



Control Number: 50457



Item Number: 1

Addendum StartPage: 0



Public Utility Commission of Texas

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P. O. Box 13326
Austin, Texas 78711-3326
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PUBLIC UTILITY COMMISSION
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TITLE PAGE

**APPLICATION FOR CERTIFICATION, RE-QUALIFICATION, OR
AMENDMENT TO A SERVICE PROVIDER CERTIFICATE OF OPERATING
AUTHORITY OR A CERTIFICATE OF OPERATING AUTHORITY**

DOCKET/PROJECT NO. _ 5 0 4 5 ?

APPLICANT(s): 1. BEC Communications, LLC

Authorized Representative for this Application:

NAME: Sharon R. Warren
TITLE: Consultant
ADDRESS: 151 Southhall Lane, Suite 450 Maitland, FL 32751
TELEPHONE: (407) 740-3005
FAX: (407) 740-0613
EMAIL ADDRESS: swarren@inteserra.com

Regulatory Representative:

NAME: Robbie Sorrell
TITLE: Chief Financial Officer
ADDRESS: 27492 Highway 95
TELEPHONE: (254) 527-3551
FAX: (254) 527-3221
EMAIL ADDRESS: rsorrell@bartlettec.coop

Complaint Representative:

NAME: Robbie Sorrell
TITLE: Chief Financial Officer
ADDRESS: 27492 Highway 95, Bartlett, TX 76511
TELEPHONE: (254) 527-3551
FAX: (254) 527-3221
EMAIL ADDRESS: rsorrell@bartlettec.coop



AFFIDAVIT

STATE OF TEXAS §
 §
COUNTY OF BELL §

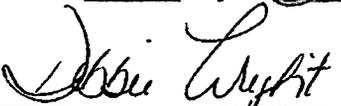
1. My name is Bryan Lightfoot. I am Manager of BEC Communications, LLC.

2. I swear or affirm that I have personal knowledge of the facts stated in this Application for a Service Provider Certificate of Operating Authority, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Service Provider Certificate of Operating Authority are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements of law applicable to a Service Provider Certificate of Operating Authority.

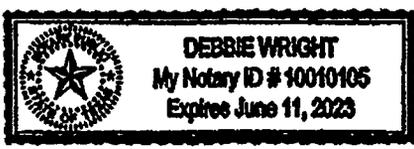


Bryan Lightfoot
Manager
BEC Communications, LLC

SWORN TO AND SUBSCRIBED before me on the 19th day of December, 2019.



Notary Public In and For the State of
Texas



June 11, 2023

My commission expires:



1. Check only one of the following Requests:

(a)

New SPCOA Application

Application Amending SPCOA
No. _____

____ New COA Application

____ Application Amending COA No.

(b) If you are filing an amendment, check one or more of the following as requests made in this amendment filing:

____ Name Change Amendment

____ Certification Relinquishment

____ Change in Ownership/Control

____ Service Discontinuation

____ Change in Service Area

____ Change in Type of Provider

____ Corporate Restructuring

____ Other

(c) Provide a summary explanation of all items checked in "b" above.



2. Provide a description of the Applicant, which shall include the following:

- (a) Legal name and all assumed names under which the Applicant conducts business, if any;

BEC Communications, LLC

- (b) Address of principal office and business office;

27492 Highway 95
Bartlett, TX 76511

- (c) Principal office Phone: (254) 527-3551
Fax number: (254) 527-3221
Website Address: https://beccommunications.com
E-Mail Address: blightfoot@bartlettec.coop
Toll-free customer service Phone: (512) 746-2771

(If the Applicant has not obtained the toll-free customer service telephone number at the time of the Application, the Applicant must commit to obtaining one before beginning business);

- (d) FCC Carrier Identification Code (CIC) or National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs), if available:

- (e) Form of business in Texas
(e.g., corporation, partnership, sole proprietorship): Limited Liability Corporation
Charter/Authorization number: 803417133
Date Business was formed: 9/10/19
Date Change was made (if applicable): None
State & date in which parent company is registered: None
(The Commission required registration with the Secretary of State for all forms of business, except sole proprietorships)

- (f) A list of the names, titles, phone number and office e-mail address of each director, officer, or partner;

Please see Attachment A.

- (g) Name, address, and office address of each of the five largest shareholders, if not publicly traded;

Please see Attachment B.



- (h) Legal name of parent company, if any, and a description of its primary business interests; and,

BEC Communications, LLC is a wholly owned subsidiary of Bartlett Electric Cooperative, Inc. a retail and electric distribution cooperative.

