

McCARTHY, LEONARD & KAEMMERER, L.C.

ATTORNEYS AT LAW

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CHESTERFIELD, MISSOURI 63017-3481

314-392-5200

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FILED

OCT 31 2013

Missouri Public
Service Commission

THOMAS W. MCCARTHY III
ANDREW B. LEONARD
MICHAEL E. KAEMMERER
BRIAN E. MCGOVERN*
ROBERT L. STRILER*
MATTHEW D. MENGHINI***
STEPHEN J. SMITH
JOSEPH C. BLANNER
JAMES P. TOWEY, JR.*
TODD A. MASSA*
ROBERT A. MILLER*
JAMES R. WALSH*
KRISTEN L. MALY**
PETER A. ROTH
BRYAN M. KAEMMERER
TIMOTHY J. AHRENHOERSTERBAEUMER
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LAURA H. STOBIE
BENJAMIN W. SMITH*
TANYA CHARUMILIND*
LINDSEY D. RENDLEN
MARIO A. GIANINO*

* ALSO LICENSED IN ILLINOIS
** ALSO LICENSED IN INDIANA
*** ALSO LICENSED IN COLORADO
**** ALSO LICENSED IN KENTUCKY

October 30, 2013

Attn: Data Center
Missouri Public Service Commission
200 Madison Street
Jefferson City, MO 65102-0360

RE: Application of Branham Information Technology Solutions, LLC
for Registration to Provide Interconnected Voice over Internet Protocol Service

Dear Data Center:

Please find attached the original and copies of the following:

1. Application of Branham Information Technology Solutions, LLC for Registration to Provide Interconnected Voice over Internet Protocol Service;
2. Affidavit of Robert L. Branham III;
3. 2013 FCC Form 499-A; and
4. FCC Registration System - FRN Registration for Branham Information Technology Solutions, LLC.

Please process and return copy to our office in the self-addressed, stamped envelope provided. Thank you for your assistance in this matter.

Very truly yours,


Tracy J. Chamberlain
Paralegal

tjc
enclosures

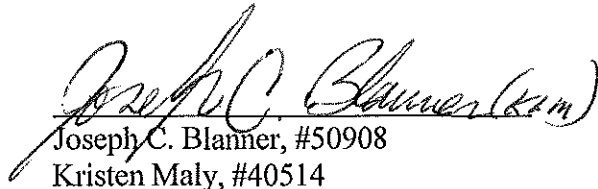
In The Matter of the Application of)
Branham Information Technology Solutions, LLC)
For Registration to Provide Interconnected Voice over)
Internet Protocol Service,)
)
)
)
)

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a registration to offer and provide interconnected voice over Internet protocol service in the exchanges listed in the Affidavit.

Respectfully submitted,

McCARTHY, LEONARD & KAEMMERER, L.C.

By:

Handwritten signature of Joseph C. Blanner in cursive script.

Joseph C. Blanner, #50908

Kristen Maly, #40514

400 South Woods Mill Road, Suite 250

Chesterfield (St. Louis), MO 63017-3481

(314) 392-5200

(314) 392-5221 (Fax)

jblanner@mlklaw.com

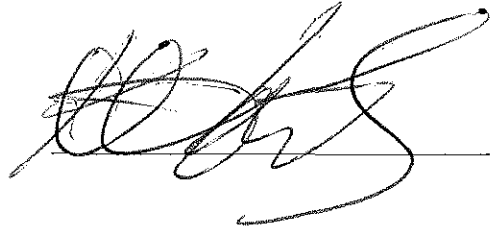
kmaly@mlklaw.com

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 31st day of October, 2013, to the following parties:

General Counsel
Missouri Public Service Commission
P.O. Box 360
Jefferson City, Missouri 65102

Office of Public Counsel
P.O. Box 7800
Jefferson City, Missouri 65102

A handwritten signature in black ink, appearing to be "J. B. Smith", written over a horizontal line.

