

Judith A. Riley, J.D.

12316 Hidden Forest Blvd. Oklahoma City, Ok 73142

December 16, 2016

VIA UPS EXPRESS DELIVERY

FICEIVED

Kentucky Public Service Commission 211 Sower Boulevard Frankfort, KY 40602

DEC 1 9 2016

PUBLIC SERVICE COMMISSION

RE:

Application for Voice over Internet Protocol (VoIP) Authority (nomadic) Engage Holdings, LLC dba iQuentures

Enclosed please find a verified original Letter of Notification (Application) to provide Voice over Internet Protocol ("VoIP") communications services in the Commonwealth of Kentucky filed on behalf of Engage Holdings, LLC dba iQventures.

Please acknowledge receipt of this filing by file stamping the enclosed duplicate cover letter and returning it in the enclosed self-addressed stamped envelope.

If you have any questions or need additional information, please contact me at 405-755-8177, ext. 103 or by email at regcompliance@telecompliance.net

Sincerely,

Matt W. Dean Regulatory Agent

Enclosures

COMMISSION PUBLIC SERVICE

DEC I 9 2016

December 16, 2016

Kentucky Public Service Commission 211 Sower Blvd. Frankfort, KY 40602 RECEIVED

RE: Application for authority to operate as a Voice over Internet Protocol (VoIP) provider Engage Holdings, LLC dba iQventures

Engage Holdings, LLC dba iQventures ("iQventures") respectfully hereby submits the following information in accordance with the provisions of Administrative Case Nos. 359 and 370.

1. The name, street address, telephone number, fax number, and email address of the Utility is:

iQventures 278 North Fifth Street Columbus OH 43215 Ph: 614-379-6506 Fax: None

Email: deasley@iqventures.com

- 2. A Copy of the company's Articles of Organization is attached as **Exhibit "A"**; and a copy of the Kentucky Certificate of Authority is attached as **Exhibit "B"**.
- 3. Name, street address, telephone number, fax number, and website of the responsible contact person for customer complaints and regulatory issues:

Customer Complaints
Marty Clagg
iQventures
278 North Fifth Street
Columbus OH 43215
Ph: 888-683-1011

h: 888-683-101 Fax: None

Website: http://www.iqventures.com/

Regulatory Issues

Dan Easley iOventures

278 North Fifth Street Columbus OH 43215

Ph: 614-379-6506

Fax: None

Email: deasley@iqventures.com

cc: Matt W. Dean

Telecom Professionals, Inc.

P.O. Box 720128

Oklahoma City, OK 73172-0128

Ph: (405) 755-8177 x103

Fax: (405) 755-8377

Email: regcompliance@telecompliance.net

- 4. A notarized Verification by an officer is attached as **Exhibit "C."** Included in the Verification is a Statement from iQventures stating that iQventures has not provided or collected for intrastate service in Kentucky prior to filing the notice of intent is attached as **Exhibit "C"**.
- 5. iQventures does not seek authority to provide operator assisted services to traffic aggregators as defined in Administrative Case No. 330.
- 6. No proposed tariff is attached as iQventures will not be offering Basic Services as defined by KRS 278.541 at this time. iQventures will only provide "non-basic service" as a non-facilities based reseller of Voice over Internet Protocol (VoIP) communications services. All services and rates will be provided on an individual contract basis only.

Respectfully submitted this 16th Day of December, 2016.

By: Matt W. Dean, Regulatory Agent Telecom Professionals, Inc.

Matt W. Dean

Telecom Professionals, Inc.

P.O. Box 720128

Oklahoma City, OK 73172-0128

Wattw. De

Ph: (405) 755-8177 x103 Fax: (405) 755-8377

regcompliance@telecompliance.net

LIST OF EXHIBITS

EXHIBIT "A" Ohio Articles of Organization

EXHIBIT "B" Kentucky Certificate of Authority

EXHIBIT "C" Applicant Verification

EXHIBIT "A"

Ohio Articles of Organization



DATE 10/22/2014 DOCUMENT ID 201429500065

ARTICLES OF ORGNZTN/DOM, PROFIT LIM,LIAB, CO. (LCP)

125.00 300.00

COPY 0.00 0.00

0.00

Receipt

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

JOHN DETWILER 8500 MEMORIAL DRIVE PLAIN CITY, OH 43064

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 2336876

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

ENGAGE HOLDINGS, LLC

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

Document(s)

Document No(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Effective Date: 10/22/2014

201429500065



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 22nd day of October, A.D. 2014.