- (i) Legal name of all affiliated companies that are public utilities or that are providing telecommunications services and the states in which they are providing service. Give a description of all affiliates and explain in detail the relationship between the Applicant and its affiliates. An organizational chart should be provided, if available.

Please see the answer above.



3. State the name **and only one name**, in which the Applicant wants the Commission to issue its certificate. Provide the following information from the Applicants registration with the Office of the Secretary of State of Texas or registration with another state or county, as applicable: *(NOTE: If the Applicant is a corporation, the Commission will issue the certificate in either the Applicant's corporate or assumed name, not both. The certificate holder must use only the name approved by the Commission on all bills and advertisements sent to or viewed by the public. Name Changes require Commission Approval as well as Secretary of State Approval.)*

(a) Requested name:	<u>BEC Communications, LLC</u>
(b) Assumed names:	<u>None</u>
(c) Texas Secretary of State (or County) file number:	<u>803417133</u>
(d) Texas Comptroller's Tax Identification number:	<u>74-0501156</u>
(e) Other Applicable certification/file numbers:	<u>None</u>
(f) Date the business was registered:	<u>9/10/19</u>



4. (a) Provide a detailed description of the telecommunications services to be provided.

The Applicant proposes to offer competitive telecommunications service, including broadband and interconnected VoIP service to both business and residential members within the state of Texas using owned and leased facilities. The Applicant's offerings will provide members with the communications equivalent of traditional wireline local and intrastate long distance services for connections to and from the public switched telephone network. This includes essential functions such as access to emergency 911 service, operator services and directory assistance. Members will be able to make and receive calls in essentially the same manner as traditional wireline services, and will have access to common features such as call waiting, call forwarding, three-way calling, caller ID and voicemail. The Applicant plans to utilize the services of an underlying wholesale provider for access to the public switched network and numbering resources.

- (b) Indicate with a yes or no response for each item below, whether the Applicant will be providing the following telecommunications services and whether the service will be for business or residential service:

	<u>Business</u>	<u>Residential</u>
<input checked="" type="checkbox"/> POTS (Plain Old Telephone Service)	<u>Yes</u>	<u>Yes</u>
<input type="checkbox"/> ADSL	<u>No</u>	<u>No</u>
<input checked="" type="checkbox"/> ISDN	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> HDSL	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> SDSL	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> RADSL	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> VDSL	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> Optical Services	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> T1-Private Line	<u>Yes</u>	<u>No</u>
<input checked="" type="checkbox"/> Switch 56 KBPS (KiloBits Per Second)	<u>Yes</u>	<u>No</u>
<input type="checkbox"/> Frame Relay	<u>No</u>	<u>No</u>
<input checked="" type="checkbox"/> Fractional T1	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> Long Distance	<u>Yes</u>	<u>Yes</u>
<input checked="" type="checkbox"/> Wireless	<u>Yes</u>	<u>Yes</u>
<input type="checkbox"/> Other (Please Describe)		



5. (a) Is the Applicant providing prepaid calling services?

No, the Applicant will not be providing prepaid calling services.

- (b) If yes to (a), provide a yes or no response to the list of telecommunications services below:

- _____ Residential Prepaid Local Calling Services
- _____ Business Prepaid Local Calling Services
- _____ Residential Prepaid Domestic Long Distance Calling Services
- _____ Business Prepaid Domestic Long Distance Calling Services
- _____ Residential Prepaid International Long Distance Calling Services
- _____ Business Prepaid International Long Distance Calling Service



6. (a) Indicate below the type of certification being requested:

- Facilities-based, Data, and Resale
- Facilities-based and Resale
- Resale Only
- Data Only – Facilities-Based and Resale
- Data Only – Resale Only



7. Provide a written description of the exchanges, local access and transportation areas (LATAs), or incumbent local exchange company (ILEC) service areas or attach a scaled map of the geographic area for which the certificate is requested within the State of Texas that the Applicant proposes to serve.

The Applicant proposes to provide service statewide.



8. Does the Applicant, owner, or any affiliate currently hold a service provider certificate of operating authority (SPCOA), certificate of operating authority (COA), or certificate of convenience and necessity (CCN) for any part of the area covered by this Application?

No, neither the Applicant, owner, or any affiliate currently holds a service provider certificate of operating authority (SPCOA), certificate of operating authority (COA), or certificate of convenience and necessity (CCN) for any part of the area covered by this Application.



9. (a) Does the Applicant expect to provide service to customers other than itself and its affiliates?

Yes.

- (b) Has the Applicant provided one copy of this Application to the Texas Commission on State Emergency Communications (a.k.a. 911 Commission) within 5 days of submitting the application? If you are relinquishing the certificate have you also sent a copy of the application to all affected 911 entities within 5 days of submitting the application?