K:\Branham IT\13.APPLICATION.1029.doc

STATE OF MISSOURI



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

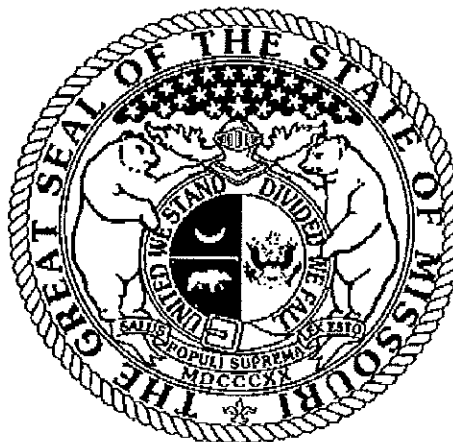
**BRANHAM INFORMATION TECHNOLOGY SOLUTIONS, LLC
LC0917083**

was created under the laws of this State on the 2nd day of September, 2008, and is in good standing, having fully complied with all requirements of this office.

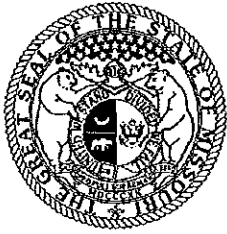
IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of October, 2013

A handwritten signature of Jason Kander in dark ink.

Secretary of State



Certification Number: 15724690-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>



State of Missouri
Missouri Secretary of State's Office

Jason Kander
Secretary of State, Jason Kander

10/29/2013

Invoice Number: 9223236

Invoice Date: 10/29/2013 01:33 PM

User ID: 324

Billing Information

Schmitt, Suzanne
400 S. Woods Mill Road, Suite 250
Chesterfield, MO 63017

Product Description	Certification Number	Order Date	Qty	Pages	Item Cost	Extended	Amount Due
JBFF-Existence - Certified Good Standing Re: 15724690 Branham Information Technology Solutions, LLC - Limited Liability Company Contact: Schmitt, Suzanne Shipped Via: Online		10/29/2013	1	1	10.00	10.00	Paid

Account #: 65950	Credit Balance as of 10/29/2013 1:34 PM:	\$0.00	
Payment Details:		Invoice Total:	\$10.00
E-Payment, AMEX Acct XXXXXXXXXXXX1011, Auth: 933809		Payment Total:	\$10.00
Contact(s): None specified		Amount Due:	\$0.00

Include invoice number on all correspondence and send to:

UCC Inquiries: Missouri Secretary of State's Office
P.O. Box 1159
Jefferson City, Missouri 65102

To discuss payment for UCC items call:
(866) 223-6535 Toll Free

Corporation Inquiries: Missouri Secretary of State's Office
P.O. Box 1366
Jefferson City, Missouri 65102

To discuss payment for Corporation items call:
(866) 223-6535 Toll Free

Commission Inquiries: Missouri Secretary of State's Office
P.O. Box 784
Jefferson City, Missouri 65102

To discuss payment for Commission items call:
(866) 223-6535 Toll Free

FILED

OCT 31 2013

BEFORE THE PUBLIC SERVICE COMMISSION OF THE
STATE OF MISSOURI

Missouri Public
Service Commission

In The Matter of the Application of)
Branham Information Technology Solutions, LLC)
For Registration to Provide Interconnected Voice over)
Internet Protocol Service,)
)
)
)

Case No. DA-20-__-__

AFFIDAVIT OF ROBERT L. BRANHAM III

1. My name is Robert L. Braham III.
2. I am over eighteen years of age and I have personal knowledge of the facts set forth herein.
3. I, Robert L. Branham III a natural person, do hereby swear and affirm that I am the President of Branham Information Technology Solutions LLC ("Applicant"), and that statements herein are true and correct to the best of my knowledge and belief.
4. The location of the principal place of business and the names of the principal executive officers are: Robert L. Branham III, President 3937 Scarlet Oak Drive, House Springs MO 63051 with a mailing address of P.O. Box 105, High Ridge, Missouri 63049.
5. Each exchange, in whole or in part, of a local exchange company in which the Applicant proposes to provide interconnected voice over Internet protocol service will be 314, 417, 557, 573, 636, 660 and 816.
6. The Applicant is legally, financially, and technically qualified to provide interconnected voice over Internet protocol services.
7. The Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of interconnected voice over Internet protocol services.
8. The Applicant will charge and collect from its end user customers on interconnected voice over Internet protocol service, and remit to the appropriate authority, fees and surcharges in the

same manner as are charged and collected upon end user customers of local exchange telecommunications service and remitted by local exchange telecommunications companies, including but not necessarily limited to:

- a. Telecommunications programs under section 209.255, R.S.Mo.;
- b. Missouri universal service fund under section 392.248, R.S.Mo.;
- c. Local enhanced 911;
- d. Any applicable license tax.

