Filing Instructions: Mail one (1) original and two (2) 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 RESELL INTEREXCHANGE TELECOMMUNICATIONS SERVICES

I. APPLICANT ADDRESS

NAME OF COMPANY Greenfly Networks Inc dba Clearfly Communications

ADDRESS: STREET 88 King St, Suite 1118

CITY San Francisco STATE CA ZIP CODE 94107

TEL. NO. (866) 652-7520 FAX NO. ( )

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:

NAME Tim Dodge TEL. NO. ( ) 406-794-0230

TITLE VP FAX NO. ( )

E-MAIL tim.dodge@clearfly.net

EMPLOYEE ADDRESS (*IF DIFFERENT FROM ABOVE*):

STREET 222 N 32nd St, Suite 904

CITY Billings STATE MT ZIP CODE 59101

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 Coty Bacon

NAME OF FIRM Inteserra

ADDRESS: STREET 1725 Winward Concourse

Suite 150

CITY Alpharetta STATE GA ZIP CODE 30005

TEL. NO. ( ) FAX NO. ( )

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: 14025249

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

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

   PRESIDENT Vivek Khuller ADDRESS 88 King St, Suite 1118
   San Francisco, CA 94107

   V. PRESIDENT _____ ADDRESS _____

   TREASURER Omesh Sharma ADDRESS 88 King St, Suite 1118
   San Francisco, CA 94107

   SECRETARY Tim Dodge ADDRESS 88 King St, Suite 1118
   San Francisco, CA 94107

   STATE AND DATE OF INCORPORATION: STATE Nevada DATE 11-16-2006

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?

   [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: _____

   Montana, Wyoming, Oregon, Washington, Idaho, and Colorado

   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)?

   [ ] RESIDENTIAL

   [X] BUSINESS

   [ ] OTHER:_____

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

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

   [X] 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)

   [ ] OTHER:_____

3. IF PROVIDING TOLL LINE SERVICE, ANSWER THE FOLLOWING:

   (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 M. 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.

Monthly bills are generated on the 1st business day of the month and are emailed to the end user's billing contact and are also available at https:\\portal.clearfly.net. Usage based per minute charges are billed in arrears. Postal mailed bills are available upon request.

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.

Customer service orders and support are handled via the company's web portal https:\\portal.clearfly.net or by calling 866-652-7520. Standard business hours are M-F 7am-6pm mountain time for ordering and non-emergency support. Company maintains a 24x7 call center for emergency support accessible by calling 866-652-7520. Voicemails may be left for non-emergencies or a support ticket can be created at https:\\portal.clearfly.net

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. Exhibit F

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: Tim Dodge

Company: Greenfly Networks Inc dba Clearfly Communications

Title/Position: VP

Address: 222 32nd St, Suite 904

Billings, MT 59101

Tel. No. 406-794-0230

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.

Tim Dodge

Signature of Affiant

02/20/2024

Date

Commonwealth of Virginia, County of Prince William

Subscribed and sworn before me this

20th day of February, 2024.

(NOTARY PUBLIC)

(SEAL)

Azeen Azeem

REGISTRATION NUMBER
7966620
COMMISSION EXPIRES
April 30, 2025

Electronic Notary Public

Notarized remotely online using communication technology via Proof.

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.

Greenfly Networks Inc dba
Clearfly Communications

(COMPANY)

Tim Dodge

(SIGNATURE)

Commonwealth of Virginia, County of Prince William

Subscribed and sworn before me this

20th day of February, 20 24.

Electronic Notary Public

(NOTARY PUBLIC)

(SEAL)

COMMONWEALTH OF VIRGINIA · ELECTRONIC NOTARY PUBLIC ·

Azeen Azeem

REGISTRATION NUMBER
7966620
COMMISSION EXPIRES
April 30, 2025

Notarized remotely online using communication technology via Proof.

AFFIDAVIT 3 – FAMILY VIOLENCE SHELTER CONFIDENTIALITY ACT

Personally appeared before me, an officer duly authorized to administer oaths, Tim Dodge,
who, after being duly sworn, deposes and says that he or she is VP - Operations
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.

Greenfly Networks Inc dba
Clearfly Communications
(COMPANY)

Tim Dodge
(SIGNATURE)

Commonwealth of virginia, County of Prince William

Subscribed and sworn before me this

20th day of February, 20 24.

Electronic Notary Public

(NOTARY PUBLIC)

(SEAL)

COMMONWEALTH OF VIRGINIA • ELECTRONIC NOTARY PUBLIC • N

Azeen Azeem

REGISTRATION NUMBER
7966620
COMMISSION EXPIRES
April 30, 2025

Notarized remotely online using communication technology via Proof.