



APPLICATION FOR A CERTIFICATE OF TERRITORIAL AUTHORITY FOR COMMUNICATIONS SERVICE PROVIDERS

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

FILED

DEC 14 2017

**INDIANA UTILITY
REGULATORY COMMISSION**

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

Cause No. 45023 (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 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: KRAMER, CEILLEY AND ASSOCIATES, INC.

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)
AMERICAN FIBERNET

C. Company Address:
746 South Arnold Street, South Bend Indiana 46619

Main Telephone Number: 1-877-719-3698 FAX Number: _____
E-mail Address: jay@colostore.com
Website Address: http://www.colostore.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 Jay Kramer, President
Telephone Number: 772-321-7724 FAX Number: _____
Mailing Address: 5035 TRADEWINDS DR., VERO BEACH, FL, 32963
Email Address: scmirc@gmail.com

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

Name and Title Rita Goodling, Director
Telephone Number: 1-717-448-4236 FAX Number: _____
Mailing Address: 23 BRADFORD PLACE CARLISLE, CARLISLE, PA, 17015
E-mail Address: rita.goodling@gmail.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

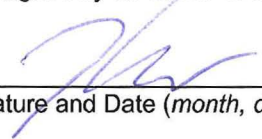
² Part III applies to all communications service providers, unless explicitly exempted pursuant to Indiana law and as otherwise noted herein.

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.*)



Signature and Date (*month, day, year*)

Jay Kramer, President

Name and Title (*printed or typed*)

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

Certified Copies

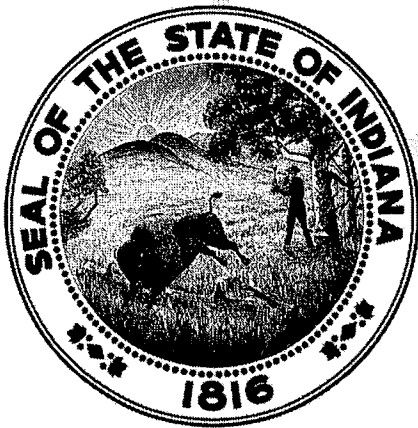
To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 6 page document consisting of the following records filed in this office:

Certification Date: December 12, 2017
Business Name: KRAMER, CEILLEY AND ASSOCIATES, INC.
Business ID: 2015092500560

Transaction	Date Filed	No. of pages
Application for Certificate of Authority	09/25/2015	4
Certificate of Assumed Business Name	09/25/2015	2
Total No. of pages		6



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

E

Indiana Secretary of State
Packet: 2015092500560
Filing Date: 09/25/2015
Effective Date: 09/25/2015



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION
State Form 38784 (R12 / 6-14) Corporate Form 112
Approved by State Board of Accounts, 2014

RECEIVED

2015 SEP 25 PM 12:39

CONNIE LAWSON
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 W. Washington Street, E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and one copy to address in the upper right corner of this form.
 3. Please TYPE or PRINT in INK.
 4. Please visit our office at www.sos.in.gov.
 5. Make check or money order payable to Secretary of State.

Indiana Code 23-1-49-1
23-1-49-3

FILING FEE: \$80.00

- NOTES:**
1. Applicant must submit a certificate of existence issued by the proper authority within the last sixty (60) days.
 2. If using a fictitious name, a copy of the resolution must accompany this filing. See Indiana Code 23-1-49-3.

APPROVED AND FILED
Connie Lawson
IND. SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY
OF
KRAMER, CEILLEY AND ASSOCIATES, INC.
A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF INDIANA.

The undersigned officer of the above corporation which was formed as:

A general business corporation A professional corporation (must include a Certificate of Registration.)

desiring to effectuate the admittance of the above Corporation transact business in the State of Indiana, certifies the following facts:

ARTICLE I - NAME

Fictitious Name (Only used if name in the application is not available in Indiana.) (See Note 2 above)

ARTICLE II - PRINCIPAL OFFICE ADDRESS

Address of Principal Office (number and street)	City	State	ZIP code
5035 TRADEWINDS DRIVE	VERO BEACH	FL	32963

ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT

Name of Registered Agent (Cannot be the corporation itself)

JAY KRAMER

Address of Registered Office (number and street) (PO Box not accepted)	City	State	ZIP code
746 S ARNOLD STREET	SOUTH BEND	IN	46619

Required:

By checking the box, the Signator(s) represents that the registered agent named in the application has consented to the appointment of registered agent.

ARTICLE IV - DATE AND STATE OF INCORPORATION AND DURATION OF EXISTENCE

The date of incorporation in domiciliary state (month, day, year)	State of incorporation
9/20/1994	IOWA

The Corporation is perpetual until dissolution.
OR
 The latest date upon which the Corporation is to dissolve (month, day, year): _____

ARTICLE V - CORPORATE OFFICERS

List the names and business addresses of the officers of the Corporation.		
Name	Title	Address (number and street, city, state, and ZIP code)
JAY KRAMER	PRESIDENT	5035 Tradewinds Dr. Vero Beach, FL 32963
BERNIE CEILLEY	VICE PRESIDENT	5035 Tradewinds Dr. Vero Beach, FL 32963
RITA GOODLING	DIRECTOR	23 Bradford Place Carlisle, PA 17015
ALLA KRAMER	TREASURE	5035 Tradewinds Dr. Vero Beach, FL 32963

Please attach additional sheets if necessary.

ARTICLE VI - BOARD OF DIRECTORS

The names and business addresses of the Board of Directors of the Corporation are as follows:

By checking the box, the Signator(s) represents that the Corporation named in Article 1 is not required to have a Board of Directors in its domiciliary state.