Jon Hastel **Ohio Secretary of State**



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 10/22/2014

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK	ONLY	ONE	(1) BOX
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Property Articles of Organization for Dom For-Profit Limited Liability Comp (115-LCA)		(2) 2Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)
rame of climited clability Company	GAGE HOLDINGS, L	LC [ations: "limited liability company," "limited," "LLC," "LLC.," "ltd., "or "itd"
Optional) 10/22/2014 mm/dd/yyyy		of the limited liability company begins upon the filing I later date specified that is not more than ninety days
his limited liability company shall exist Optional)	for Period of Existe	nce
Purpose Optional)	**************************************	
emptions. Contact the Ohio Departme	ent of Taxation and th	ng with our office is not sufficient to obtain state or federal tax e Internal Revenue Service to ensure that the nonprofit tax exemptions. These agencies may require that a purpose

Form 533A

Page 1 of 3

Last Revised: 5/14/2014

The undersigned authorized member(s), manager(s) or representations	esentative(s) of
ENGAGE HOLDINGS, LLC	
Name of Limited Liability	y Company
hereby appoint the following to be Statutory Agent upon who or permitted by statute to be served upon the limited liability address of the agent is	om any process, notice or demand required company may be served. The name and
JOHN DETWILER	
Name of Agent	
3303 WOODSTONE DRIVE	
Mailing Address	
LEWIS CENTER	OH 43035
City	State ZIP Code
ACCEPTANCE OF A sundersigned, JOHN DETWILER Statutory Agent Name	named herein as the statutory age
· ·	
ENGAGE HOLDINGS, LLC	ed Liability Company
Name of Limit	I limited liability company
· · · · · · · · · · · · · · · · · · ·	
Name of Limit	

Form 533A

Page 2 of 3

Last Revised: 5/14/2014

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

Articles and original appointment of agent must be signed by a member, manager or other 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.

VIDELOGIC, LLC	
Signature	
JOHN DETWILER	
By (if applicable)	
Print Name	
p	
Signature	
By (if applicable)	
Print Name	
Signature	
By (if applicable)	
Print Name	

Form 533A

Page 3 of 3

Last Revised: 5/14/2014



DATE 01/08/2016 DOCUMENT ID 201600703248 DESCRIPTION
TRADE NAME REGISTRATION (RNO)

FILING EXPED 39.00 0.00 PENALTY 0.00 CERT COPY 0.00 0.00

Receipt

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

IQVENTURES DAN EASLEY 3303 WOODSTONE DR. LEWIS CENTER, OH 43035

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 3846693

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

IQVENTURES

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

Document(s)

Document No(s):

TRADE NAME REGISTRATION
Effective Date: 01/06/2016

201600703248

Date of First Use:

12/15/2015

ENGAGE HOLDINGS, LLC 3303 WOODSTONE DRIVE LEWIS CENTER, OH 43035

Expiration Date:

01/06/2021

United States of America State of Ohlo Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of January, A.D. 2016.

Ohio Secretary of State



CHECK ONLY ONE (1) Box

| Trade Name (167-RNO)

Date of first use: 12/15/2015

MM/DD/YYYY

Form 534A Prescribed by:

JON HUSTED OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453) Central Ohlo: (614) 465-3910

www.ChicSecretaryofState.gov husserv@ChicSecretaryofState.gov

File online or for more information; www.OHBuainessCentral.com

Mail this form to one of the following:

Reguler Flung (non expedite) P.O. Box 670 Columbus, OH 43218

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

Columbus, OH 4321

Name Registration Filing Fee: \$50		5 JAN -6 AM 10:
_		ë
	Fictitious Name (169-NFO)	£

All registrants must complete the information in this section				
The general nature of business conducted by the registrant:				
Technology				
Business address:				
3303 Woodstone Drive]
Mailing Address				
Lewis Center	Ohio	226 246	43035	7
City	State		Zip Code	_