(Send copy to Commission on State Emergency Communications, Office of General Counsel at 333 Guadalupe Street, Suite 2-212, Austin, Texas 78701-3942, with phone number 512-305-6911, fax number 512-305-6937, and website address www.911.state.tx.us).

Yes.

- (c) As part of the Application provided to the 911 Commission and this commission, has the applicant provided the following information concerning its 911 contact person as required in Substantive Rule No. 26.433(e)(2)(a)? (You may provide up to three 911 contacts per company)

Name: Robbie Sorrell

Title: Chief Financial Officer

Address: 27492 Highway 95, Bartlett, TX 76511

Telephone: (254) 527-3551

Fax: (254) 527-3221

E-Mail Address: rsorrell@bartlettec.coop



10. (a) Is the Applicant a municipality?

No.

(b) Will the Applicant enable a municipality or municipal electric system to offer for sale to the public, directly or indirectly, local exchange telephone service, basic local telecommunications service, switched access service, or any non-switched telecommunications service used to provide connections between customers' premises within an exchange or between a customer's premises and a long distance provider serving the exchange?

No.



11. (a) **APPLICABLE TO SPCOA APPLICANTS ONLY.** Report total intrastate switched access minutes of use for the Applicant, together with its affiliates, for the twelve-month period beginning sixteen months before the first day of the month in which this Application is filed. (*In calculating minutes of use for this question, include minutes of all entities affiliated with the Applicant.*)

Neither the Applicant nor any of its affiliates provide telecommunications service in Texas; therefore it has no data to report.

- (b) **APPLICABLE TO SPCOA APPLICANTS ONLY.** Identify all affiliates whose minutes of use are included in the calculation required in 12(a).

Please see response to 11(a) above.



12. (a) Has the Applicant, its owners, or any affiliate applied for a permit, license, or certificate to provide telecommunications services in any state other than Texas? If yes, identify the affiliates, what permit, license, or certificate they have applied for, and the state(s) in which they have applied.

No, neither the Applicant nor its owners or any affiliate applied for a permit, license or certificate to provide telecommunications services in any state other than Texas.

- (b) Has the Applicant, its owners, or any affiliate ever had a permit, license, or certificate to provide telecommunications services granted by any state, including Texas? If yes, identify the affiliates, what permit, license, or certificate they have and when they were held and the state(s) in which they are held. Provide an explanation.

No, neither the Applicant nor its owners or any affiliate has ever had a permit, license or certificate to provide telecommunications services granted by any state including Texas.

- (c) Has the Applicant, its owners, or any affiliate ever had any permit, license, or certificate denied or revoked by any state? If yes, identify the affiliates, what permit, license, or certificate they had revoked, and the state(s) in which they were revoked. Provide an explanation.

No, neither the Applicant, its owners, nor any affiliate has never had any permit, license, or certificate denied or revoked by any state.

- (d) Has the Applicant, its owners, or any affiliate ever provided telecommunications services in Texas or any other state? If yes, identify the affiliates, what permit, license, or certificate they may have held, and the state(s) in which they provided service.

No, neither the Applicant nor its owners or any affiliate has ever provided telecommunications services in Texas or any other state.



13. (a) Any complaint history, disciplinary record and compliance record during the 60 months immediately preceding the filing of the application regarding: the applicant; the applicant's affiliates that provide utility-like services such as telecommunications, electric, gas, water, or cable service; the applicant's principals; and any person that merged with any of the preceding persons. The information should include, but not be limited to, the type of complaint, in which state or federal agency the complaint was made, the status of the complaint, the resolution of the complaint and the number of customers in each state where complaints occurred.

The Applicant does not have any complaint history, disciplinary record or compliance record during the 60 months preceding this application to report.

- (b) Is the Applicant, or the applicant's principals currently under investigation or have the Applicant or its principals been penalized by an attorney general or any state or federal regulatory agency for the violation of any deceptive trade or consumer protection law or regulation? If yes, please explain.

No.

- (c) Disclose whether any owners, directors, officers, or partners in the organization are convicted felons? Also disclose whether the applicant or applicant's principals have been convicted or found liable for fraud, theft, larceny, deceit, or violations of any securities laws, customer protection laws, or deceptive trade laws in any state. If yes, please explain.

No.

- (d) Provide the number of customers per state (including Texas) for the past 60 months, for which the Applicant, its parent company, and/or any affiliates are providing telecommunications services.

The Applicant does not have any customers in any state including Texas.



14. (a) Provide a detailed description of the Applicant's technical qualifications to provide the local exchange service, basic local telecommunications service, and/or switched access service proposed in this Application.

