

Filing Instructions: Mail one (1) original and five (5) copies of completed application materials, including all attachments, to:

Mr. Reece McAlister
Executive Secretary
Georgia Public Service Commission
244 Washington St. SW
Atlanta, GA 30334



Georgia Public Service Commission
244 WASHINGTON STREET, SW
ATLANTA GEORGIA 30334-5701

**APPLICATION FOR CERTIFICATE OF AUTHORITY
TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE**

I. APPLICANT ADDRESS

NAME OF COMPANY Appalachian Broadband Technologies, LLC.
ADDRESS: STREET 241 Larkin St
Suite B
CITY Cornelia STATE GA ZIP CODE 30531
TEL. NO. (706) 754-5323 FAX NO. (866) 293-5861

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:

NAME Paul Belk TEL. NO. (706) 754-5323
TITLE CEO FAX NO. (866) 293-5861
E-MAIL Paul.belk@ngnconnect.com

EMPLOYEE ADDRESS (IF DIFFERENT FROM ABOVE):

STREET Same as above.
CITY _____ STATE _____ ZIP CODE _____

NOTE: FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELLATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE.

II. ATTORNEY OR AGENT ADDRESS

IF APPLICANT IS NOT A GEORGIA CORPORATION, GIVE NAME AND ADDRESS OF AN ATTORNEY OR AGENT IN THE STATE OF GEORGIA UPON WHOM PROCESS MAY BE SERVED IN ANY SUIT AGAINST APPLICANT.

NAME Not Applicable
NAME OF FIRM _____
ADDRESS: STREET _____
CITY _____ STATE GA ZIP CODE _____
TEL. NO. () _____ FAX NO. () _____

III. ORGANIZATION

1. TYPE OF ORGANIZATION: (CHECK ONE)

- ☒ LLC
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ MUTUAL OR COOPERATIVE (INC./UNINC.)
☐ OTHER (SPECIFY): _____

2. IF APPLICANT IS A CORPORATION OR LIMITED PARTNERSHIP, INSERT THE SEVEN-DIGIT CONTROL NUMBER FROM "CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS" ISSUED BY THE SECRETARY OF STATE OF THE STATE OF **GEORGIA**.

CONTROL NUMBER: **13385661**

ATTACH A COPY OF GEORGIA SECRETARY OF STATE CERTIFICATE, MARKED **EXHIBIT A**.

3. IF APPLICANT IS A CORPORATION, ATTACH COPY OF CHARTER, MARKED **EXHIBIT A**. ALSO ATTACH A LIST OF ALL DIRECTORS AND PRINCIPAL STOCKHOLDERS WITH THE NUMBER OF SHARES HELD BY EACH, MARKED EXHIBIT N/A, AND GIVE NAME AND ADDRESSES OF THE FOLLOWING OFFICERS:

PRESIDENT	<u>Phillip Turk</u>	ADDRESS: 241 Larkin St. Suite B, Cornelia, GA 30531
V. PRESIDENT	<u>Donna Unger</u>	ADDRESS: 241 Larkin St. Suite B, Cornelia, GA 30531
TREASURER	<u>Jason Davis</u>	ADDRESS: 241 Larkin St. Suite B, Cornelia, GA 30531
SECRETARY	<u>Phillip Turk</u>	ADDRESS: 241 Larkin St. Suite B, Cornelia, GA 30531

STATE AND DATE OF INCORPORATION: STATE Georgia DATE: March 1, 2013

4. IF APPLICANT IS A PARTNERSHIP OR COOPERATIVE, PROVIDE AN ATTACHMENT, MARKED EXHIBIT ____, WITH NAMES AND ADDRESSES OF PARTNERS, OFFICERS OR MEMBERS.

5. IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, PROVIDE A CHART, MARKED **EXHIBIT B**, SHOWING THE RELATIONSHIPS BETWEEN THE APPLICANT AND ALL AFFILIATED COMPANIES.

