

Application for Registration

NHPUC Form CLEC-10 Application for Registration Page 1 of 2 Puc 449.07 Rev. 12/06/04

No

CLEC APPLICATION FOR REGISTRATION

| 1. General Information | | |
|--|---|--|
| Federal Identification Number | 45-3601032 | |
| Date of Application | 5/8/13 | |
| Legal Name | 186 Communications Operations, LLC. | |
| Trade Name (d/b/a) in New Hampshire | N/A | |
| Contact Person | Darren LaCroix | |
| | 10 N. Southwood Drive | |
| Mailing Address | Nashua, NH 03063 | |
| Phone Number | 603-391-2909 | |
| Fax Number | 603-598-0097 | |
| E-mail Address | compliance@186comm.com | |
| | of the general partners, corporate officers, director of the company, rs or officers been convicted of any felony not annulled by a court? | |
| h In the past ten years has the a | Delicant or have any of the general partners, corporate officers, director | |

| b. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers had any civil, criminal or regulatory sanctions or penalties imposed pursuant to any state or federal consumer protection law or regulation? | | |
|---|----|--|
| | No | |
| c. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers settled any civil, criminal or regulatory investigation or complaint involving any state or federal consumer protection law or regulation? | | |
| | No | |

| d. Is the applicant, or are any of the general partners, corporate officers, director of the company, limited | 12 |
|---|----|
| liability company managers or officers currently the subject of any pending civil, criminal or regulatory | |
| investigation or complaint involving any state or federal consumer protection law or regulation? | |
| | No |

e. Has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers been denied certification in any other state.

If so, please list each state.

f. If the answer to any of the questions in a through e above is yes, please attach an explanation.

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431. Please mail any documents to the above address.



List the three primary telecommunications services the company will provide:

a. 10-100 Gig transport

b. Point to Point Transport

c. Dedicated Internet Access

Identify the applicant's proposed service area:

Fairpoint Service Areas in New Hampshire

4. Required Attachments

- a. A copy of the New Hampshire Secretary of State Certificate of Authority
- b. Proof of Surety Bond, if applicable
- c. Form CLEC-1, Contact Information
- d. A copy of the CLEC's complete rate schedule
- e. A copy of Form CLEC -11, Adoption of Uniform Tariff, if applicable

5. Compliance Statements

I attest that the applicant will comply with all applicable New Hampshire laws and all Commission policies, rules and orders. ______(initial)[Puc 430.02]

I attest that the applicant has the necessary managerial qualifications, technical competence and financial resources to operate the CLEC for which the applicant seeks registration. _____(initial)

I attest that the applicant agrees to use with the Verizon New Hampshire rates for intraLATA switched access, as filed in Tariff 85, including future changes, or charge a lower rate. In the event the applicant believes a higher rate is justified, the applicant will file a separate petition with evidence supporting the higher rate. (initial)

6. Signature

I <u>Skobuck</u> (<u>eveniched</u>, (name) declare under penalty of perjury that I am authorized to make this verification for and on behalf of the applicant; that I have read the information provided by the applicant in the foregoing document and any and all attachments, and am informed and believe the same are true, and on that ground, affirm that the matters stated herein are true.

| Jan 11 | Signed | President | Title |
|-------------------------------------|-----------|----------------------------|--|
| Subscribed and sworn before me this | _7_ (day) | of MAY (month) | in the year $\frac{20}{3}$ |
| County of Middleser | | | |
| State of MASSAchuset | § | × | a car and a |
| | | Mullin | -tty |
| | | Notary Public/Justice of t | he Peace xpires MELYSSA FLAHERTY |
| | | | Commonwealth of Massachusetts My Commission Expires March 30, 2018 |



CLEC RATE SCHEDULE COVER SHEET

| 1. General Information | |
|--|-------------------------------------|
| Federal Identification Number | 45-3601032 |
| CLEC Authorization Number | OR Date of Application 5/8/13 |
| Legal Name | 186 Communications Operations, LLC. |
| Trade Name (d/b/a) in New Hampshire | N/A |
| Regulatory Contact | Darren LaCroix |
| | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 603-686-1798 |
| Fax Number | 603-598-0097 |
| E-mail Address | compliance@186comm.com |

2. Attachments

Attach rate sheets, and include

- a. The name of the service as appears on customer bills;
- b. The name of the service as appears on company provisioning documents;
- c. A brief description of service;
- d. The price at which the service is offered; and
- e. The date on which the price is effective.

Any rate schedule of more than ten pages shall include a table of contents and numbered pages. **3. Signature**

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

| Authorized Representative Signature | Title Presidert |
|--|-----------------|
| Printed Name J. Rebut convictment | Date $5/8/13$ |

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431. Please mail any documents to the above address.

186 Communications Operations, LLC Effective May 7, 2013

Ethernet Line Service, where available

Charges are for service from customer premises 'A' to customer premises 'B'. "**ICB**" – Individual Case Basis

| Servi | ce – Within LATA 128 | Rate |
|-------|--|------|
| Mont | hly Recurring Charges | |
| ۲ | 10-100 Gbps Transport | ICB |
| 0 | Point to Point Transport | ICB |
| ۲ | Point to Multipoint | ICB |
| ۲ | Dedicated Internet Access | ICB |
| Non-I | Recurring Charges | |
| • | Installation (A and B Premises) | ICB |
| | (Not including any necessary construction charges) | |
| | | |



CONTACT INFORMATION

A telecommunications carrier must complete this form: 1) When requesting authorization to provide telecommunications service in New Hampshire by the Public Utilities Commission, 2) Annually, on or before March 31 of each year, or 3) When there have been changes to the information previously reported.

