

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

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ENTITY NAME : LIBERTY BELL TELECOM, LLC

DOCUMENT TYPE : ASSUMED NAME LTD LIABILITY CO

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MR. JAY WEBER
2460 W. 26TH AVE.
SUITE 380-C
DENVER

CO 80211

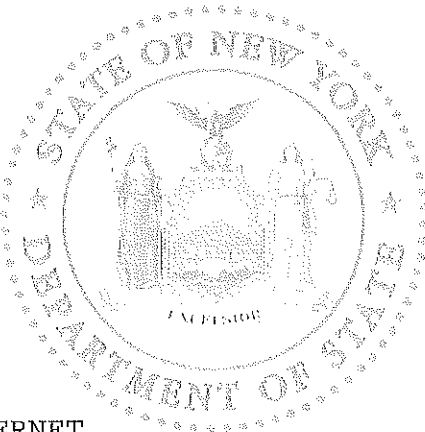
PRINCIPAL LOCATION

2460 W. 26TH AVE.
SUITE 380-C
DENVER
CO 80211

COMMENT:

ASSUMED NAME

DISH NETWORK PHONE & INTERNET



=====

SERVICE COMPANY : CORPORATION SERVICE COMPANY

CODE: 45

BOX : 25

FEEs 35.00

PAYMENTS: 35.00

FILING : 25.00

COUNTY : .00

COPIES : 10.00

MISC : .00

HANDLE : .00

CASH :

CHECK : 35.00

C CARD :

REFUND :

802240JBA

DO3HD108

DOS-281 (04/2007)

60

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of
the Department of State, at the City of
Albany, on June 28, 2011.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro
First Deputy Secretary of State

CSC 45

20110624058

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.state.ny.us

Certificate of Assumed Name
Pursuant to General Business Law, §130

1. NAME OF ENTITY

Liberty Bell Telecom, LLC

1a. FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- | | |
|---|---|
| <input type="checkbox"/> Business Corporation Law | <input checked="" type="checkbox"/> Limited Liability Company Law |
| <input type="checkbox"/> Education Law | <input type="checkbox"/> Not-for-Profit Corporation Law |
| <input type="checkbox"/> Insurance Law | <input type="checkbox"/> Revised Limited Partnership Act |
| <input type="checkbox"/> Other (specify law): | |

3. ASSUMED NAME

DISH Network Phone & Internet

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

2460 W. 26th Ave., Suite 380-C, Denver, CO 80211

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

☒ ALL COUNTIES (if not, circle county[ies] below)

- | | | | | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Clinton | <input type="checkbox"/> Genesee | <input type="checkbox"/> Monroe | <input type="checkbox"/> Orleans | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Tompkins |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Columbia | <input type="checkbox"/> Greene | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Oswego | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Ulster |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Cortland | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Nassau | <input type="checkbox"/> Otsego | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Delaware | <input type="checkbox"/> Herkimer | <input type="checkbox"/> New York | <input type="checkbox"/> Putnam | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Niagara | <input type="checkbox"/> Queens | <input type="checkbox"/> Seneca | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Erie | <input type="checkbox"/> Kings | <input type="checkbox"/> Oneida | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Steuben | <input type="checkbox"/> Westchester |
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Essex | <input type="checkbox"/> Lewis | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Richmond | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Chemung | <input type="checkbox"/> Franklin | <input type="checkbox"/> Livingston | <input type="checkbox"/> Ontario | <input type="checkbox"/> Rockland | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Chenango | <input type="checkbox"/> Fulton | <input type="checkbox"/> Madison | <input type="checkbox"/> Orange | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Tioga | |

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.

Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

☒ No New York State Business Location

20110624058

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

Nigel Alexander

Name of Signer



Signature

Manager

Title of Signer

CERTIFICATE OF ASSUMED NAME
OF

Liberty Bell Telecom, LLC

(Insert Entity Name)

Pursuant to §130, General Business Law

Filed by: Mr. Jay Weber

(Name)

2460 W. 26th Ave., Suite 380-C

(Mailing address)

Denver, CO 80211

(City, State and Zip code)

116
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JUN 24 2011

261526
BY: JH

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a **corporation** does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

