INDIANA UTILITY

REGULATORY COMMISSION



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 N	lo44974	(IURC use only)		
ENTITY TO THE COMMU	THAT OFFERS (E TECHNOLOGY INICATIONS SER	1.5-4, A <u>Communications service provider</u> ("CSP") means a pers communications service to customers in Indiana, without r y or medium used by the person or entity to provid tvice. The term includes a provider of commercial mobile n 47 U.S.C. 332).	EGARD E THE	
List eacl	n type of Communi	ications Service which applicant proposes to offer in Indiana:		
	TELECOMMUNIC	ATIONS SERVICE AS DEFINED IN 47 U.S.C. 153(46)		
		service, such as facilities-based local exchange; bundled resale of local exchange; or other.	ge:	
MEDIUN	A USED TO PROV	ERVICE AS DEFINED IN 153(20), WITHOUT REGARD TO THE TECHNOLOG FIDE THE COMMUNICATIONS SERVICE. ice over IP (VoIP) Service	3Y OR	
	(as defined in 47 C	service, such as internet protocol enabled services; broadband service; advance FR 51.5); or other.		
	y have a video fra	AS DEFINED IN IC 8-1-34-14 (Note: A Video Service Provider which does anothise (local or state) for the service area described above must obtain a specified in IC 8-1-34-16)	not I state	
Please I	ist any service are	as in Indiana where Applicant offers service under a local franchise.		
2.6-1.1 INFORM	IS ONLY REQU MATION REQUES	12.5-6(e), A CSP THAT IS <u>ONLY</u> OFFERING A SERVICE(S) DESCRIBED IN UIRED TO REPORT AND CERTIFY THE ACCURACY OF SOME OF THE FORM. NOT ALL PORTIONS OF THE FORM ARE APPLICASE 2 FOR INSTRUCTIONS.	OF THE	
The foli	owing services a	re "described in I.C. 8-1-2.6-1.1":		
ı	(2) broadband ser(3) information se(4) Internet Protocom	vices (as defined in 47 CFR 51.5); rvice, however defined or classified by the Federal Communications Commissio rvice (as defined in 47 U.S.C. 153(20)); col enabled retail services:	on;	
	and	of how the service is classified by the Federal Communications Commission;		
	(5) commercial mo	expressly permitted under I.C. 8-1-2.8; obile service (as defined in 47 U.S.C. 332); or t commercially available on March 28, 2006.		

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: Internet Protocol enabled Voice over IP (VoIP) retail only 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 *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 V may also not apply. The following sections are required, unless otherwise noted: Part I.B Part I.E Part I.D Part IV.1 Part I.B Part I.E Part IV.3 Part I.C Part III Part IV.3 Part I.C Part III Part IV. I. APPLICANT CONTACT INFORMATION A. Legal Name of Company: Gabbit, LLC B. Name(s) under which the company will be marketing services in Indiana: (Company namos, including any "doing business as" names, must be registered with Indiana Secretary of State) Gabbit, LLC C. Company Address: 9415 Dielman Rock Island Industrial Dr., St. Louis, MO 63132 Main Telephone Number: 855-542-2248 E-mail Address: harry@gabbit.net Website Address: www.gabbit.net 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):	
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commission (including regulatory affairs and/or customer service information):	
Name and Title Harry Orchard, Co-Founder	
Telephone Number: 314-898-0007 FAX Number: 800-506-8289	
Mailing Address: 9415 Dielman Rock Island Industrial Dr., St. Louis, MO 63132	
Email Address: harry@gabbit.net	
E. Name, title, and other contact information of attorney or contact person for this application, if different from D. above:	
Name and Title Mark Lammert c/o Compliance Sclutions, Inc.	
Telephone Number: 407-260-1011 FAX Number: 407-260-1033 Mailing Address: 242 Rangeline Rd., Longwood, FL 32750	
Mailing Address: 242 Rangeline Rd., Longwood, FL 32750 E-mail Address: mark@csilongwood.com	

F.	Parent Company's Legal Name, Address, and Telephone Number (if applicable):
(CS	SPs 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 ermation.)
	II. Service Information (Add additional sheets if necessary.)
A .	Please describe the geographic area(s) for which the applicant seeks authority.
В.	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.
<u> </u>	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?
Н.	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 LC. 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 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 services offered.	ch applicant is authorized to	provide communicatio	ns services and th	e types of

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:

- 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.
 - 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 Endiana law and as otherwise noted berein.

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.)	ıe.
220 8/11/17	
Signature and Date (month, day, year)	
Harry Orchard, Co-Founder	
Name and Title (printed or typed)	

AFFIDAVIT5

<u>ا،</u>	Harry Orchard	(print name), as an authorized corporate officer or person authorized
to bind	Gabbit, LLC	(company name), affirm under penalty of perjury that:
		I timely file with the Federal Communications Commission ("FCC") all
forms rec	quired by the FCC;	
	b) the applicant agrees to com	ply 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 CMf	RS providers") agrees to update the information provided in the
application	on on a regular basis pursuant to I	.C. 8-1-32.5-12;
	d) the applicant agrees to noti	fy the Commission when the applicant commences offering
communi	ications service in each service ar	ea identified in the application (Pursuant to I.C. 8-1-32.5-6(e), this
requirem	ent 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 intercor 	nnection agreement; or
	 lawful tariff or order 	er approved or issued by a regulatory body having jurisdiction.
	f) the applicant agrees to report	rt, at the time requested by the Commission, information required under
I.C. 8-1-2	2.6-13(d)(9) et seq. (This requirem	ent 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 (cour	nty, ZIP code and census tract) in Indiana as required by I.C. 8-1-2.6-
13(d)(9)(C). (Not applicable to CMRS prov	iders, per I.C. 8-1-2.6-13(d)(9).
9	only	
Signatur Co-Found	<u> </u>	
	der	
Title	8/11/17	
•	onth, day, year)	
Subscrib	ed and Sworn to before me, a No	tary Public, this Ith day of Aug u st, A.D. 20 17
AN Notary STAT SI Ly Commiss	MANDA KEITH Public - Notary Seal TE OF MISSOURI 1. Louis County 100n Expires: Feb. 2, 2021 11ssion # 15637938	Signature Amanda Keith Printed Name
My Comi	mission Expires:	2- <i>30</i> 21
-	ity of Residence:	10015
., ==	· ————————————————————————————————————	

⁵See IC 8-1-32.5-6(b)(3).
⁶There 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.

State of Indiana Office of the Secretary of State

Certificate of Authority of GABBIT, 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 Tuesday, August 08, 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, August 08, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201708081208465 / 7671630

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