Please see Attachment C.

- (b) If the Applicant plans to rely upon a consultant to meet the technical qualifications requirements, provide the following information: (1) name, address, and phone number of consultant, (2) a copy of the contract between the principals and the consultant, (3) consultant's resume or a detailed description of the consultants experience, (4) information regarding any professional registrations or certifications that the consultant holds, (5) percentage of the consultant's time being contracted, and (6) a list of other telecommunications companies served by the consultant and the percentage of time allotted to each company.

The Applicant does not intend to rely upon a consultant to meet its technical qualifications requirements.

- (c) Provide a detailed description or individual resumes setting forth the qualifications of the Applicant's key personnel. Descriptions or resumes shall include (1) **Key Personnel Names**, (2) **Applicant Company Titles**, (3) **Detailed Telecommunications or Related Experience**, and (4) **Years of Experience**.

Please see Attachment C.



15. Attach a completed Service Quality Questionnaire.

Please see Attachment D.



16. Provide an audited or unaudited balance sheet for the applicants most recent quarter that demonstrates the shareholders' equity required by P.U.C. Subst. R. 26.111(f). The audited balance sheet must include the independent auditor's report. The unaudited balance sheet must include a sworn statement from the executive officer of the applicant attesting to the accuracy, in all material respects, of the information provided in the unaudited balance sheet.

Please see Attachment E.



17. Provide a summary of any history of insolvency, bankruptcy, dissolution, merger or acquisition of the applicant or any predecessors in interest during the 60 month immediately preceding this Application.

Neither the Applicant nor any of its affiliated companies has any history of insolvency, bankruptcy, dissolution, merger or acquisition during the 60 months immediately preceding this Application.



BEC Communications, LLC

Attachment A

Managers

Name	Title	Phone	E-Mail Address
Bryan Lightfoot	Manager	(254) 527-3551	blightfoot@bartlettec.coop



BEC Communications, LLC

Attachment B

Five Largest Shareholders

Name	Address
Bartlett Electric Cooperative, Inc.	27492 Highway 95, Bartlett, TX 76511



BEC Communications, LLC

Attachment C

Management Profiles



Bryan Lightfoot

201 Cruden Cove, Georgetown, TX 78628
Cell: 254-718-4828 - blightfoot@bartlettec.coop

Professional Summary

High performing and progressive executive with 18 years of Electric Cooperative experience including 9 years of CEO experience. In-depth knowledge of Electric Cooperative operations at all levels. Demonstrated proficiency in Personnel Management, Board Relations, Member Relations, Governmental Relations, and Strategic & Financial Planning.

Skills

- Excellent Public Speaker
- Financial Report Analysis
- Strategic Business Planning
- Contract Negotiations
- Financial Forecast Modeling
- Multi-Department Management
- Union Negotiations
- Governmental Relations

Work History

2008 – Current **Chief Executive Officer**
Bartlett Electric Cooperative – Bartlett, TX

Responsible for all cooperative operations and personnel. Responsible for performing as the cooperative's director of communications. Responsible for representing the cooperative by serving on several Boards and Committees. Guided the cooperative's transition from AMR metering to AMI metering, CAD mapping to GIS mapping, and conventional Board Reports to paperless Board Reports. Developed work efficiencies and cost controls resulting in a decrease in controllable expenses for three straight years.

2007 – 2008 **Assistant General Manager**
Hamilton County Electric Cooperative – Hamilton, TX

Supervised all cooperative operations and personnel. Acted on behalf of the General Manager in his absence. Developed analysis tools to measure construction efficiencies and reduce the costs associated with the construction of distribution plant.

2002 – 2007 **Manager of Accounting and Finance**
Hamilton County Electric Cooperative – Hamilton, TX

Supervised multiple departments including human resources, accounting, warehousing, and payroll. Participated in union negotiations with the IBEW. Developed the cooperative's first performance based incentive plan. Worked closely with senior management, the General Manager, and the Board of Directors on strategic business plans and financial forecasting.

1999 – 2002 **Accounting Supervisor**
Hamilton County Electric Cooperative – Hamilton, TX

Responsible for all accounting and financial reporting. Developed annual capital budgets and annual financial forecasts. Responsible for presenting monthly financial reports to Board of Directors. Supervised payroll, accounts payable, and general accounting.



