Lance J.M. Steinhart, P.C.
Attorneys At Law
1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

Also Admitted in New York
Email: info@telecomcounsel.com

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

February 21, 2024

VIA OVERNIGHT DELIVERY

Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334

Re: PRESTO WIRLESS CORP.

Dear Sir/Madam:

Enclosed please find an original and two (2) copies of PRESTO WIRELESS CORP.'s Application for Certificate of Authority to Resell Interexchange Telecommunications Services.

I have also enclosed an original and two (2) copies of a Motion for Confidentiality. One copy of the "Trade Secret" is enclosed in a sealed envelope marked "Trade Secret for PRESTO WIRELESS CORP.'s Application for Certificate of Authority to Resell Interexchange Telecommunications Services".

I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope.

If you have any questions or if I may provide you with any additional information, please do not hesitate to call me.

Respectfully submitted,



Lance J.M. Steinhart, Esq.
Managing Attorney
Lance J.M. Steinhart, P.C.
Attorneys for PRESTO WIRELESS CORP

Enclosures
cc: Noah Isaacs

BEFORE THE
GEORGIA PUBLIC SERVICE COMMISSION

Application of	)	
PRESTO WIRELESS CORP.	)	
	)	
	)	**Docket No.**
For a Certificate of Authority to Resell	)	
Interexchange Telecommunications Services	)	

MOTION FOR CONFIDENTIALITY

COMES NOW, PRESTO WIRELESS CORP. (hereinafter referred to as "Applicant"), by their attorneys, file this Motion for Confidentiality of a designated portion of the above-described Application pursuant to Section 515-3-1-.11 of the Rules of the Georgia Public Service Commission ("Commission") as follows:

1. Applicant has filed herewith an Application for Certificate of Authority to Resell Interexchange Telecommunications Services (the "Application").

2. Applicant asserts that the Application required by the Commission requires the Applicant to provide the Commission staff with information that is confidential, proprietary and a trade secret as defined in O.C.G.A. Section 10-1-761(4)[1].

3. Applicant has provided this confidential information under protective seal as part of the Application labeled "Trade Secret for PRESTO WIRELESS CORP.'s Application for Certificate of Authority to Resell Interexchange Telecommunications Services." Applicant has also provided the Commission with a version of the document designated "Public Disclosure Document" which does not include confidential information.

---

[1] "Trade secret" means information including, but not limited to, technical or nontechnical data, a formula, a pattern, a compilation, a program, a device, a method, a technique, a drawing, a process, financial data, financial plans, product plans, or a list of actual or potential customers or suppliers which:
(A) Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and
(B) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

4. Applicant hereby shows that the protected information provides financial information and other sensitive business information, as set forth in the Financial Statements, which is confidential, proprietary and a trade secret and should not be disclosed. This information is proprietary, confidential and a trade secret because it could be used by competitors, which would cause harm to the Applicant.

5. This information is not generally known and not readily ascertainable by proper means and interested parties derive economic value, both actual and potential, from knowing Applicant's internal financial information. This information could allow competitors to engage in anticompetitive attacks on Applicant as an emerging competitor.

6. Further, it is reasonable to maintain Applicant's secrecy. There is no legitimate business reason to force Applicant to make this disclosure. The information provided by Applicant under the cover of confidentiality is not necessary to assess the viability of the Application filed in this Docket.

WHEREFORE, Applicant respectfully requests that the Commission grant this Motion for Confidentiality.

Respectfully Submitted,



By: _____

Lance J.M. Steinhart, Esq.
Lance J.M. Steinhart, P.C.
1725 Windward Concourse
Suite 150
Alpharetta, GA 30005
(770) 232-9200 (Telephone)
(770) 232-9208 (Facsimile)
lsteinhart@telecomcounsel.com (E-Mail)

Attorneys for PRESTO WIRELESS CORP.

Dated: February 21, 2024

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

APPLICATION FOR CERTIFICATE OF AUTHORITY
TO RESELL INTEREXCHANGE TELECOMMUNICATIONS SERVICES

I. APPLICANT ADDRESS

NAME OF COMPANY PRESTO WIRELESS CORP.
ADDRESS: STREET 11-04 Upton Place
CITY Fair Lawn STATE NJ ZIP CODE 07410
TEL. NO. 332-777-3786 FAX NO.

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:

NAME Noah Isaacs TEL. NO. 332-777-3786
TITLE Chief Executive Officer FAX NO.
E-MAIL noah@prestotel.com
EMPLOYEE ADDRESS (*IF DIFFERENT FROM ABOVE*):
STREET _____
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 Lance J.M. Steinhart
NAME OF FIRM Lance J.M. Steinhart, P.C.
ADDRESS: STREET 1725 Windward Concourse, Suite 150
CITY Alpharetta STATE GA ZIP CODE 30005
TEL. NO. (770) 232-9200 FAX NO. (770) 232-9208

III. ORGANIZATION

1. TYPE OF ORGANIZATION: (CHECK ONE)

   [ ] LLC

   [ ] INDIVIDUAL

   [ ] PARTNERSHIP

   [X] 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: 22246594

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

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

   PRESIDENT Noah Isaacs ADDRESS 11-04 Upton Place, Fair Lawn, NJ 07410

   V. PRESIDENT _____ ADDRESS _____

   _____

   TREASURER _____ ADDRESS _____

   _____

   SECRETARY _____ ADDRESS _____

   _____

   STATE AND DATE OF INCORPORATION: STATE New York DATE October 12, 2022

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 ___, 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?