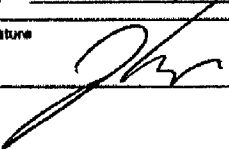
Name	Address (number and street, city, state, and ZIP code)
JAY KRAMER	5035 Tradewinds Dr. Vero Beach, FL 32963
BERNIE CEILLEY	5035 Tradewinds Dr. Vero Beach, FL 32963
RITA GOODLING	23 Bradford Place Carlisle, PA 17015
ALLA KRAMER	5035 Tradewinds Dr. Vero Beach, FL 32963

Indiana Secretary of State
 Packet: 2015092500560
 Filing Date: 09/25/2015
 Effective Date: 09/25/2015

Please attach additional sheets if necessary.

SIGNATURE

In witness whereof, the undersigned being the JAY KRAMER, PRESIDENT of said Corporation signs
(Title: Officer or Chairman or Board)
 this Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this 22nd
 day of September, 2015.

Signature 	Printed name JAY KRAMER
--------------------------------------------------------------------------------------------------	----------------------------

9/25/2015

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



Indiana Secretary of State
Packet: 2015092500560
Filing Date: 09/25/2015
Effective Date: 09/25/2015

RECEIVED
2015 SEP 25 PM 12:39

CERTIFICATE OF EXISTENCE

Date: 9/25/2015

Name: KRAMER, CEILLEY AND ASSOCIATES, INC. (490 DP - 178864)
Date of Incorporation: 9/20/1994
Duration: PERPETUAL

APPROVED
AND
FILED
Coraie Jamson
IND. SECRETARY OF STATE

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS112807
To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate
Paul D. Pate, Iowa Secretary of State

State of Indiana
Office of the Secretary of State

CERTIFICATE OF AUTHORITY

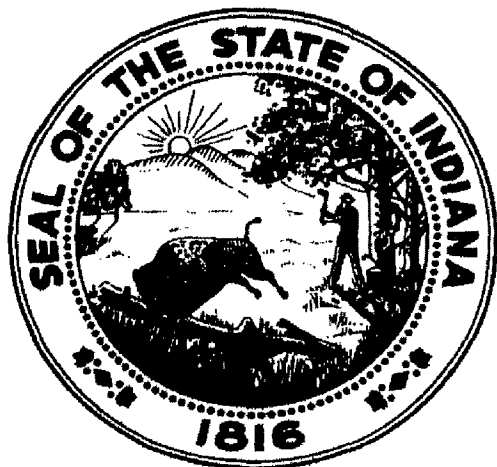
of

KRAMER, CEILLEY AND ASSOCIATES, INC.

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Iowa For-Profit Foreign Corporation 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 Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, September 25, 2015.

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 25, 2015.



Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

2015092500560 / 2015092582293

E

Indiana Secretary of State
Packet: 2015092500560
Filing Date: 09/25/2015
Effective Date: 09/25/2015



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)**

State Form 30363 (R18 / 11-13)
Approved by State Board of Accounts, 2013
Indiana Code 23-15-1-1

2015 SEP 25 PM 12:39

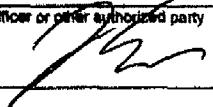
CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

1. Use an 8 1/2" x 11" sheet of white paper for attachments.
2. Present original and one (1) copy to address in upper right corner of this form.
3. Please TYPE or PRINT.
4. Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE	
For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00

NOTE: This form cannot be used for county filing of an assumed business name.

1. Name of entity KRAMER, CEILEY AND ASSOCIATES, INC.		2. Date of incorporation / admission / organization (month, day, year)	
3. Address at which the entity will do business under the assumed name (number and street) 746 S. ARNOLD STREET City, state, and ZIP code SOUTH BEND, IN 46619			
4. Assumed business name(s) COLOSTORE, MICHIANA WIRELESS INTERNET NAVIGATOR, BARRETT NETWORKS			
5. Principal office address of the entity (number and street) 5035 TRADEWINDS DRIVE City, state, and ZIP code VERO BEACH, FL 32963			
6. Signature of officer or other authorized party 		7. Printed name and title JAY KRAMER, PRESIDENT	

This instrument was prepared by:

Indiana Secretary of State
Packet: 2015092500560
Filing Date: 09/25/2015
Effective Date: 09/25/2015

State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

KRAMER, CEILLEY AND ASSOCIATES, INC.

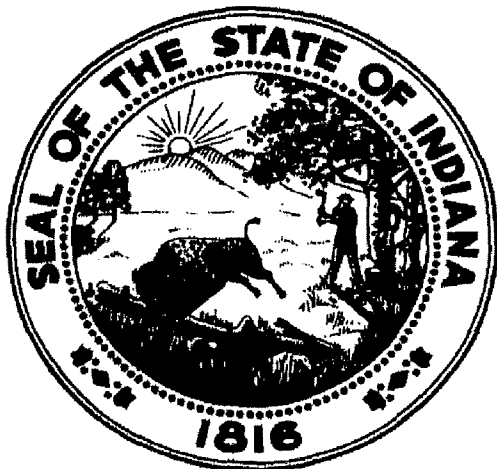
I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Iowa For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

COLOSTORE
MICHIANA WIRELESS
INTERNET NAVIGATOR
BARRETT NETWORKS

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, September 25, 2015.

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 25, 2015.



Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

2015092500560 / 2015092582295

State of Indiana
Office of the Secretary of State

Certificate of Assumed Business Name
of

KRAMER, CEILLEY AND ASSOCIATES, INC.

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Foreign For-Profit Corporation 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 Corporation Law.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

AMERICAN FIBERNET

NOW, THEREFORE, with this document I certify that said transaction will become effective **Wednesday, December 13, 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, **December 13, 2017.**

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015092500560 / 7777668

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