CUSTOMER REF. #

802240 JBA

140

CSC 45

110624000898
JH

STATE OF NEW YORK DEPARTMENT OF PUBLIC SERVICE
THREE EMPIRE STATE PLAZA, ALBANY, NY 12223-1350
www.dps.state.ny.us

PUBLIC SERVICE COMMISSION

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Secretary

March 15, 2012

Mr. Andrew O. Isar, Regulatory Consultant
Liberty Bell Telecom LLC of New York
4423 Point Fosdick Drive, NW, Suite 306
Gig Harbor WA 98335

Re: Matter No. 12-00372

Dear Mr. Isar:

The application, by Liberty Bell Telecom LLC of New York on February 21, 2012 for a Certificate of Public Convenience and Necessity to operate in New York State as a facilities-based provider and reseller of telephone service, with authority to provide local exchange service, is hereby approved. This approval is based upon the accuracy of the information provided in the company's application and may be revoked if the application is found to contain false or misleading information, for failure to file or maintain current tariffs, or for violation of Commission rules and regulations.

The company's tariffs, Liberty Bell Telecom LLC of New York NYS PSC Tariff 1 and NYS PSC Tariff 2, are also approved. The Secretary to the Commission will cause a copy of this letter to be filed with your company's tariff, as notice to the public that the filing was allowed to go into effect on the date of this letter, as opposed to the date indicated on the tariff leaves themselves.

The company is not authorized to use its own operators to handle 0- (emergency or non-emergency) calls. Such calls must be routed to another telephone company or operator services provider authorized to handle such calls, until such time as an amended Certificate of Public Convenience and Necessity is obtained pursuant to Part 649.6 of the Commission's rules.

The company must obtain any required consents of municipal authorities before commencing construction of telephone lines. It must also comply with applicable federal laws, New York State Public Service Law and related statutes, and the Commission's rules and regulations.

The following reporting requirements also apply.

- ❑ Service Outage Reports - Major service outages should be reported to Department Staff by telephone when they occur. See Enclosure 1 for specific instructions.
- ❑ Operating Revenues - These reports are due March 31 each year. The company will be notified in writing each year of the required content and format of these reports.
- ❑ Service Quality Reports - These reports are due on the 10th of each month, commencing when the company actually has local exchange lines in service. See Enclosure 2 for further information and instructions.

Note: 16 NYCRR 603.4 (f) allows that a service provider may request an exemption from any or all of the service quality reporting requirements if service is provided via a UNE-P or resale platform. Waivers may also be requested if the service provider does not have any customers in New York State. To the extent you believe your services fall within the aforementioned exemption or you have no customers in New York, and you wish to request a waiver from the reporting of service quality please submit a request for such to the Director of the Office of Telecommunications [See Enclosure 3 as an example].

We also ask that you forward the following information to Judy Sylvester of our staff within 30 days of receipt of this letter.

- ❑ The company's emergency contingency plan describing its operational procedures in the event of major service outages, storms, disasters, or other unusual conditions. Any updates or changes to the plan should be promptly forwarded as well.
- ❑ The name and telephone number of a company person responsible for coordinating local service migration issues with other carriers and Department Staff.

If you have any questions, please contact Guy Lounsbury at 518-473-6161 or guy.lounsbury@dps.ny.gov.

By direction and delegation
of the Commission,

A handwritten signature in black ink, appearing to read "Chad G. Hume".

Chad G. Hume
Director
Office of Telecommunications

Enclosures 1, 2 and 3

cc: G. Pattenau
G. Hildenbrandt
J. Sylvester
Central Operations

ENCLOSURE 1

INSTRUCTIONS FOR REPORTING MAJOR SERVICE OUTAGES

Facilities-based, local exchange carriers are responsible for constructing and maintaining their networks to be minimally susceptible to major service interruptions. They are responsible for mitigating the impacts of major service interruptions by, for example, restoring service promptly, and making public and cellular telephones available to the public when service cannot be promptly restored. They are also responsible for filing their emergency plans with the Commission's Office of Telecommunications and for promptly reporting major service interruptions to the Office of Telecommunications.

The New York State Public Service Commission has recently recognized the increasing reliance by the public on intermodal forms of communication. The critical importance of outage reporting to the state's overall effort to coordinate responses requires that all telecommunications providers participate. Outage reporting procedures are available upon request.

Initial reporting of major service outages should always be made via direct telephone contact and not via voice or electronic mail. **The report should be made no more than one hour after the event is first recognized.** Regular status reports of an ongoing major service outage should be provided to Department staff consistent with the procedures on the web link. The person making the initial report, as well as the person whose name appears on an outage report, should be fully prepared to provide the most complete and accurate information on an outage as possible. Each service provider should designate in advance who these individual(s) will be.