Form 534A

Page 1 of 2

Last Revised: 6/12/13

Provide the name and addres	s of <u>at least one</u> general	partner:
Name		Address
Videlogic, LLC		3303 Woodstone Drive, Lewis Center, Ohio 43035
<u></u>		
ransact business In Ohio; if a	general partner is a fore	s a foreign corporation/Ilmited liablilty company, it must be licensed t elgn corporation/Iimited liability company licensed in Ohio under an nd the name as registered in its jurisdiction of formation.
equisite authority to execute	this document.	ary of State, the undersigned hereby certifies that he or she has the
equisite authority to execute t	this document.	
equisite authority to execute t Required Application must be	this document. Engage Holdings, LLC Signature	
equisite authority to execute t	this document. Engage Holdings, LLC	
equisite authority to execute in tequired application must be igned by the registrant or in authorized representative.	Engage Holdings, LLC Signature	
equisite authority to execute in tequired supplication must be igned by the registrant or in authorized representative. If authorized representative an individual, then they	this document. Engage Holdings, LLC	
equisite authority to execute in tequired supplication must be igned by the registrant or in authorized representative. If authorized representative is an individual, then they must sign in the "signature" ox and print their name	Engage Holdings, LLC Signature By (itapplicable) John Detwiler	
equisite authority to execute in tequired supplication must be igned by the registrant or in authorized representative. If authorized representative is an individual, then they must sign in the "signature"	Engage Holdings, LLC Signature By (itapplicable)	

Form 534A

Page 2 of 2

Last Revised: 6/12/13

EXHIBIT "B"

Kentucky Certificate of Authority

FRANKLIN COUNTY A118 PG754





COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0963971.06

dcornish ADD

Allson Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/27/2016 2:21 PM Fee Receipt: \$90.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602	Certificate of Authori (Foreign Business E	•		FBE
(502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274,275, 362 ar for that purpose, submits the follow	nd 386 the undersigned h ing statements:	ereby applies for author	ity to transact business in Kentucky
business to		it corporation (KRS 273). iability company (KRS-27		service corporation (KRS 274). Imited Bability company (KRS 275).
2. The name of the entity is Engage Ho	oldings, LLC at be identical to the name on record t	with the Secretary of State.)	
3. The name of the entity to be used in K	entucky is (if applicable):(Only prov	ide if "rezi name" te unava	ilable for use; atherwise,	eave blank.)
4. The state or country under whose law	the entity is organized is Ohio			
5. The date of organization is 10/22/201	14	and the period of durat	ion is Perpetual	
			(if left t	plank, the period of duration considered perpetual.)
6. The mailing address of the entity's prin	icipal office is		-	and an incidential
278 North Fifth Street, Columbus, C)H 43215			
Street Addrass		City	State	Zip Code
7. The street address of the entity's regis	tered office in Kentucky is			
306 W. Main Street, Suite 512, Franstreet Address (No P.O. Box Numbers)	ikfort, KY 40601			
and the name of the registered agent at the	nat office is CT Corporation Sys	City	State	Zip Cede
8. The names and business addresses o	f the entity's representatives (secre	ary, officers and director	s, managers, trustees or	general partners): SEE ATTACHMENT
Hanson Enterprises International, LI	LC, 8500 Memorial Drive, Plair			
	Street or P.O. Bax	City	State	Zip Code
Videlogic, LLC, 3303 Woodstone D	rive, Lewis Center, OH 43035	- Film		
		City	State	Zip Code
Henry Innovation, LLC, 9999 Arche	treet or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the Individuos states or territories of the United States or Dis	idual shareholders, not less than one half (1 trict of Columbia to render a professional se	/2) of the directors, and all of the	ne officers other than the secr nt of purposes of the corporat	etary and treasurer are licensed in one or ion.
10. I certify that, as of the date of filing this	s application, the above-pamed anti-	ly validly avists under the	laws of the inciediction	of its formation
11. If a limited partnership, it elects to b				principal de la company de la
12. If a limited liability company, check 13. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective dat		date and/or time is	·
Dec Sw	1/	Dan Easley, Pre		syed effective date and/or time)
Signature of Authorized Representative	<i>/</i>	Printed Name & Title		Oats
I. C T Corporation System	, co:	nsent to serve as the reg	Istered agent on behalf o	of the business entity.
Typo/Prior Tomo of Registered Agent			. 🛥	. 1
By: Juan VII.	Jusent	mion A	18th Secretary	9/27/14
Signature of Registered Agenti	Printed Name		Title	Dåte