9. The Applicant will remit the annual assessment imposed by the Commission under section 386.370, R.S.Mo.

10. The Applicant will file, either directly or indirectly through an affiliated competitive local exchange carrier, with the Commission an annual report at a time and covering the yearly period fixed by the Commission.

11. The Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints. Consumer complaints may be directed to: Robert L. Branham III, Branham Information Technology Solutions, LLC, P.O. Box 105, High Ridge, Missouri 63049, 636-253-3248 customercare@bits-stl.com.

12. The Applicant's interconnected voice over Internet protocol service meets the following criteria:

- a. Enables real-time, two-way voice communications;
- b. requires a broadband connection from the user's location;
- c. Requires Internet protocol-compatible customer premises equipment;
- d. Permits users generally to receive calls that originate on the public switched telephone network and to terminate calls to the public switched telephone network.

13. Further Affiant sayeth naught.



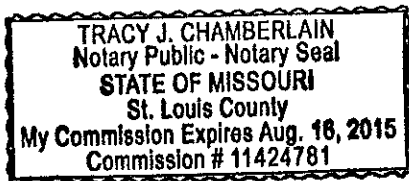
Robert L. Branham III, President

Branham Information Technology Solutions, LLC

STATE OF MISSOURI)
) SS
COUNTY OF ST LOUIS)

On this 30th day of October 2013, before me personally appeared ROBERT L. BRANHAM III, known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.



Notary Public

My Commission Expires: 8-16-2015

2013 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2012 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing.

Annual Filing -- due April 1, 2013

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722.

NEW

If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of filer

Branham Information Technology Solutions, LLC

103 IRS employer identification number

[Enter 9 digit number] 26-3274633

104 Name filer is doing business as

Branham Information Technology Solutions, LLC

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

☐ Audio Bridging (teleconferencing) Provider☐ CAP/CLEC☐ Cellular/PCS/SMR (wireless telephony incl. by resale)☐ Coaxial Cable☐ Incumbent LEC☒ 1 Interconnected VoIP☐ Interexchange Carrier (IXC)☐ Local Reseller☐ Non-Interconnected VoIP☐ Operator Service Provider☐ Paging & Messaging☐ Payphone Service Provider☐ Prepaid Card☐ Private Service Provider☐ Satellite Service Provider☐ Shared-Tenant Service Provider / Building LEC☐ SMR (dispatch)☐ Toll Reseller☐ Wireless Data☐ Other Local☐ Other Mobile☐ Other Toll

If Other Local, Other Mobile or Other Toll is checked,

describe carrier type / services provided: →

106.1 Holding company name (All affiliated companies must show the same name on this line.)

Check if filer has no affiliates ☒

106.2 Holding company IRS employer identification number

[Enter 9 digit number]

107 FCC Registration Number (FRN) [https://fjallfoss.fcc.gov/coresWeb/publicHome.do]

[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

[Enter 10 digit number] 0023042799

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity
corporate headquarters

Street1 PO Box 105

Street2

Street3

City High Ridge

State MO

Zip (postal code) 63049

Country if not USA United States

110 Complete business address for customer inquiries and complaints

check if same address as Line 109 ☒

Street1 PO Box 105

Street2

Street3

City High Ridge

State MO

Zip (postal code) 63049

Country if not USA United States

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

(636) - 253-3248 ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a Branham Information Technology Solutions, LLC

g

b Branham IT Solutions, LLC

h

c BITS

i

d

j

e

k

f

l

Use additional sheets if necessary. Each filer must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A / February 2013

2013 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2012 Revenues)