Professional Service

2015 – Current Director, National Rural Telecommunications Cooperative Board
2017 – 2018 Chairman, Texas Electric Cooperative Board
2015 – 2018 Chairman, Group II Managers Committee
2016 – 2017 Vice-Chairman, Texas Electric Cooperative Board
2015 – 2016 Secretary/Treasurer, Texas Electric Cooperative Board
2013 – 2016 Chairman, Rural Friends/ACRE Board
2013 – 2015 Chairman, TEC Communications and Member Services Committee
2013 – 2015 Chairman, NRECA Region X Resolutions Committee
2011 – 2012 Member, NRECA National Resolutions Committee
2006 – 2007 President, TEC Accounting Association
2008 – Current Alternate Director, Brazos Electric Power Cooperative Board

Community Service

2002 – 2007 Director, Hamilton County Hospital Board
2006 – 2007 President, Hamilton Chamber of Commerce

Education

Bachelor of Business Arts in Accounting
Tarleton State University – Stephenville, TX



BEC Communications, LLC

Attachment D

Service Quality Questionnaire



**SERVICE QUALITY QUESTIONNAIRE for SPCOA and COA Applicants as Required in
Question Number 15.**

Will the Applicant meet each of the following benchmark service quality standards listed below?
For each "NO" response, please provide an explanation.

- | | | | | |
|-----|-------------------------------------|----|--------------------------|---|
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Make one-party line service available upon request to all subscribers of local exchange service. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Install 95% of primary service orders and 90% of regular service orders within five working days of customer orders, excluding those orders where a later date is requested by the customer. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Meet 90% of commitments to customers regarding the date of installation of service orders, excepting customer-caused delays. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain the level of held regrade orders (as defined in P.U.C.SUBST. R. 26.54) at or below one percent of access lines served. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Answer 85% of toll and assistance operator calls within ten seconds. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Answer 90% of repair service calls and calls to business offices within 20 seconds. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Provide dial tone within 3 seconds for 98% of calls. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain an availability factor for stored program controlled digital and analog switching facilities (local intra-office) at 99.99%, or keep total unscheduled outages below 53 minutes per year. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain an availability factor for stored program controlled digital and analog switching facilities (local inter-office) at 99.93%, or keep total unscheduled outages below 365 minutes per year. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Complete 97% of properly dialed tolled calls without encountering failure because of blockages or equipment irregularities. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain an average monthly rate of customer trouble reports, excluding CPE reports, at or below 6%. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Clear 90% of out-of-service trouble reports within 8 working hours, except where access to the customer's premises is required and not available or where interruptions are caused by unavoidable casualties and acts of God affecting large groups of customers. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain the number of repeated trouble reports on residence and single-line business lines at or below 22% of the total customer trouble reports on those lines. |



- | | | | | |
|-----|-------------------------------------|----|--------------------------|---|
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain transmission facilities meeting the requirements of P.U.C. SUBST.R. 26.54M, Transmission Requirements. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Meet the Commission's continuity-of-service requirements established in P.U.C. SUBST.R. 26.51. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Provide 911 emergency telephone service in accordance with Chapters 771 and 772 of the Texas Health and Safety Code, as applicable. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Commit to providing equipment that will comply with 911 requirements. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Commit to providing at least 1 customer service representative per every 2,500 customers during normal business hours. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Commit to providing equipment that is local number portability (LNP) capable. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Maintain an emergency operations plan that addresses disaster recovery procedures. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Comply with P.U.C. SUBST. R. 26.32 and 26.130 requiring notification of customers about slamming and cramming information on monthly bills. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Comply with P.U.C. SUBST. R. 26.31 for customer disclosure. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Comply with P.U.C. SUBST. R. 26.122 regarding customer proprietary network information. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Comply with applicable portions of Chapter 26, Subchapter B regarding customer service and protection. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Comply with anti-discrimination laws on the basis of race, nationality, color, religion, sex, marital status, income level, source of income, or geographic location. |
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | Disclose to customer that they may contact the PUC and pursue complaints if the customer and certificate holder cannot resolve the complaint. |



BEC Communications, LLC

Attachment E

Financial Information

Filed separately under seal



AFFIDAVIT

STATE OF TEXAS
COUNTY OF BELL

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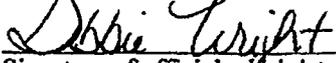
I, Bryan Lightfoot, hereby declare under penalty of perjury, that I am Manager of BEC Communications, LLC, that I am authorized to make this verification on behalf of BEC Communications, LLC; that I have reviewed the financial statements attached as Attachment E in this Application for a Service Provider Certificate of Operating Authority; and that the information contained therein is true and correct to the best of my knowledge, information and belief.



Bryan Lightfoot, Manager
BEC Communications, LLC

Sworn and subscribed before me this 10 day of January, 2020.

My Commission expires June 11, 2023



Signature of official administering oath

