

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

FILED
June 22, 2016
Data Center
Missouri Public
Service Commission

In The Matter of the Application of)

Voyage Communications, Inc.)

to Provide Telecommunications and/or)
Interconnected Voice over Internet)
Protocol Services)

Case No.

APPLICATION

Applicant's Legal Name "Applicant"	Voyage Communications Inc.
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Pursuant to §392.611.4 and/or §392.550 RSMo, Applicant seeks the following authorizations as checked below:

<input type="checkbox"/>	Certificate of Service Authority to Provide Basic Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Interexchange Telecommunications Service
<input checked="" type="checkbox"/>	Registration to Provide Interconnected Voice over Internet Protocol Service

Listed below is basic information regarding the Applicant:

Type of Organization	Corporation
Jurisdiction Where Organized	Delaware
Mailing Address	c/o Avalara Inc. (FKA EZtax Services) 8675 W 96th St. Ste 220, Overland Park, KS
Electronic Mail Address	raymond.lee@avalara.com 66212
Telephone Number	913-901-5072

The company's services will be identified in a tariff or website as indicated below:

	Tariff
X	Website. The website address is (insert web address) <u>WWW.VOYZZE.COM</u>

Attached is an affidavit signed by an officer or general partner of the Applicant stating the various requirements identified in §392.611.4 and/or §392.550 RSMo, plus confirmation the Applicant's service meets the criteria for these services as defined by §386.020.

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a registration to offer and provide the indicated services identified in this application.

Respectfully submitted,

_____/s/ lawyer

Lawyer Name #MoBar

Law Firm/Company Name

Street Address

City, MO Zip

Phone:

E-mail:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this ____ day of ____, 20____, to the following parties:

General Counsel
Missouri Public Service Commission
PO Box 360
Jefferson City, MO 65102

Office of Public Counsel
PO Box 7800
Jefferson City, MO 65102

AFFIDAVIT

I, Angie Guido, a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:

(1) Applicant's basic information:

Legal Name	<u>Voyze Communications Inc.</u>
Principal Place of Business	<u>39159 Paseo Padre Pkwy, Ste 204, Fremont, CA 94538</u>
Principal Executive Officers	

(2) Area where the Applicant proposes to offer telecommunications or VoIP services:

Identify area by local telephone company exchange, in whole or in part:	<u>Boone County, Callaway County, Clay County, Cole County, Franklin County, Jackson County, Phelps County, Platte County, Saint Louis County, St. Charles County, St. Louis County</u>
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(3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;

(4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;

(5) That the Applicant will comply with applicable assessment requirements. These assessments include but are not necessarily limited to:

- (a) Relay Missouri assessment requirements identified in 4 CSR 240-28.050(3);

(b) Missouri universal service fund assessment requirements identified in 4 CSR 240-28.050(2);

(c) Missouri Public Service Commission assessment requirements identified in 4 CSR 240-28.050(1);

(d) Local enhanced 911;

(e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 4 CSR 240-28.040 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;

(7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;

and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

This concludes my affidavit.

Signature Angie Guido

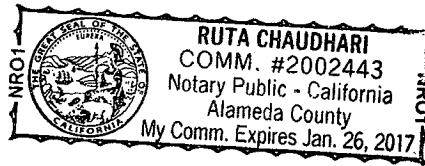
Angie Guido

Printed Name
Compliance Manager

(title)

State of CA
County of Alameda
Subscribed and sworn before me this 25th day of May, 2016

Rita Chaudhary
Notary Public



Notary Seal:

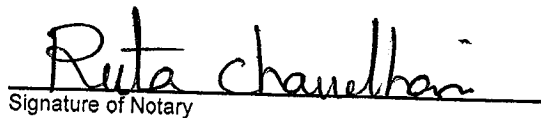


CA JURAT ATTACHED

A notary
of the in
and not

State of CALIFORNIA

Subscribed and sworn to (or affirmed) before me, on this 25th day of May, 2016, by Angie Guido _____
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Date of Document

Type or Title of Document

Number of Pages in Document

Document in a Foreign Language

Type of Satisfactory Evidence:

____ Personally Known with Paper Identification

Paper Identification

____ Credible Witness(es)

Capacity of Signer:

____ Trustee


____ Power of Attorney

____ CEO / CFO / COO

____ President / Vice-President / Secretary / Treasurer
 _____ Other _____

Other: _____

Thumbprint of Signer

☐ Check here if no thumbprint or fingerprint is available.