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2550 M Street, NW
Washington, DC 20027-1350
202-457-6000

SEP -3 PM 12:10
Facsimile 202-457-6315

COMMISSION CLERK
www.pattonboggs.com

September 2, 2004

Paul C. Besozzi
(202) 457-5292
pbsozzi@pattonboggs.com

FEDEX

Florida Public Service Commission
Division of Commission Clerk and Administrative Services
2450 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Re: **Application of Conterra, LLC d/b/a Conterra Wireless Broadband For Authority To Provide Alternative Access Vendor Service Within The State Of Florida**

Dear Sir or Madam:

Enclosed for filing are an original and six (6) copies of an Application Form for Authority To Provide Alternative Access Vendor Service Within The State Of Florida ("Application") being submitted by Conterra, LLC d/b/a Conterra Wireless Broadband ("Conterra"). Conterra will be providing fixed wireless point-to-point data transmission and other permitted services using both licensed and unlicensed spectrum as authorized by the FCC.

A check in the amount of \$250.00 for the requisite filing fee is enclosed. So is an extra copy of the Application to be stamped "filed" or "received" and returned in the enclosed envelope.

If there are any questions concerning the Application, please contact the undersigned counsel at 202-457-5292.

Sincerely yours,

Paul C. Besozzi

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

cc: Mark A. Horinko

RECEIVED & FILED

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07 SEP -3 AM 10:19

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**** FLORIDA PUBLIC SERVICE COMMISSION ****

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
 Division of the Commission Clerk and Administrative Services
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6770**

Note: **A filing fee is required** for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).

- E. If you have questions about completing the form, contact:

**Florida Public Service Commission
 Division of Competitive Markets and Enforcements
 Certification
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6600**

This is an application for (check one):

- Original certificate** (new company).

- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

- Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

- Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Conterra, LLC

3. Name under which applicant will do business (fictitious name, etc.):

Conterra Wireless Broadband

4. Official mailing address (including street name & number, post office box, city, state, zip code):

1331 Elmwood Avenue, Suite 100A

P.O. Box 8719

Columbia, South Carolina 29202

5. Florida address (including street name & number, post office box, city, state, zip code):

The registered agent for Conterra, LLC in Florida is Corporation Service Com-
pany, 1201 Hays Street, Tallahassee, Florida 32301.

6. Structure of organization:

() Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other, Foreign Limited Liability Company

7. **If individual**, provide:

Name: Mark A. Horinko

Title: President

Address: 1331 Elmwood Avenue, Suite 100A, P.O. Box 8719

City/State/Zip: Columbia, South Carolina 29202

Telephone No.: 803-933-0877 **Fax No.:** 803-933-0879

Internet E-Mail Address: mhorinko@conterra.com

Internet Website Address: www.conterra.com

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**
not applicable

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**
Limited Liability Company
M04000003586

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida.

(a) **The Florida Secretary of State fictitious name registration number:**
G04245900230

11. **If a limited liability partnership**, please proof of registration to operate in Florida.

(a) **The Florida Secretary of State registration number:** not applicable

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: not applicable

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** not applicable

14. Provide **F.E.I. Number** (if applicable): 582-61-5152

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
 Yes () **No**

(b) If not, who will bill for your services?

Name _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

(c) Who will the billed party contact to ask questions about the bill?

Name: Elizabeth Graham

Telephone Number: 704-554-8506

(d) How is this information provided?

on bill

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Paul C. Besozzi

Title: Partner

Address: Patton Boggs LLP, 2550 M Street N.W.

City/State/Zip: Washington, D.C.

Telephone No.: 202-457-5292 **Fax No.:** 202-457-6315

Internet E-Mail Address: pbesozzi@pattonboggs.com

Internet Website Address: www.pattonboggs.com

(b) Official point of contact for the ongoing operations of the company:

Name: Mark A. Horinko

Title: President

Address: 1331 Elmwood Avenue, Suite 100A, P.O. Box 8719

City/State/Zip: Columbia, South Carolina 29201

Telephone No.: 803-933-0877 **Fax No.:** 803-933-0879

Internet E-Mail Address: mhorinko@conterra.com

Internet Website Address: www.conterra.com

(c) Complaints/Inquiries from customers:

Name: Elizabeth Graham

Title: -----

Address: 5955 Carnegie Boulevard

City/State/Zip: Charlotte, North Carolina 28209

Telephone No.: 704-554-8506 **Fax No.:** 704-554-8508

Internet E-Mail Address: egraham@conterra.com

Internet Website Address: www.conterra.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

Conterra, LLC is currently providing wireless wide area network services
in South Carolina.

(b) has applications pending to be certificated as an Alternative Access Vendor.

none

(c) is certificated to operate as an Alternative Access Vendor.

none

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

none

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

none

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

none

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

none

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

none

19. The applicant will provide the following AAV services (check all that apply):

- a. Intraexchange private line service to an affiliate.
- b. Interexchange private line service to an affiliate.
- c. Special access as part of a private line dedicated service.
- d. Special access to an IXC switched network.
- e. Private line services (Channel Services)
 - DS-0, 64 kb/s
 - DS-1, 1.54 Mb/s
 - DS-2, 6.31 Mb/s
 - DS-3, 44.76 Mb/s

THIS PAGE MUST BE COMPLETED AND SIGNED
**** APPLICANT ACKNOWLEDGEMENT STATEMENT ****

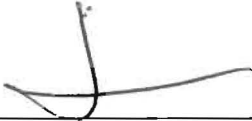
1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.

2. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

3. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

UTILITY OFFICIAL:

Mark A. Horinko
Print Name


Signature

President
Title

8-26-04
Date

803-933-0877
Telephone No.

803-933-0879
Fax No.

Address: Conterra, LLC
1331 Elmwood Avenue, Suite 100A
P.O. Box 8719, Columbia, South Carolina 29201

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

OFFICIAL:

Mark A. Horinko
Print Name

President
Title

803-933-0877
Telephone No.

Address: Conterra, LLC

1331 Elmwood Avenue, Suite 100A

P.O. Box 8719, Columbia, South Carolina 29201



Signature

8-26-04

Date

803-933-0879

Fax No.

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not (**X**) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

not applicable

b) If the services are not currently offered, when were they discontinued?

not applicable

UTILITY OFFICIAL:

Mark A. Horinko

Print Name



Signature

President

Title

8-26-04

Date

803-933-0877

Telephone No.

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