

*The Public Utilities Commission of Ohio*  
**TELECOMMUNICATIONS FILING FORM**

(Effective: 9-2-2015)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of the Application of Onvoy Spectrum, LLC ) TRF Docket No. 90-  
to Register as a Wireless Provider ) Case No. 17 - - **TP - 0509**  
) NOTE: Unless you have reserved a Case #, leave the "Case No" fields  
) BLANK.

Name of Registrant(s) Onvoy Spectrum, LLC  
DBA(s) of Registrant(s) \_\_\_\_\_  
Address of Registrant(s) 10300 6th Ave. N., Plymouth, MN 55441  
Company Web Address http://www.onvoy.com  
Regulatory Contact Person(s) Mary Buley Phone 763-230-4183 Fax 763-230-4200  
Regulatory Contact Person's Email Address mary.buley@onvoy.com  
Contact Person for Annual Report Mary Buley Phone 763-230-4183  
Address (if different from above) \_\_\_\_\_  
Consumer Contact Information Onvoy Customer Care Phone 1-800-933-1224  
Address (if different from above) \_\_\_\_\_

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

**Notes:**

Section I and II are Pursuant to Chapter 4901:1-6 OAC.

Section III – Carrier to Carrier is Pursuant to 4901:1-7 OAC, and Wireless is Pursuant to 4901:1-6-24 OAC.

Section IV – Attestation.

(1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

(2) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(3) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at [www.puco.ohio.gov](http://www.puco.ohio.gov) under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

(4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

**All Filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits:**

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

## Section I – Part I - Common Filings

<b>Carrier Type</b> <input type="checkbox"/> <b>Other</b> (explain below)	<b>For Profit ILEC</b>	<b>Not For Profit ILEC</b>	<b>CLEC</b>
Change terms & conditions of existing BLES	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)
Introduce non-recurring charge, surcharge, or fee to BLES			<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)
Introduce or Increase Late Payment	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)
Revisions to BLES Cap.	<input type="checkbox"/> ZTA <u>1-6-14(F)</u> (0 day Notice)		
Introduce BLES or expand local service area (calling area)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)
Notice of no obligation to construct facilities and provide BLES	<input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice)	
Change BLES Rates	<input type="checkbox"/> TRF <u>1-6-14(F)</u> (0 day Notice)	<input type="checkbox"/> TRF <u>1-6-14(F)(4)</u> (0 day Notice)	<input type="checkbox"/> TRF <u>1-6-14(G)</u> (0 day Notice)
To obtain BLES pricing flexibility	<input type="checkbox"/> BLS <u>1-6-14(C)(1)(c)</u> (Auto 30 days)		
Change in boundary	<input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days)	<input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days)	
Expand service operation area			<input type="checkbox"/> TRF <u>1-6-08(G)(0 day)</u>
BLES withdrawal			<input type="checkbox"/> ZTA <u>1-6-25(B)</u> (0 day Notice)
<b>Other*</b> (explain)			

## Section I – Part II – Customer Notification Offerings Pursuant to Chapter 4901:1-6-7 OAC

<b>Type of Notice</b>	<b>Direct Mail</b>	<b>Bill Insert</b>	<b>Bill Notation</b>	<b>Electronic Mail</b>
<input type="checkbox"/> 15-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Notice Sent:</b>				

## Section I – Part III –IOS Offerings Pursuant to Chapter 4901:1-6-22 OAC

<b>IOS</b>	<b>Introduce New</b>	<b>Tariff Change</b>	<b>Price Change</b>	<b>Withdraw</b>
<input type="checkbox"/> IOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section II – Part I – Carrier Certification - Pursuant to Chapter 4901:1-6-08, 09 & 10 OAC

Certification	ILEC (Out of territory)	CLEC	Telecommunications Service Provider Not Offering Local	CESTC	CETC
* See Supplemental form	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30- day)	<input type="checkbox"/> ACE <u>1-6-08</u> *(Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-08</u> *(Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 day)	<input type="checkbox"/> UNC <u>1-6-09</u> *(Non-Auto)

\*Supplemental Certification forms can be found on the Commission Web Page.

