

Lance J.M. Steinhart, P.C.
Attorney At Law
1720 Windward Concourse
Suite 250
Alpharetta, Georgia 30005

Also Admitted in New York
and Maryland

Telephone: (770) 232-9200
Facsimile: (770) 232-9208
Email: lsteinhart@telecomcounsel.com

August 29, 2006

VIA OVERNIGHT DELIVERY

Florida Public Service Commission
Commission Clerk & Administration Services
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399-0850
(850) 413-6770

Re: Ygnition Networks, Inc.

060585-TX

To Whom It May Concern:

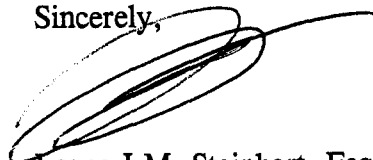
Enclosed please find one original and six (6) copies of Ygnition Networks, Inc.'s (Ygnition) Application for Authority to Provide Local Exchange Telecommunications Service Within the State of Florida.

The Applicant hereby requests confidential treatment for its financial information. I have enclosed one original copy and two edited copies in which the information claimed as confidential is blacked out.

I also have enclosed a check in the amount of \$400.00 payable to the Florida Public Service Commission to cover the cost of filing these documents. Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope.

If you have any questions regarding this matter, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,



Lance J.M. Steinhart, Esq.
Attorney for Ygnition Networks, Inc.

Enclosures
cc: Glenn Meyer

DOCUMENT NUMBER-DATE

07976 AUG 30 06

FPSC-COMMISSION CLERK

IGNITION NETWORKS, INC.
Ygnition Networks, Inc.

0003524

0003524

FL PSC Florida Public Service Commiss 00000000010013955 8/1/2006

00000000010027701 COMM FILING FEE 8/1/2006 \$400.00 \$400.00 \$0.00 \$0.00 \$400.00

\$400.00 \$400.00 \$0.00 \$0.00 \$400.00

0003524

YGNITION NETWORKS, INC.
565 ANDOVER PARK WEST
SUITE 201
SEATTLE, WA 98188
(206) 574-5460

WELLS FARGO BANK, N.A.
TUKWILA, WA 98188
19-854-1250

DATE
8/1/2006

AMOUNT
\$400.00

AY Four Hundred Dollars And 00 Cents

TO THE
ORDER OF Florida Public Service Commiss, *on*

Ronald Sullivan MP

Details on back.
Security Features Included.

IGNITION NETWORKS, INC.
Ygnition Networks, Inc.

0003524

0003524

FL PSC Florida Public Service Commiss 00000000010013955 8/1/2006

00000000010027701 COMM FILING FEE 8/1/2006 \$400.00 \$400.00 \$0.00 \$0.00 \$400.00

\$400.00 \$400.00 \$0.00 \$0.00 \$400.00

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE
TELECOMMUNICATIONS COMPANY 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 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$400.00** to:

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

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

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

1. 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 of 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.

2. Name of company: Ygnition Networks, Inc.

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

4. Official mailing address:

Street/Post Office Box: 565 Andover Park West #201
City: Seattle
State: Washington
Zip: 98188

5. Florida address:

Street/Post Office Box:
City:
State:
Zip:

6. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Other,

Corporation
 Foreign Partnership
 Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F05000005647

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable): 91-2125506

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

(a) The application:

Name: Lance J.M. Steinhart
Title: Regulatory Counsel
Street name & number: 1720 Windward Concourse, Suite 250
Post office box:
City: Alpharetta
State: Georgia
Zip: 30005
Telephone No.: 770-232-9200
Fax No.: 770-232-9208
E-Mail Address: lsteinhart@telecomcounsel.com
Website Address:

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

Name: Glenn Meyer
Title: Chairman
Street name & number: 565 Andover Park West #201
Post office box:
City: Seattle
State: Washington
Zip: 98188
Telephone No.: (206) 574-5480
Fax No.: (206) 574-5481
E-Mail Address: info@ygnition.com
Website Address: www.ygnition.com

(c) Complaints/Inquiries from customers:

Name: Dave Zilch
Title: SVP Commercial Services
Street/Post Office Box: 565 Andover Park West #201
City: Seattle
State: Washington
Zip: 98188
Telephone No.: (866) 876-3278
Fax No.: (206) 574-5481
E-Mail Address: dzilch@ygnition.com
Website Address: www.ygnition.com

16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

None

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

Applicant is in the process of obtaining such authority in California, Colorado, Georgia, Illinois, Indiana, Kentucky, Michigan, Minnesota, Montana, New York, Ohio, Oregon, Pennsylvania, Texas and Utah.

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

None.

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company 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

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

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), 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) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

None

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

None

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

THIS PAGE MUST BE COMPLETED AND SIGNED
APPLICANT ACKNOWLEDGMENT 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 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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Glenn Meyer

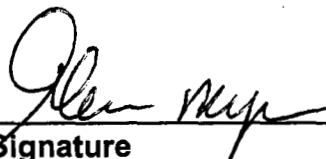
Print Name

Chairman

Title

206-574-5480

Telephone No.



Signature

8-1-06

Date

206-574-5481

Fax No.

Address:

565 Andover Park West #201

Seattle

WA 98188

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 local exchange company 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."

UTILITY OFFICIAL:

Glenn Meyer

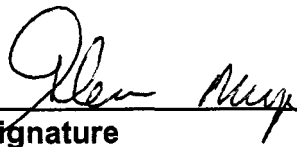
Print Name

Chairman

Title

206-574-5480

Telephone No.


Signature

8-1-06
Date

206-574-5481

Fax No.

Address:

565 Andover Park West #201

Seattle

WA 98188

LIST OF ATTACHMENTS

FINANCIAL INFORMATION

MANAGEMENT INFORMATION

STATEMENT OF FINANCIAL CAPABILITY

FINANCIAL INFORMATION

MANAGEMENT INFORMATION

STATEMENT OF FINANCIAL CAPABILITY
Ygnition Networks, Inc.

Applicant has sufficient financial capability to provide the requested service in the State of Florida and has sufficient financial capability to maintain the requested service and to meet its lease or ownership obligations. In support of Applicant's stated financial capability, a copy of its Balance Sheets, Statements of Operations, Statements of Stockholders' Equity and Statements of Cash Flows for December 31, 2004 and 2005 are attached to its application under separate cover requesting confidential treatment. Applicant intends to fund the provision of service through internally generated cash flow. Applicant also has the ability to borrow funds, if required, based upon its financial capabilities, to provide service in the State of Florida.