(09/15)

FRANKLIN COUNTY A118 PG755

Attachment to Kentucky Member / Manager Information

1 Full Name:

Family Trust I

Member/Manager:

Member

Business Address:

278 Adamson Drive

City:

Gahanna

State:

OH

ZIP Code:

43230

2 Full Name:

Wisdom Oak, LLC

Member/Manager:

Member

Business Address:

5118 Old Field Court

City:

Westerville

State:

ОН

ZIP Code:

43082

3 Full Name:

Nick Bandy

Member/Manager:

Member

Business Address:

6996 Lake Trail Drive

City:

Westerville

State:

OH

ZIP Code:

43082

DOCUMENT TRANSMITTAL

DATE:

11-30-2016

FROM:

CT CORP- IL

REF:

iQventures

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm

FRANKLIN COUNTY A119 PG747

0963971.06

mstratton ASN

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/29/2016 2:02 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40802 (502) 584-3490 www.sos.ky.gov	Certificate of Assumed Name ASN (Domestic or Foreign Business Entity)				
Pursuant to the provisions of KR following statement:	S 365, the undersign	ed applies to assu	me a name and, for th	at purpose, submits the	
1. The assumed name is: iQven	tures				
The name of the business en name; Engage Holdings, LLC Name must be identical to the name of			hip, the partners) that	is/are adopting the assumed	
3. The 'real name" is (you must o	heck one):				
a Domestic General Par	tnership	a	Foreign General Partn	ership	
a Domestic Limited Liab	ility Partnership	8	Foreign Limited Liabili	ty Partnership	
a Domestic Limited Part	nership	a	Foreign Limited Partri	ership	
a Domestic Business Tr	rust	a	Foreign Business Trus	s t	
a Domestic Corporation		a	Foreign Corporation		
a Domestic Limited Liab		\overline{V}	Foreign Limited Liabili	ty Company	
4. This application will be effect or the delayed effective cannot to5. The business is organized an	oe prior to the date th	e application is file	d. The date and/or tin	provided. The effective date ne is (Delayed effective date and/or time)	
-	id Oxiding in the succ	<u> </u>			
6. The mailing address is: 278 North Fifth Street		Columbus	ОН	43215	
Street Address or Post Office Box Nu	mbers	City	State	Zip	
I declare under penalty of perjur		Centucky that the fo	racing is true and cor	rect	
T declare under peralty of perjur	Dan Easley	On the trace of the terms of th	President	11/5/16	
Authorized Party Signature	Printed Name		Title	Date	
()					

(01/12)

KY011 - 01/16/2012 Wolters Kluwer Online

DOCUMENT NO: 452864
RECORDED:November 29,2016 04:05:00 PM
TOTAL FEES: \$13.00
COUNTY CLERK: JEFF HANCOCK
DEPUTY CLERK: STARLA HAEBERLIN
COUNTY: FRANKLIN
BOOK: A119 PAGES: 747 - 747

EXHIBIT "C"

Applicant Verification

VERIFICATION OF APPLICANT

- I, Daniel Easley, being first duly sworn, state that:
 - 1. I am President of Engage Holdings, LLC dba iQventures (hereinafter "Company"), the Applicant herein:
 - 2. I have reviewed the matters set forth in the Application and Exhibits, and the statements contained therein are true to the best of my knowledge, except as to those matters which are stated on information or belief, and as to those matters I believe them to be true; and
 - 3. The Company has not provided or collected for intrastate services in Kentucky prior to filing the notice of intent.
 - 4. The Company agrees to collect and remit, and/or pay Kentucky taxes for: Telecommunications Relay Service ("TRS"), Telecommunications Devices for the Deaf ("TDD"), Universal Service Fund ("USF"), and for the Annual Assessment.

Engage Holdings, LLC dba iQventures

By: Daniel Easley, Prosident

State of Ohio

County of Franklin

Sworn and subscribed before me this 15 day of December, 2016, by Daniel Easley personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Name Becky Rossi

My Commission expires Oug 21, 2018

Buch Rossi Notary Public