## Section II – Part II – Certificate Status & Procedural

Certificate Status	ILEC	CLEC	Telecommunications Service Provider Not Offering Local
Abandon all Services		<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)	<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Merger *	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)

\* **Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-29 Filing Requirements on the Commission's Web Page for a complete list of exhibits.**

## Section III – Carrier to Carrier (Pursuant to 4901:1-7), and Wireless (Pursuant to 4901:1-6-24)

Carrier to Carrier	ILEC	CLEC
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)
Introduce or change c-t-c service tariffs,	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 days)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC <u>1-7-04 or 05</u> (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights-of-Way.	<input type="checkbox"/> ATA <u>1-3-04</u> (Auto 30 days)	
<b>Wireless Providers</b> See <u>4901:1-6-24</u>	<input checked="" type="checkbox"/> RCC [Registration & Change in Operations] (0 day)	<input type="checkbox"/> NAG [Interconnection Agreement or Amendment] (Auto 90 days)

#### Section IV. – Attestation

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

**AFFIDAVIT**  
***Compliance with Commission Rules***

I am an officer/agent of the applicant corporation, , and am authorized to make this statement on its behalf.

Michael Donahue, CFO

(Name)

Please Check ALL that apply:

☐ I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

☐ I attest that customer notices accompanying this filing form were sent to affected customers, as specified in Section II, in accordance with Rule 4901:1-6-7, Ohio Administrative Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

(Date)

1/31/2017

at (Location) 10300 6th Ave N, Plymouth , MN 55441

\*Signature and  
Title



CFO

Date 1/31/2017

*\*This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

**VERIFICATION**

I, , verify that I have utilized the Telecommunications Filing Form for most proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

\*Signature and  
Title



CFO

Date 1/31/2017

*\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

File document electronically as directed in case number 06-900-AU-WVR

or

*Send your completed Application Form, including all required attachments as well as the required number of copies, to:*

Public Utilities Commission of Ohio  
Attention: Docketing Division  
180 East Broad Street, Columbus, OH 43215-3793

## **EXHIBIT A**

### **SERVICE DESCRIPTION**

## **SERVICE DESCRIPTION FOR ONVOY SPECTRUM, LLC**

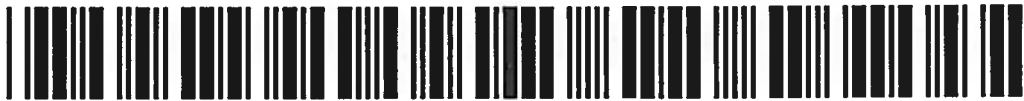
Onvoy Spectrum seeks to provide wireless services to subscribers in the State of Ohio. Onvoy Spectrum intends to provide service on a nationwide basis. Onvoy Spectrum holds a nationwide fixed wireless license in the 3650-3700 MHz band (Call Sign: WQVK773) from the Federal Communications Commission. Onvoy Spectrum is also registered as a wireless or CMRS provider in the states of Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Michigan, Montana, Nebraska, Nevada, New Mexico, South Dakota, Vermont, Washington and West Virginia. No applications or registrations have been denied. Onvoy Spectrum expects to provide service throughout the state of Ohio.

**EXHIBIT B**

**ONVOY SPECTRUM, LLC**

**SECRETARY OF STATE REGISTRATION**

**FOR OHIO**



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/31/2016	201624303072	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	99.00	0.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

INCORP SERVICES, INC.  
ERIN REGAN  
3773 HOWARD HUGHES PKWY, SUITE 500S  
LAS VEGAS, NV 89169-6014

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
**3934875**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ONVOY SPECTRUM, LLC**

and, that said business records show the filing and recording of:

Document(s)

**REGISTRATION OF FOREIGN FOR PROFIT LLC**

Effective Date: 08/23/2016

Document No(s):

**201624303072**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
31st day of August, A.D. 2016.

*Jon Husted*

**Ohio Secretary of State**





Form 533B Prescribed by:

**JON HUSTED**  
 OHIO SECRETARY OF STATE

 Toll Free: (877) 808-FILE (877-737-3453)  
 Central Ohio: (614) 466-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)
File online or for more information: [www.OhioBusinessCentral.com](http://www.OhioBusinessCentral.com)

Mail this form to one of the following:

