

**ORIGINAL**

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FLORIDA PUBLIC SERVICE COMMISSION

CK# 3099

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

\$ 250.<sup>00</sup>

4-10-07

RT

APPLICATION FORM

for

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

070256-TA

DISTRIBUTION CENTER

07 APR 10 AM 10:04

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 9).
- B. Print or type all responses to each item requested in the application and appendices. 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 **\$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**

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.730, 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 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: Intelletrace, Inc.

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

Intelletrace, Inc

4. Official mailing address:

Street/Post Office Box: 448 Ignacio Blvd #222

City: Novato

State: CA

Zip: 94949

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: F07600001855

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): 37-1514242

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:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Website Address:

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

Name: Dean Zerbe

Title: Vice President

Telephone No.: 415.493.2200 x110

E-Mail Address: dzerbe@inteltrace.com

(d) How is this information provided? email and/or hard copy

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

(a) The application:

Name: Marc Alciati  
Title: President  
Street name & number: 448 Ignacio Blvd #222  
Post office box:  
City: Novato  
State: CA  
Zip: 94949  
Telephone No.: 415.493.2200 x113  
Fax No.: 415.598.2108  
E-Mail Address: malciati@inteltrace.com  
Website Address: www.inteltrace.com

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

Name: Marc Alciati  
Title: President  
Street name & number: 448 Ignacio Blvd #222  
Post office box:  
City: Novato  
State: CA  
Zip: 94949  
Telephone No.: 415.493.2200 x113  
Fax No.: 415.598.2108  
E-Mail Address: malciati@inteltrace.com  
Website Address: www.inteltrace.com

(c) Complaints/Inquiries from customers:

Name: Dean Zerbe  
Title: Vice President  
Street/Post Office Box: 448 Ignacio Blvd #222  
City: Novato  
State: CA  
Zip: 94949  
Telephone No.: 415.493.2200 x110  
Fax No.: 415.598.2108  
E-Mail Address: dzerbe@inteltrace.com  
Website Address: www.inteltrace.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

California, Texas, New York

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

none

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

California, Texas, New York

(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 (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.

no

(b) granted or denied an alternative access vendor certificate in the State of Florida (this includes active and canceled alternative access vendor certificates). If yes, provide explanation and list the certificate holder and certificate number.

no

(c) 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.

no

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of alternative access vendor (AAV) service in Florida.

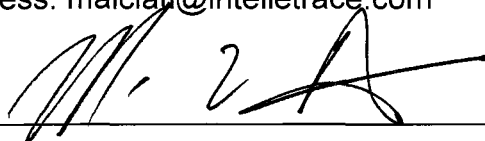
**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access 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."**

Company Owner or Officer

Print Name: Marc Alciati  
Title: President  
Telephone No.: 415.493.2200 x113  
E-Mail Address: malciati@inteltrace.com

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

4-6-07



**CERTIFICATE SALE, TRANSFER,**  
**OR**  
**ASSIGNMENT STATEMENT**

As current holder of Florida Public Service Commission Certificate Number \_\_\_\_\_, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

**Company Owner or Officer**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



April 6, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTELLETRACE, INC.  
448 IGNACIO BLVD #222  
NOVATO, CA 94949

Qualification documents for INTELLETRACE, INC. were filed on March 27, 2007 and assigned document number F07000001855. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H07000080245.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Dale White  
Document Specialist  
New Filing Section  
Division of Corporations

Letter Number: 607A00023397