Page 2

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	NEW			
202 Legal name of filer [from Line 102]	Branham Information Technology Solutions, LLC			
203 Person who completed this Worksheet	First Robert	MI L	Last Branham III	
204 Telephone number of this person	(636) - 253-3248		ext -	
205 Fax number of this person	() -			
206 Email of this person not for public release	form499@bits-stl.com			
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Office Branham Information Technology Solutions, LLC Attn First name Robert MI L Last Branham III Email not for public release form499@bits-stl.com Phone (636) - 253-3248 ext- Fax () - Street1 PO Box 105 Street 2 Street 3 City High Ridge State MO Zip (postal code) 63049 Country if not USA United States check if same name as Line 203 <input checked="" type="checkbox"/> check if same address as Line 109 <input checked="" type="checkbox"/>			
208 Billing address and billing contact person [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Company Branham Information Technology Solutions, LLC Attn First name Robert MI L Last Branham III Email not for public release form499@bits-stl.com Phone (636) - 253-3248 ext- Fax () - Street1 PO Box 105 Street 2 Street 3 City High Ridge State MO Zip (postal code) 63049 Country if not USA United States check if name and address same as Line 207 <input checked="" type="checkbox"/>			
208.1 Email address pertaining to ITSP regulatory fee issues	not for public release form499@bits-stl.com			

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected and non-interconnected VoIP must complete Lines 209 through 213. During the year, these filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process	Company InCorp Services, Inc. Attn First name MI Last			
210 Telephone number of D.C. agent	(636) - 253-3248		ext -	
211 Fax number of D.C. agent	() -			
212 Email of D.C. agent	bbranham@bits-stl.com			
213 Complete business address of D.C. agent for hand service of documents	Street1 1090 Vermont Avenue Northwest Street 2 No. 910 Street 3 City Washington State DC Zip 20005			
214 Local/alternate Agent for Service of Process (optional)	Company Branham Information Technology Solutions, LLC Attn First name Robert MI L Last Branham III			
215 Telephone number of local/alternate agent	(636) - 253-3248		ext -	
216 Fax number of local/alternate agent	() -			
217 Email of local/alternate agent	bbranham@bits-stl.com			
218 Complete business address of local/alternate agent for hand service of documents	Street1 PO Box 105 Street 2 City High Ridge State MO Zip (postal code) 63049 Country if not USA USA			

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A / February 2013

2013 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2012 Revenues)

Page 3

Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6
if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	NEW																																																															
220 Legal name of filer [from Line 102]	Branham Information Technology Solutions, LLC																																																															
221 Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer)	First Robert	MI L	Last Branham III																																																													
222 Business address of individual named on Line 221	Street1 PO Box 105 Street2 Street3 City High Ridge State MO Zip (postal code) 63049 Country if not USA United States																																																															
check if same as Line 109 <input type="checkbox"/>																																																																
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First	MI	Last																																																													
224 Business address of individual named on Line 223	Street1 Street2 Street3 City State Zip (postal code) Country if not USA																																																															
check if same as Line 109 <input type="checkbox"/>																																																																
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First	MI	Last																																																													
226 Business address of individual named on Line 225	Street1 Street2 Street3 City State Zip (postal code) Country if not USA																																																															
check if same as Line 109 <input type="checkbox"/>																																																																
227 Indicate jurisdictions in which the filer provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.	<table border="0"> <tr> <td><input type="checkbox"/> Alabama</td> <td><input type="checkbox"/> Guam</td> <td><input type="checkbox"/> Massachusetts</td> <td><input type="checkbox"/> New York</td> <td><input type="checkbox"/> Tennessee</td> </tr> <tr> <td><input type="checkbox"/> Alaska</td> <td><input type="checkbox"/> Hawaii</td> <td><input type="checkbox"/> Michigan</td> <td><input type="checkbox"/> North Carolina</td> <td><input type="checkbox"/> Texas</td> </tr> <tr> <td><input type="checkbox"/> American Samoa</td> <td><input type="checkbox"/> Idaho</td> <td><input type="checkbox"/> Midway Atoll</td> <td><input type="checkbox"/> North Dakota</td> <td><input type="checkbox"/> Utah</td> </tr> <tr> <td><input type="checkbox"/> Arizona</td> <td><input type="checkbox"/> Illinois</td> <td><input type="checkbox"/> Minnesota</td> 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<td><input type="checkbox"/> Washington</td> </tr> <tr> <td><input type="checkbox"/> Delaware</td> <td><input type="checkbox"/> Kentucky</td> <td><input type="checkbox"/> Nevada</td> <td><input type="checkbox"/> Puerto Rico</td> <td><input type="checkbox"/> West Virginia</td> </tr> <tr> <td><input type="checkbox"/> District of Columbia</td> <td><input type="checkbox"/> Louisiana</td> <td><input type="checkbox"/> New Hampshire</td> <td><input type="checkbox"/> Rhode Island</td> <td><input type="checkbox"/> Wisconsin</td> </tr> <tr> <td><input type="checkbox"/> Florida</td> <td><input type="checkbox"/> Maine</td> <td><input type="checkbox"/> New Jersey</td> <td><input type="checkbox"/> South Carolina</td> <td><input type="checkbox"/> Wyoming</td> </tr> <tr> <td><input type="checkbox"/> Georgia</td> <td><input type="checkbox"/> Maryland</td> <td><input type="checkbox"/> New Mexico</td> <td><input type="checkbox"/> South Dakota</td> <td></td> </tr> </table>				<input type="checkbox"/> 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Oklahoma	<input type="checkbox"/> Virginia	<input type="checkbox"/> Colorado	<input type="checkbox"/> Johnston Atoll	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wake Island	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Georgia	<input type="checkbox"/> 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228 Year and month filer first provided (or expects to provide) telecommunications in the U.S.	<input type="checkbox"/> Check if prior to 1/1/1999, otherwise: Year 2013 Month 11																																																															