Check here if you would prefer electronic notices rather than notice by US Mail Date

Date <u>5/7/13</u>

1. General Information

| Federal Identification Number | 45-3601032 |
|--|-------------------------------------|
| CLEC Authorization Number | |
| Legal Name Trade Name d/b/a | 186 Communications Operations, LLC. |
| in New Hampshire | |
| | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 603-391-2909 |
| Fax Number | 603-598-0097 |
| E-mail Address | compliance@186comm.com |
| Website | www.186comm.com |
| 2. Person Responsible for Preparing th | te CLEC Annual Report |
| Name | Darren Lacroix |
| Title | Compliance |
| | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 603-686-1798 |
| Fax Number | 603-598-0097 |
| E-mail Address | dlacroix@186comm.com |



| 3. Person Responsible for Paying Ass | essment Bills |
|--------------------------------------|---|
| Name | Jacqueline Hayes |
| Title | CFO |
| Complete Mailing Address | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 978-807-8710 |
| Fax Number | 603-598-0097 |
| E-mail Address | jhayes@186comm.com |
| 4. Regulatory Contact | |
| Name | Darren Lacroix |
| Title | Compliance |
| | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 603-686-1798 |
| Fax Number | 603-598-0097 |
| E-mail Address | dlacroix@186comm.com |
| 5. Person that Commission's Consum | er Affairs Department Should Call Regarding Customer Complaints |
| Name | Robert Carmichael |
| Title | CEO |
| | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 978-808-0347 |
| Fax Number | 603-598-0097 |
| E-mail Address | rcarmichael@186comm.com |
| | |



6. Director of Customer Service

| Name | Jim Steed |
|--------------------------------------|-------------------------|
| Title | VP sales |
| Complete Mailing Address | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 603-759-4752 |
| Fax Number | 603-598-0097 |
| E-mail Address | jsteed@186comm.com |
| 7. Company Officer Responsible for C | Customer Service |
| Name | Robert Carmichael |
| Title | CEO |
| Complete Mailing | 10 N. Southwood Drive |
| Address | Nashua, NH 03063 |
| Phone Number | 978-808-0347 |
| Fax Number | 603-598-0097 |
| E-mail Address | rcarmichel@186comm.com |
| 8. End User Customer Service | |
| Toll free 800 Number | 1-888-365-4186 |
| Fax Number | 603-598-0097 |
| E-mail Address | info@186comm.com |
| Hours of Operation | 9am -5pm M -F |
| 9. End User Repair Service | |
| Toll free 800 Number | 1-888-365-4186 |
| Fax Number | 603-598-0097 |
| E-mail Address | rcarmichael@186comm.com |
| Hours of Operation | 24/7/365 |



| Name | Title |
|------------------|---------------|
| Robert Carmichel | CEO/President |
| Jacqueline Hayes | CFO/Treasurer |
| | |
| | |
| | |
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| | |
| | |

Please attach a contact escalation list, including, name, phone number and e-mail address for first level contacts, directors and company officers responsible for the following: network, interconnection; and provisioning.

12. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative Signature

Title Preside

Printed Name J. Robert Contrinctional Date

5/8/2013

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431. Please mail any documents to the above address.



State of New Hampshire Department of State Corporation Division

603-271-3246



Enclosed is the acknowledgment copy of your Certificate of Formation. It acknowledges this office's receipt and filing of your documents.

Should you have any questions, you may contact the Corporation Division at the above number or email us at <u>corporate@sos.slate.nh.us</u>. Please reference your Business ID # located in the filed section of the enclosed acknowledgement copy of Cerlificate of Formation.

Please visit our websile for helpful information regarding all your business needs.

Regards,

New Hampshire Department of State Corporation Division

Business ID#: 660502

Mailing address - 107 North Main Street, State House room 204, Concord, N.H. 03301-4989 Physical Location - 25 Capitol Street, State House Annex - 3rd Floor, Concord NH Forms on Web - www.nh.gov/sos/corporate

State of New Hampshire

Filed Date Filed: 10/14/2011 Business ID: 660502 William M. Gardner Secretary of State

 Filing fee:
 \$50.00

 Fee for Form SRA:
 \$50.00

 Total fees
 \$100.00

 Use black print or type.

 Form must be single-sided, on 8½" x 11" paper;

 double sided copies will not be accepted.

Form LLC-1 RSA 304-C:12

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is 186 Communications Operations, LLC

SECOND: The nature of the primary business or purposes are To provide communication services and

engage in any other lawful activity for which limited liability companies may be organized under the Act pursuant

10 R.S.A. Section 304-C:7.

THIRD: The name of the limited liability company's registered agent is _____

James R. Carmichael

and the street address, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) <u>99 Pine Hill Road, Nashua, NH 03063</u>

FOURTH: The latest date on which the limited liability company is to dissolve is _____ Perpetual _____.

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

*Signature:

Print or type name: ______

Title:

Date signed:

*Must be signed by a manager; if no manager, must be signed by a member.

10/11

DISCLAIMER: All documents filed with the Corpe available for public inspection in either tangible or e

Mail fees, DATED AND SIGNED ORIGINAL AN of State, 107 North Main Street, Concord NH 03301



James R. Carmichael

Manager (Enter "manager" or "member")