 Regular Filing (non expedite)  
 P.O. Box 670  
 Columbus, OH 43216

 Expedite Filing (Two business day processing time.  
 Requires an additional \$100.00)

 P.O. Box 1380  
 Columbus, OH 43216

## Registration of a Foreign Limited Liability Company

### Filing Fee: \$99

### Form Must Be Typed

CHECK ONLY ONE (1) BOX

 (1) ☒ Registration of a Foreign For-Profit Limited  
 Liability Company  
 (106-LFA)  
 ORC 1705
Jurisdiction of Formation Date of Formation 
 (2) ☐ Registration of a Foreign Nonprofit  
 Limited Liability Company  
 (106-LFA)  
 ORC 1705
Jurisdiction of Formation Date of Formation 

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd."

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

InCorp Services, Inc.

Name

9435 Waterstone Boulevard Suite 140

Mailing Address

Cincinnati

City

Ohio

State

45249

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

☒   
Signature

By (if applicable)

Scott Sawyer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

**EXHIBIT C**

**EVIDENCE OF OHIO DEPARTMENT OF**

**TAXATION REGISTRATION FOR**

**ONVOY SPECTRUM, LLC**



# REGISTRATION CONFIRMATION

Business Tax Division  
P.O. Box 182101  
Columbus, OH 43218-2101  
Phone: 1-888-7CAT-TAX; 1-888-722-8829  
FAX: 1-206-666-4462  
TTY/TDD: 1-800-750-0750  
tax.ohio.gov

2/9/2017

Onvoy Spectrum LLC  
10300 6th Ave N  
Plymouth, MN 55441

Dear Taxpayer:

Thank you for registering through the Ohio Business Gateway (OBG). You will need to wait 2 business days before filing a return on OBG. If you have questions concerning your tax responsibilities or how to file your return(s), please contact us using the address or phone number at the top of this registration.

<b>Legal Name:</b>	Onvoy Spectrum LLC	<b>FEIN/SSN:</b>	473389357
<b>Tax Type:</b>	COMMERCIAL ACTIVITY TAX	<b>Account Type:</b>	Single Entity
<b>Account Number:</b>	93123676	<b>Effective Date:</b>	7/1/2017
<b>Filing Frequency:</b>	ANNUAL		

If you are a consolidated or combined company, below is a list of subsidiaries you have just registered with us:

**Account Number**   **Primary Name**

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## Annual Tax Due for Annual Filers

Annual filers must file and pay commercial activity tax returns electronically through the Ohio Business Gateway at [business.ohio.gov](http://business.ohio.gov) or the Ohio TeleFile system by calling 1-800-697-0440. If your liability start date is on or before May 1st, your first time annual minimum tax is \$150.00 for the current year. If your liability start date is after May 1st, your first time annual minimum tax is \$75.00 for the current year. You may pay the annual minimum tax in two ways:

1. **OBG** - From the home page, under start a service or transaction, choose "Ohio Taxation – Commercial Activity Tax" then select Payment Only (return already filed).
2. **Paper** - Send a check to the address above. Please make sure to include your CAT account number and FEIN/SSN on your check.

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## Quarterly Filers

Quarterly filers must file commercial activity tax returns electronically through the Ohio Business Gateway ([obg.ohio.gov](http://obg.ohio.gov)). Your first quarterly return and annual minimum tax is due within 40 days of the end of the

quarter for which your account was effective (see above). See the quarterly due dates below:

<b><u>Qtr</u></b>	<b><u>Period</u></b>	<b><u>Due</u></b>	<b><u>Qtr</u></b>	<b><u>Period</u></b>	<b><u>Due</u></b>
1st Qtr	Jan 1 - Mar 31	May 10	2nd Qtr	Apr 1 - Jun 30	Aug 10
3rd Qtr	Jul 1 - Sep 30	Nov 10	4th Qtr	Oct 1 - Dec 31	Feb 10



**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**2/21/2017 10:59:57 AM**

**in**

**Case No(s). 17-0509-TP-MRR**

Summary: Request Onvoy Spectrum, LLC Wireless Registration electronically filed by Ms. Mary T. Buley on behalf of Onvoy Spectrum, LLC