IV. EXISTING AUTHORITY

1. DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE AN EXISTING CERTIFICATE(S) OF AUTHORITY ISSUED BY THE GEORGIA PUBLIC SERVICE COMMISSION?

☐ NO

☒ YES

IF YES, CHECK CERTIFICATE TYPE(S) AND INSERT CERTIFICATE NUMBERS:

☐ INTEREXCHANGE CARRIER (IXC): X-____

☐ RESELLER OF LONG DISTANCE (RESALE): R -____

☐ ALTERNATE OPERATOR SERVICE (AOS): A-____

☐ INSTITUTIONAL TELECOMMUNICATIONS SERVICE (ITS): P-____

☐ PAYPHONE SERVICE PROVIDER (PSP): ____

☐ AUTOMATIC DIALING AND ANNOUNCING DEVICE (ADAD): ____

☐ TELEPHONE SERVICE OBSERVING EQUIPMENT (TSOE): ____

**** Certificate Type not included in the above list. ABT's parent company Georgia Communications Corporation DBA NGN Connect is a Competitive Local Exchange Carrier (CLEC – L-0543 Docket # 38873, Document # 155271, 156428, 157758, 172519, 172519, 176038).**

2. A) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE CERTIFICATE AUTHORITY IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

☒ NO

☐ YES

IF YES, LIST STATES IN WHICH AUTHORITY HAS BEEN GRANTED: _____

- B) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE PENDING APPLICATIONS IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

☒ NO

☐ YES

IF YES, LIST STATES IN WHICH APPLICATIONS ARE PENDING: _____

- C) HAS THE APPLICANT BEEN DENIED CERTIFICATION IN ANY JURISDICTION?

☒ NO

☐ YES

IF YES, WHICH STATE(S) OR JURISDICTION(S)? _____

ATTACH A COPY OF THE ORDER(S) DENYING CERTIFICATION.

V. LOCAL EXCHANGE SERVICE

1. WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE (CHECK ALL THAT APPLY)?

☒ RESIDENTIAL

☒ BUSINESS

☐ OTHER: _____

2. PLEASE READ "ADDENDUM – POST-CERTIFICATION OBLIGATIONS OF COMPETITIVE LOCAL EXCHANGE CARRIERS" (AVAILABLE ONLINE AT http://www.psc.state.ga.us/telecom/tl_forms/forms.asp). WILL THE APPLICANT COMPLY WITH THESE REQUIREMENTS?

☒ YES

☐ NO

3. DOES THE COMPANY INTEND TO PROVIDE PRE-PAID LOCAL EXCHANGE SERVICE?

☒ NO

☐ YES

IF YES, READ "ADDENDUM – ADDITIONAL OBLIGATIONS OF PRE-PAID LOCAL EXCHANGE CARRIERS" (AVAILABLE ONLINE AT http://www.psc.state.ga.us/telecom/tl_forms/forms.asp).

4. SELECT THE METHOD(S) BY WHICH SERVICE WILL BE PROVIDED:

☒ RESALE

☐ FACILITIES-BASED (PLEASE COMPLETE SECTION VI OF THE APPLICATION)

5. TARIFFS FOR LOCAL EXCHANGE SERVICES ARE NO LONGER REQUIRED. DOES THE COMPANY WISH TO MAINTAIN A LOCAL EXCHANGE SERVICES TARIFF WITH THE GEORGIA PUBLIC SERVICE COMMISSION?

☒ NO

☐ YES

IF YES, ATTACH A **LOCAL EXCHANGE SERVICES TARIFF**, MARKED EXHIBIT ___, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES.

6. AN ACCESS SERVICES TARIFF MUST BE FILED WITH THE GEORGIA PUBLIC SERVICE COMMISSION IN ORDER TO PROVIDE ACCESS SERVICES (SEE O.C.G.A. § 46-5-166(e)). DOES THE COMPANY INTEND TO PROVIDE ACCESS SERVICES?