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A / February 2013

2013 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2012 Revenues)

Page 8

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

NEW

602 Legal name of filer [from Line 102]

Branham Information Technology Solutions, LLC

Section IV of the instructions provides information on which types of filers are required to file for which purposes. Any filer claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which filers meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify below.]

603 I certify that the filer is exempt from contributing to:

Universal Service ☒TRS ☒NANPA ☒LNP Administration ☒

Provide explanation below:

Initial Filing, no service provided at this time

604 Please indicate whether the reporting entity is

State or Local Government Entity ☐I.R.C. § 501 or State Tax Exempt (see instructions) ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's rules. ☒

I certify that I am an officer of the above-named filer as defined in the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named filer is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in section II-C of the instructions.

606 Signature

607 Printed name of officer

First Robert

MI L

Last Branham III

608 Position with reporting entity

President

609 Business telephone number of officer

(636) - 253-3248

ext -

610 Email of officer || not for public release ||

bbranham@bits-stl.com

611 Date

10/25/2013

612 Check those that apply:

☐

Original April 1 filing for year

☒

New filer, registration only

☐

Revised filing with updated registration

☐

Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200, Washington, DC, 20036

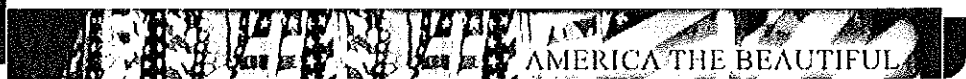
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

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FRN Registration

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Thank you for registering with the FCC. As of today, **Oct 21 2013 2:25PM**, you have been assigned the following FCC Registration Number (FRN): **0023042799**. Please print this page for your records.

Domestic Business Registration

Business Type: Private Sector Subtype: Limited Liability Corporation

Business Name: Branham Information Technology Solutions, LLC

EIN: 263274633

Contact Information

Organization: Branham Information Technology Solutions, LLC Position: President

Salutation: Mr

First Name: Robert

Middle Initial: L

Last Name: Branham

Suffix: III

Address Line 1: Po Box 105

Address Line 2:

City: High Ridge

State: MISSOURI

Zip Code: 63049

Phone: 636 253 3248

Fax:

Email: bbranham@bits-stl.com

Personal Security Question

PSQ: Mother's maiden name

To better secure your personal information, the FCC no longer displays your Password or Personal Security Answer.

Amateurs, Aircraft, Marine, Antenna Structure Registration (ASR), and any other service licensed through the Universal Licensing System (ULS) should click on the following link to access ULS and associate their call sign(s) with their new FRN and password. Existing call signs must be associated with an FRN before you can file in ULS.

- [Universal Licensing System](#)

To visit another FCC site, follow the links below:

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FRN Help Line: 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET)

The FRN Help desk has a dedicated staff of customer service representatives standing by to answer your questions or concerns.

You can also [email the FRN Help desk](#) with your questions and concerns.