   [X] NO

   [ ] YES

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

   [ ] COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC): L-____

   [ ] INTEREXCHANGE CARRIER (IXC): X-____

   [ ] 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): ____

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

   [ ] NO

   [X] YES

   IF YES, LIST STATES IN WHICH AUTHORITY HAS BEEN GRANTED: Applicant is registered or authorized to provide wireless and VoIP services in Alabama, Alaska, Arkansas, Colorado, Connecticut, District of Columbia, Delaware, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico, South Carolina, South Dakota, Tennessee, Utah, Virginia and West Virginia.

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

   [X] NO

   [ ] YES

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

   _____

   _____

   C) HAS THE APPLICANT BEEN <u>DENIED</u> CERTIFICATION IN ANY JURISDICTION?

   [X] NO

   [ ] YES

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

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

V. INTEREXCHANGE SERVICE

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

   [X] RESIDENTIAL

   [X] BUSINESS

   [ ] OTHER:_____

2. WHAT SERVICES WILL THE APPLICANT PROVIDE (CHECK ALL THAT APPLY)?

   [ ] MESSAGE TELECOMMUNICATIONS SERVICE (MTS)/ DIRECT DISTANCE DIALING (DDD)

   [ ] WIDE AREA TELECOMMUNICATIONS SERVICE (WATS)

   [ ] PRIVATE LINE

   [ ] CALLING CARD

   [ ] TRAVEL CARD

   [ ] DEBIT OR PRE-PAID CARD (PROVIDE A WORKING DEBIT CARD WITH APPLICATION MATERIALS)

   [ ] TOLL LINE (GENERALLY ONLY APPLIES TO INCUMBENT LOCAL EXCHANGE CARRIERS)

   [X] OTHER: Voice-over Internet Protocol

3. IF PROVIDING TOLL LINE SERVICE, ANSWER THE FOLLOWING: **N/A**

   (A) EXCHANGES BETWEEN WHICH TOLL LINE OPERATES: _____

   _____

   (B) NAME OF ALL EXCHANGES WHICH RECEIVE INTEREXCHANGE SERVICE THROUGH THIS TOLL LINE:

   _____

   (C) LOCATION OF TOLL STATIONS, IF ANY: _____

   TOTAL LENGTH OF LINE INCLUDING SPURS: _____

   GENERAL ROUTE OF TOLL LINE: _____

4. TARIFFS FOR INTEREXCHANGE SERVICES ARE NO LONGER REQUIRED. DOES THE COMPANY WISH TO MAINTAIN AN INTEREXCHANGE SERVICES TARIFF WITH THE GEORGIA PUBLIC SERVICE COMMISSION?

   [X] NO

   [ ] YES

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

5. 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?

   [X] NO

   [ ] YES

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

VI. TECHNICAL CAPABILITY

1. PROVIDE RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM, MARKED **EXHIBIT B**. 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.

   The Applicant will direct bill customers utilizing call detail information from its underlying carrier(s). The Applicant's name will appear on all end-users' bills.

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.

   The Applicant's customer service department is accessed through a toll-free number, 844-377-3786, whereupon inquiries and complaints can be served. It will operate during normal business hours, with voice mail and/or 24 hour paging available.

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.

   [X] 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 OCCURING AGAIN.

VII. 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.

   Please see **Exhibit C**

2. IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION?

   [X] NO

   [ ] YES

   IF YES, PLEASE DESCRIBE IN DETAIL: _____

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: Noah Isaacs

Company: PRESTO WIRELESS CORP.

Title/Position: CEO

Address: 11-04 Upton Place

Fair Lawn, NJ 07410

Tel. No. (332) 777-3786

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

_____
Date

Subscribed and sworn before me this

_____ day of_____, 20_____.

(SEAL)

_____
(NOTARY PUBLIC)

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.

PRESTO WIRELESS CORP.
(COMPANY)

_____
(SIGNATURE)

Subscribed and sworn before me this

_____ day of_____, 20_____.

(SEAL)

_____
(NOTARY PUBLIC)

AFFIDAVIT 3 – FAMILY VIOLENCE SHELTER CONFIDENTIALITY ACT

Personally appeared before me, an officer duly authorized to administer oaths, «Signator», who, after being duly sworn, deposes and says that he or she is «Signator_Title» 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.

PRESTO WIRELESS CORP.
(COMPANY)

_____
(SIGNATURE)

Subscribed and sworn before me this

_____ day of_____, 20_____.

(SEAL)

_____
(NOTARY PUBLIC)