☐ NO

☒ YES

1. IF YES, ATTACH AN **ACCESS SERVICES TARIFF**, MARKED **EXHIBIT C**, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES. **Service will be provided on an individual case basis ("ICB"), as authorized by the provisions of House Bill 168. As such, no tariff is being filed.**

VI. FACILITIES-BASED SERVICE

1. IF AUTHORITY SOUGHT IS FACILITIES-BASED, ANSWER THE FOLLOWING:

A) AUTHORITY REQUESTED (CHECK ALL THAT APPLY):

- ☒ CONSTRUCTION OF NEW FACILITIES
☒ ACQUISITION OF FACILITIES (LEASE OR PURCHASE)
☒ PRIVATE LINE SERVICE

B) IF ACQUIRING FACILITIES FROM ANOTHER CARRIER, PLEASE PROVIDE DESCRIPTION AND MAPS.

Appalachian Broadband Technologies, LLC, ("ABT") was purchased by Georgia Communications Corporation DBA NGN Connect ("GCC") in 2015. The company was a wireless internet service provider or WISP. As NGN Connect's subsidiary, all of ABT's operating functions and assets were consolidated into GCC. The corporation has remained organized in the State of Georgia. Going forward, ABT will lease or purchase facilities from NGN Connect. See Exhibit D for a map of facilities.

C) DO YOU CURRENTLY HAVE FACILITIES DEPLOYED IN GEORGIA?

☒ NO

☐ YES

IF YES:

PLEASE PROVIDE MAPS INDICATING THE LOCATION(S) OF FACILITIES (E.G., SWITCHES, FIBER, ETC.).
HOW ARE THESE FACILITIES CURRENTLY BEING UTILIZED?

D) WHAT FACILITIES DO YOU PROPOSE TO DEPLOY IN GEORGIA? (PROVIDE DESCRIPTION AND MAPS)

Appalachian Broadband Technologies, LLC. proposes to deploy fiber to serve broadband internet and private line. New fiber routes to be deployed are undetermined at this time; they will be based on customer demand as services are marketed.

2. PROVIDE BREAKDOWN OF ALL COSTS ASSOCIATED WITH THE FACILITIES TO BE DEPLOYED IN GA.

Exact fiber routes to be deployed are undetermined at this time; they will be based on customer demand as services are marketed throughout communities. As such, deployment costs are still to be determined.

VII. TECHNICAL CAPABILITY

1. PROVIDE RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM, MARKED **EXHIBIT E**. DESCRIBE EACH TEAM MEMBER'S TECHNICAL QUALIFICATIONS, WHICH INCLUDE ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING.
2. DESCRIBE MECHANISM BY WHICH APPLICANT INTENDS TO BILL FOR SERVICES. APPLICANT'S NAME MUST APPEAR ON END-USER'S BILL.

ABT shall invoice Member within fifteen (15) days after the end of each calendar month for the Network Access and Network Services provided to the Member for such calendar month.

3. DETAIL THE PROCESSES BY WHICH THE COMPANY PROPOSES TO HANDLE CUSTOMER SERVICE ORDERS, INQUIRIES, AND COMPLAINTS. CUSTOMER SERVICE MUST OPERATE DURING NORMAL BUSINESS HOURS (i.e., 9:00 AM - 5:00 PM, or similar) MONDAY-FRIDAY; DURING NON-BUSINESS HOURS, CUSTOMERS SHOULD BE ABLE TO LEAVE MESSAGES VIA VOICEMAIL OR A MESSAGE SERVICE. DESCRIBE HOW THE APPLICANT WILL COMPLY WITH THIS REQUIREMENT. LIST TELEPHONE NUMBERS THAT WILL BE USED FOR CUSTOMER SERVICE. APPLICANT MUST PROVIDE A TOLL-FREE NUMBER WHEREUPON INQUIRIES AND COMPLAINTS CAN BE SERVED.

