

Control Number: 25000



Item Number: 3810

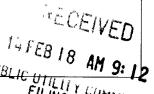
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Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7180

Web Site: www.puc.texas.gov



Project No. 25000, Item No.

REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANY AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER

Registrant Name (Name under which services will be provided): TELEXFREE, LLC Legal Name of Registrant and all assumed names under which the Registrant conducts business in Texas or any other state, if any: 1. Type of Registration (mark ALL that apply): XX IXC (Long Distance Carrier Pre Paid Calling Card Provider **Pre Paid Local Calling Services Pre Paid Domestic Long Distance Calling Services** Pre Paid International Long Distance Calling Services Other: 2. Company Contact Information Company Contact Name: Jim Merrill Company Title: Managing Member Company/Physical Address (Street Address): 225 Cedar Hill St. (Suite, Floor, Apartment Number, etc.): Suite 200 (City, State, Zip Code): Marlborough, MA 01752 Phone Number: 508-281-1795 Email Address: <u>imerrill@telexfree.com</u> Fax Number (Optional): Toll-free Customer Service Phone Number: 800-994-0015 Company Website Address (Optional): www.telexfree.com 3. Mailing Address (If different from the Physical Address): SAME (Street Address/P.O. Box): (Suite, Floor, Apartment Number, etc.): (City, State, Zip Code):

4.	Authorized Representative:
	Name: Jim Merrill
	Company Title: Managing Member
	Address (Street Address): 225 Cedar Hill St.
	(Suite, Floor, Apartment Number, etc.): Suite 200
	(City, State, Zip Code): Marlborough, MA 01752
	Phone Number: 508-281-1795
	Fax Number (Optional):
	Email Address: jmerrill@telexfree.com
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5.	Regulatory Representative:
	Name: Joseph Isaacs
	Company Title: Consultant
	Address (Street Address): 4274 Enfield Ct.
	(Suite, Floor, Apartment Number, etc.):
	(City, State, Zip Code): Palm Harbor, Florida 34685
	Phone Number: <u>727-738-5553</u>
	Fax Number (Optional):
	Email Address: <u>isaacs@isg-telecom.com</u>
6.	Complaint Representative:
	Name:
	Company Title:
	Address (Street Address):
	(Suite, Floor, Apartment Number, etc.):
	(City, State, Zip Code):
	Complaint Phone Number:
	Phone Number:
	Fax Number (Optional):
	Email Address:
7.	Emergency Contact (List a primary and a secondary contact) Name: Title
	Company Title:
	Phone Number:
	Fax Number (Optional):
	Cell Phone Number (Optional):
	Home Phone Number (Ontional)

Email Address:

8.	Form	of Busines	s (corporation,	, partnership,	, sole	proprietorship, etc.): LI	LC
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State and Date where registered business was formed: Nevada 7/19/2012

Texas Secretary of State (or County) File Number:

Texas Comptroller's office Tax Id. No.:

9. Carrier Identification:

FCC Carrier Identification Code (CIC) (if available): n/a

National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): n/a

10. Affiliates:

Names of all Telecommunications Affiliates: none

States where Affiliates are Providing Services: none

Affilities in Texas – Provide Certification/Registration Number and relationship to registrant:

Provide Organizational Chart (if available).

11. Owners, Directors, Officers, or Partners Information (List the information requested below for each person):

Name: JIM MERRILL

Company Title: MANAGING MEMBER

Phone Number: 508-281-1795

Email Address: <u>imerrill@telexfree.com</u>

Name: CARLOS WANZELER

Company Title: MANAGING MEMBER

Phone Number: 508-281-1795

Email Address: <u>cwanzeler@telexfree.com</u>

12. Legal Status:

Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation: NO

AFFIDAVIT

STATE OF MASSACHUSETTS
COUNTY OF MIDDLESEX

- 1. My name is JIM MERRILL. I am the Managing Member of the reporting company TELEXFREE, LLC.
- 2. I swear or affirm that I have personal knowledge of the facts stated in this report on Non-dominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company. I further swear or affirm that all of the statements and representations made in this report are true and correct. I swear or affirm that the company understands and will continue to comply with all requirements of law applicable to Non-dominant Carriers.

JIM MERRILL

Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 14/15

day of FEBRUARY, 2014

PAUL F. MCGRATH
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires on
December 1, 2017

Notary Public In and For the

My commission expires: Decen Sov 12017