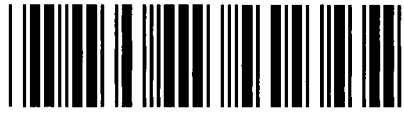




Control Number: 51448



Item Number: 1

Addendum StartPage: 0

51448 ORIGINAL

Public Utility Commission of Texas

1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
512/936-7000 (Fax) 936-7003
Web Site: www.puc.state.tx.us

OCT 21 11 33 AM '03

TITLE PAGE

**APPLICATION FOR OR AMENDMENT TO A
SERVICE PROVIDER CERTIFICATE OF OPERATING AUTHORITY**

**DOCKET NO. .
REGISTRATION NO. 60973**

APPLICANT: Scientel Solutions, LLC

Authorized Representative for this Application:

NAME: Nelson C. Santos
TITLE: President
ADDRSSS: 2021 N. Eola Rd., Aurora, IL 60502
TELEPHONE: (630) 652-3807
FAX: (630) 652-3805
EMAIL ADDRESS: nsantos@scientelsolutions.com

Regulatory Representative:

NAME: E. Ashton Johnston
TITLE: Attorney
ADDRESS: 1717 K Street, N.W., Suite 900, Washington, DC 20006
TELEPHONE: (202) 552-5121
FAX: (630) 652-3805
EMAIL ADDRESS: johnston@comm law com

Complaint Representative:

NAME: Nelson C. Santos
TITLE: President, Scientel Solutions, LLC
ADDRSSS: 2021 N. Eola Rd., Aurora, IL 60502
TELEPHONE: (630) 652-3807
FAX: (630) 652-3805
EMAIL ADDRESS: nsantos@scientelsolutions.com

ORIGINAL

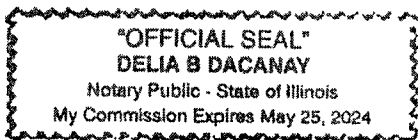


AFFIDAVIT

STATE OF: Illinois)
)
COUNTY OF: DuPage)

1. My name is Nelson C. Santos. I am President of the Applicant Scientel Solutions, LLC.

2. I swear or affirm that I have personal knowledge of the facts stated in this Amendment 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 Amendment Application of behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Amendment Application are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements of law application to a Service Provider Certificate of Operating Authority.



Nelson Santos

Signature

Nelson C. Santos
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 14th day of Oct, 2020.

Delia B. Dacanay

Notary Public In and For the
State of Illinois

My commission expires: May 25th 2024

1. Check only one of the following Requests:

(a)

New SPCOA Application

Application
Amending SPCOA No. 60973

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.

The Applicant is voluntarily relinquishing its SPCOA in light of changes in its planned service offerings in Texas.

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:

Scientel Solutions, LLC

b. Address of principal office and business office:

2021 N. Eola Rd.
Aurora, IL 60502

c. Principal office/business office telephone number: (630) 652-3800

Fax number: (630) 652-3805

Website address: www.scientelsolutions.com

Email address: nsantos@scientelsolutions.com

Toll-free customer service telephone number. 1-866-300-2024

- e. Form of business in Texas (e.g., corporation, partnership, sole proprietorship, Charter/Authorization number, date business was formed and date change was made (if applicable). *(The Commission requires registration with the Secretary of State for all forms of business, except sole proprietorships.)*

Limited liability company

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

Not applicable.

- 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.

Illinois MSA, LLC (Illinois)
Indiana MSA, LLC (Indiana)
Minnesota MSA, LLC (Minnesota)
Montana MSA, LLC (Montana)
New Jersey MSA, LLC (New Jersey)
Ohio MSA, LLC (Ohio)
Pennsylvania MSA, LLC (Pennsylvania)

The Applicant owns 100% of the interests of each affiliate listed above.

An organization chart reflecting the updated ownership of the Applicant is attached.

- 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:

- (a) Requested name: Scientel Solutions, LLC
- (b) Assumed names: None
- (c) Texas Secretary of State (or County) file number:
- (d) Texas Comptroller's Tax Identification number: 32033105589
- (e) Other Applicable certification/file numbers: None
- (f) Date the business was registered: October 1, 2007

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.

None

- (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 owner, director, officer or partner is a convicted felon and neither the applicant nor its principals have been convicted or found liable for fraud, theft, larceny, deceit, or violation of any securities laws, customer protections laws, or deceptive trade laws in any state.

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

Neither the Applicant, its parent company, nor any affiliate of Applicant or its parent company has provided telecommunications services in any state in the past 60 months.

18. If you are relinquishing your certificate or discontinuing service, provide a copy of the customer notification (minimum of 61 days notice) sent to each customer indicating the intent of the Applicant to discontinue service. Notice shall, at a minimum, contain the following information:

(a) The approximate date the Applicant intends to discontinue service(s) or operations.

Not applicable; the Applicant is not providing service and thus is not discontinuing service.

(b) A description of any arrangements that will be made by the Applicant to transfer customers to a carrier of their choice and how, if no choice is made by the customer, the Applicant will transfer the customer to a carrier of last resort.

Not applicable; the Applicant is not providing service and thus is not discontinuing service.

(c) A description of how and when deposits and credits will be returned to customers. And a statement that deposits and credits shall be returned to customers within 60 days of the notification to relinquish certification, or within 30 days of the notification of service(s) discontinuation.

Not applicable; the Applicant is not providing service and thus is not discontinuing service.

(d) A statement that any switchover fees shall be paid by the Applicant for customers to be transferred to the carrier of their choice.

Not applicable; the Applicant is not providing service and thus is not discontinuing service.

19. If you are relinquishing your certificate, provide a statement that the Applicant shall notify the Texas Comptroller's Office, Texas Secretary of State, and the administrator of the Texas Universal Service Fund of its Application within 5 days of filing the Application.

The Applicant will notify the Texas Comptroller's Office, Texas Secretary of State, and administrator of the Texas Universal Service Fund of this Application within five days of filing.

20. If you are relinquishing your certificate or discontinuing service, provide a statement that the Applicant shall return deposits and credits to the customers.

The Applicant has not obtained any deposits or credits from customers.

21. If you are relinquishing your certificate, provide a statement that the Applicant shall void all interconnection agreements upon Commission approval of an Application to relinquish certification.

The Applicant has not entered into any interconnection agreements for Texas.