See attached Exhibit F – Customer Services

4. PLEASE STATE WHETHER THE APPLICANT HAS EXPERIENCED CUSTOMER COMPLAINTS LODGED WITH ANY JURISDICTION'S REGULATORY AGENCY OR ATTORNEY GENERAL'S OFFICE FROM ANY NUMBER OF CUSTOMERS REPRESENTING MORE THAN 0.5% OF ALL CUSTOMERS SERVED BY THE APPLICANT WITHIN SUCH JURISDICTION.

☒ NO

☐ YES

IF YES:

PLEASE STATE THE NAME (INCLUDING CONTACT PERSON) OF EACH REGULATORY AGENCY OR ATTORNEY GENERAL'S OFFICE, DESCRIBE THE NATURE OF THE COMPLAINTS, EXPLAIN WHETHER AND HOW SUCH COMPLAINTS HAVE BEEN RESOLVED, AND STATE YOUR PLANS TO PREVENT SUCH COMPLAINTS FROM OCCURRING AGAIN.

VIII. FINANCIAL CAPABILITY

1. PROVIDE THE MOST RECENT CERTIFIED REPORT ON THE EXAMINATION OF APPLICANT'S FINANCIAL STATEMENTS ALONG WITH BUSINESS PLAN ASSUMPTIONS. IF APPLICANT DOES NOT HAVE CERTIFIED FINANCIAL REPORTS PROVIDE THIS COMMISSION WITH CERTIFIED DOCUMENTATION OF FUNDS TO BE USED FOR CAPITALIZATION.

See attached – Exhibit G for 2018 audited financials for Georgia Communications Corporation, Inc. DBA NGN Connect and its subsidiary ABT. See attached - Exhibit H for 2019 ABT financial reports.

2. IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION?

[X] NO

☐ YES

IF YES, PLEASE DESCRIBE IN DETAIL: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

3. DOES THE APPLICANT AGREE TO FILE FINANCIAL REPORTS ON AN ANNUAL BASIS WITH THE COMMISSION AFTER CERTIFICATION IS GRANTED?

[] NO

[X] YES

AFFIDAVIT 1 - VERACITY OF APPLICATION AND AGREEMENT TO COMPLY WITH GEORGIA LAWS AND AGENCY RULES/ORDERS

Name: Paul Belk

Company: Appalachian Broadband Technologies, LLC

Title/Position: CEO

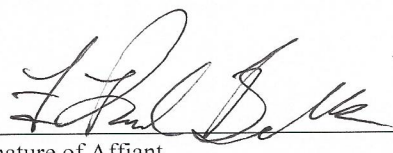
Address: 241 Larkin St. Suite B
Cornelia, GA 30531

Tel. No. 706-754-5323

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.



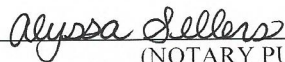
Signature of Affiant

4/9/2020

Date

Subscribed and sworn before me this

9th day of April, 2020.



(NOTARY PUBLIC)

(SEAL)

My Commission Expires April 18, 2022



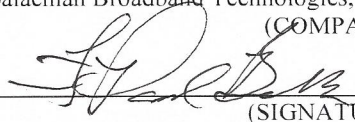
AFFIDAVIT 2 – UNIVERSAL ACCESS FUND

The Applicant hereby acknowledges that participation and compliance with the Universal Access Fund (UAF) requirements developed by the Georgia Public Service Commission, as mandated in the Telecommunications and Competition Act of 1995 (O.C.G.A. 46-5-160 and O.C.G.A. 46-5-167), will be complied with.

That Applicant further acknowledges that compliance with the requirements of the UAF is necessary to receive and maintain an active Certificate of Authority to provide telecommunications service in Georgia.

The Applicant also agrees to file quarterly reports for quarters subsequent to the effective date of certification including any portion of the quarter when certificated, in conformance with the instructions attached hereto (see "Addendum – Universal Access Fund") with the full understanding that not to do so may result in revocation of this same certificate. This attested to by signature below of proper authorized company official.