ENCLOSURE 2

SERVICE QUALITY REPORTING REQUIREMENTS (See Also October 6, 2000 Memorandum and Resolution Adopted by the Commission in Case 97-C-0139)

Local exchange service providers are subject to the administrative, operational, and service quality performance standards set forth in the Commission's Rules and Regulations.¹ They include the following service quality reporting requirements:

- Local exchange service providers that serve less than or equal to 500,000 access lines shall normally report monthly Customer Trouble Report Rate (CTRR) performance results, and shall also be subject to Service Inquiry Report requirements with respect to CTRR.
- Service Providers having more than 500,000 access lines shall normally report monthly performance on all service quality metrics specified in the service quality standards, and shall be subject to Service Inquiry Report requirements for all metrics.
- The Director of the Office of Telecommunications may require additional service quality reporting upon analysis of a provider's reported service quality results and/or receipt of excessive PSC complaints against a provider.
- A service provider may request an exemption from any or all of the reporting requirements, if it provides service through the resale of another service provider's tariffed services; or through purchase of another service provider's Unbundled Network Elements (UNEs) over which it has no direct control. Waivers may also be requested if the service provider does not have any customers in New York. The Director of the Office of Telecommunications will grant or deny such exemption requests on a case-by-case basis.

Annual PSC Commendations will be awarded to local exchange service providers judged to have provided excellent service during each calendar year. The qualifying criteria for a commendation are: 1) a 3.3 or better Customer Trouble Report Rate in at least 95% of monthly measurements during the year; and (2) a PSC complaint rate of not more than 0.075 per thousand access lines for the year. A newly certified service provider must provide all required service quality information for an entire calendar year to be considered for commendation.

Local exchange service providers serving less than 500,000 access lines should use the attached form for reporting CTRR results. This form requests the number of customer trouble reports received in the last calendar month and the number of access lines served at the end of the last calendar month, reported separately for each of the provider's local end office switches. Each local end office switch should be identified by a single NXX code. The completed form should be e-mailed or faxed to Gary Hildenbrandt (gary.hildenbrandt@dps.ny.gov or fax: (518) 474-5616) within 10 days after the end of each calendar month.

¹ 16 NYCRR, Chapter VI, Telephone and Telegraph Corporations, Subchapter A. Service – Part 602 (Consumer Relations and Operations Management) and Part 603 (Service Standards).

Customer Trouble Report Rate (CTRR) Performance Monthly Report Form

For All Local Exchange Companies That Serve Less Than or Equal to 500,000 Access Lines

Company Name:

Calendar Month:

Company Code (3 Character Code):

Preparer's Name:

Date of Report:

Preparer's Telephone & Fax Numbers:

	Exchange Name	NPA-NXX	# of Access Lines (end of cal. Month)	# of Trouble Reports (during cal. month)	CTRR (RPHL)
	(a)	(b)	(c)	(d)	(e=d/(c/100))
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- Notes:
1. Service reporting month format is YYMM (e.g., 0011 for November 2000)
 2. Call Ruvain Kudan at 518-473-4053 to obtain a company code before filing first report.
 3. Add pages as necessary for reporting additional exchanges.
 4. A switching entity may serve more than one assigned NPA-NXX. For the purpose of reporting monthly CTRR data, only one designated NPA-NXX per switching entity should be used consistently each month.
 5. CTRR reports should be e-mailed or faxed to Gary Hildenbrandt (gary.hildenbrandt@dps.ny.gov or fax: (518) 474-5616) within 10 days after the end of each calendar month.

ENCLOSURE 3

New York State Department of Public Service

Waiver Request for Customer Trouble Report Rate (CTRR) Reporting

TO: Chad G. Hume
Director
Office of Telecommunications
New York Department of Public Service
3 Empire State Plaza
Albany, New York 12223

[Company Name] requests an exemption from reporting Customer Trouble Report Rate (CTRR) Performance Reports for the following reasons (check all that apply):

- ☐ Request for waiver pursuant to 16 NYCRR 603.4 (f) - The company's services are provided through the resale of another service provider's tariffed service and/or through purchase of another service provider's Unbundled Network Elements (UNEs).
- ☐ No Customers in New York State - The company does not have any customers in New York State. We affirm that we will begin reporting CTRR if [Company Name] begins serving customers in New York State.

[Print Company Representative Name]
[Company Representative Signature]
[Company Representative Title]
[Contact Information]

[Date]