BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

| In The Matter of the Application of | |) |
|--|---|------------|
| Clay County Connect, Inc. | 0 |) Case No. |
| Provide Telecommunications and/or | |) |
| Interconnected Voice over Internet Protoco | ı |) |
| Services | |) |

APPLICATION

| Applicant's Legal Name "Applicant" | Clay County Connect, Inc. |
|---------------------------------------|---------------------------|
|---------------------------------------|---------------------------|

Pursuant to §392.611.4 and/or §392.550 RSMo, Applicant seeks the following authorizations as checked below:

| | Certificate of Service Authority to Provide Basic Local | | | | |
|---|--|--|--|--|--|
| | Telecommunications Service | | | | |
| | Certificate of Service Authority to Provide Non-Switched Local | | | | |
| | Telecommunications Service | | | | |
| | Certificate of Service Authority to Provide Interexchange | | | | |
| | Telecommunications Service | | | | |
| X | Registration to Provide Interconnected Voice over Internet | | | | |
| ^ | Protocol Service | | | | |

Listed below is basic information regarding the Applicant:

| Type of Organization | Corporation |
|------------------------------|------------------------------------|
| Jurisdiction Where Organized | Arkansas |
| Mailing Address | 3111 Highway 67, Corning, AR 72422 |
| Electronic Mail Address | gblanchard@ccecc.coop |
| Telephone Number | 870-857-3521 |

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), claycountyconnect.com |

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 and a copy of Applicant's Certificate of Registration from the Missouri Secretary of State's Office.

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/

Linda G. McReynolds #MoBar 49489 Marashlian & Donahue, PLLC 1430 Spring Hill Road, Suite 310 McLean, VA 22102

Lada McReynolds

Phone: 703-714-1300

E-mail: lgm@commlawgroup.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 filing or hand delivery, on this 3rd day of Aug , 20 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, David Smith | , a natural person, do |
|--|--------------------------------------|
| hereby swear and affirm that I am an officer or ge | eneral 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 | Clay County Connect, Inc. | |
|------------------------------|---|--|
| Principal Place of Business | 3111 Highway 67, Corning, AR 72422 | |
| Principal Executive Officers | Charles Raglin - President Cary Wilson - Vice President | |
| | Connie Pendergrass - Secretary, Treasurer | |

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

| Identify area by local telephone company | Statewide |
|--|-----------|
| exchange, in whole or in part: | |

- (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 20 CSR 4240-28.012(2)(C);

- Missouri universal service fund assessment requirements identified in 20 CSR 4240-28.012(2)(B);
- Missouri Public Service Commission assessment requirements identified in 20 CSR 4240-28.012(2)(A);
 - (d) Local enhanced 911;
 - (e) Any applicable license tax;
- (6) That the Applicant will comply with applicable reporting requirements identified in 20 CSR 4240-28.012 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 affidavilleda David Smith **Printed Name** General Manager (Title)

State of

Subscribed and swern before me this 3 day of

Notary Seal:

OFFICIAL SEAL - #12386750 NOTARY PUBLIC-ARKANSAS