onvoy Spectrum, LLC

MANAGEMENT INFORMATION

**THE LLC WILL BE MANAGED BY MANAGER(S)** Yes

**APPROVED AND FILED**  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
09/02/2016 08:14 AM

**SIGNATURE**

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO OBTAIN AN AMENDED CERTIFICATE OF AUTHORITY.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **September 1, 2016**

**SIGNATURE**

Fritz Hendricks

**TITLE**

Manager

Business ID : 201606271147547

Filing No. : 7389988

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Onvoy Spectrum, LLC

is a

Limited Liability Company

formed or registered on 03/12/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151175513 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/19/2016 that have been posted, and by documents delivered to this office electronically through 08/25/2016 @ 11:27:11 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/25/2016 @ 11:27:11 in accordance with applicable law. This certificate is assigned Confirmation Number 9805473 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing Application for a Certificate of Territorial Authority For Communications Service Providers was served by placing a copy of same in the United States first-class mail on October 4, 2016, addressed to the following:

Office of the Utility Consumer Counselor  
National City Center  
115 W. Washington Street, Suite 1500 South  
Indianapolis, IN 42604

*Brett P Ferencik*

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