Appalachian Broadband Technologies, LLC
(COMPANY)


(SIGNATURE)

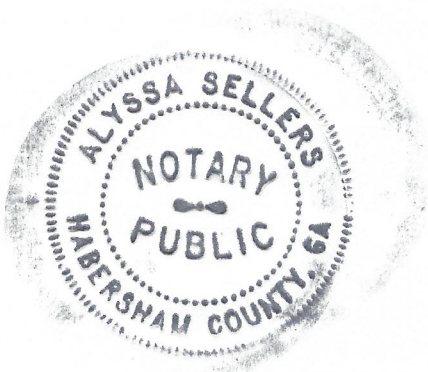
Subscribed and sworn before me this

9th day of April, 2020.


(NOTARY PUBLIC)

(SEAL)

My Commission Expires April 18, 2022



AFFIDAVIT 3 – FAMILY VIOLENCE SHELTER CONFIDENTIALITY ACT

Personally appeared before me, an officer duly authorized to administer oaths, F. Paul Belk, who, after being duly sworn, deposes and says that he or she is CEO of Applicant, certified telephone service provider or directory information provider.

1.
I make this affidavit on the basis of my personal knowledge.

2.

I have read the May 13, 2005 Order and the August 30, 2005 Amendatory Order in Georgia Public Service Commission ("Commission") Docket No. 19553-U, Implementation of Senate Bill 147, the Family Violence Shelter Confidentiality Act of 2004 (O.C.G.A. § 46-5-7). I have also read the Commission Staff Memorandum dated May 1, 2007 (see "Addendum – Family Violence Shelter Confidentiality Act") that summarizes the requirements under O.C.G.A. § 46-5-7 and the Commission orders issued pursuant to that Code Section of providers of telephone service in the State of Georgia or any other entity that publishes, disseminates, or otherwise provides telephone directory information or listings of telephone subscribers in the State of Georgia.

3.

The Applicant agrees that it will satisfy the minimum requirements set forth in the Commission orders and Staff Memorandum referenced in paragraph 2 of this affidavit to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

4.

Pursuant to O.C.G.A. § 46-5-7, the Applicant submits this affidavit as its plan to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

FURTHER AFFIANT SAITH NOT.

Appalachian Broadband Technologies LLC
(COMPANY)
F. Paul Belk
(SIGNATURE)

Subscribed and sworn before me this

9th day of April, 2020.

Alyssa Sellers
(NOTARY PUBLIC)

(SEAL)

My Commission Expires April 18, 2022



AFFIDAVIT 4 – EXCHANGES

The Applicant agrees to provide local telecommunication services in conformance with the existing exchange boundary maps of the incumbent Local Exchange Carriers as approved by the Public Service Commission.

Instructions: (1) Under “INCUMBENT LOCAL EXCHANGE CARRIERS(S)”, list the names of all the incumbent LECs in whose territories you intend to operate. (2) Under “EXCHANGE(S)”, list each individual exchange name (e.g. Acworth, Adairsville, Albany, etc.) in which the applicant will be operating. Lists of exchange names can be downloaded from the Commission’s website at http://www.psc.state.ga.us/telecom/tl_forms/forms.asp. In lieu of writing or typing the individual exchange names on this document, it is acceptable to print “See attached list” in the first blank under “EXCHANGE(S)” and attach the appropriate list(s) of exchanges to the document.

INCUMBENT LOCAL EXCHANGE CARRIER(S) See List of ILECs and exchanges attached as Exhibit I.

EXCHANGE(S):

[illegible]

Appalachian Broadband Technologies, LLC
(COMPANY)
Paul Davis
(SIGNATURE)

Subscribed and sworn before me this

9th day of April, 2020.

Alyssa Sellers
(NOTARY PUBLIC)

(SEAL)

