

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In The Matter of the Application of)
ICIM CORPORATION d/b/a)
HELLOPOKE to Provide) Case No. _____
Telecommunications and/or)
Interconnected Voice over Internet)
Protocol Services)

APPLICATION

Applicant's Legal Name "Applicant"	1. ICIM CORPORATION d/b/a HELLOSPOKE
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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 doing business under fictitious name. Missouri registration attached as Ex. A.
Jurisdiction Where Organized	Kentucky
Mailing Address	118 East Main Street, Suite 100 Louisville, KY 40202
Electronic Mail Address	sbrumitt@helloworld.com
Telephone Number	888-955-5155

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

	Tariff
	Website. http://www.vertical.com/vertical/public

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/ Mark W. Comley
Mark W. Comley #28847
NEWMAN, COMLEY & RUTH P.C.
601 Monroe Street, Suite 301
P.O. Box 537
Jefferson City, MO 65102
(573) 634-2266
(573) 636-3306 FAX

Attorneys for ICIM Corporation

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document was sent via e-mail on this 29th day of January, 2020, to General Counsel's Office at staffcounsel@psc.mo.gov; and Office of Public Counsel at opcservice@ded.mo.gov.

/s/ Mark W. Comley

AFFIDAVIT

I, David Durik, 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	ICIM CORPORATION
Principal Place of Business	118 East Main Street, Suite 100, Louisville, KY 40202
Principal Executive Officers	David Durik/CEO

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

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

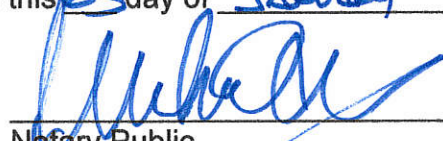


David Durik

CEO (Title)

State of Kentucky
County of Jefferson

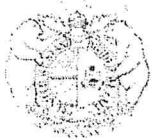
Subscribed and sworn before me this 23 day of January, 2020.



Notary Public

Notary Seal:

J. Michael Dalton
Commission Expires 2-27-2022



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

F001329130
Date Filed: 2/21/2018
John R. Ashcroft
Missouri Secretary of State

Application for Certificate of Authority For a Foreign For-Profit Corporation

(Submit with filing fee of \$155.00)

1. The corporation's name is ICIM CORPORATION
and it is organized and existing under the laws of Kentucky
2. The name it will use in Missouri is _____
3. The date of its incorporation was 11/15/1989, and the period of its duration is perpetual
month/day/year
4. The address of its principal place of business is 118 E. Main Street Suite 100 Louisville KY 40202
Address City/State/Zip
5. The name and physical address of its registered agent and office in the State of Missouri is
COGENCY GLOBAL INC. 222 East Dunklin, Suite 102 Jefferson City MO 65101
Name Address City/State/Zip
6. The specific purpose(s) of its business in Missouri are:
Telecommunications

7. The name of its officers and directors and their business addresses are as follows:

Officers	Name	Address	City/State/Zip
President	Philip Hawkins	118 E. Main Street	Louisville KY 40202
Vice President	David Durik - CEO	118 E. Main Street	Louisville KY 40202
Secretary			
Treasurer			

Board of Directors

Director	Jeremy Wiley	118 E. Main Street	Louisville KY 40202
Director	Brian Sirles	118 E. Main Street	Louisville KY 40202
Director	Bo Barbour	118 E. Main Street	Louisville KY 40202
Director			
Director			

(Please see next page)

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

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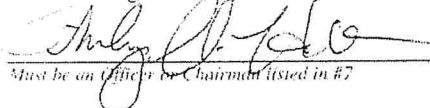
Creation - For Profit (F)

8. ☐ Check box if you will be registered with the Department of Agriculture as a Family Farm or Authorized Farm Corporation as defined by section 350.010 RSMo.

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

 Philip Hawkins President 2/21/18
Must be an Officer or Chairman listed in #7 Printed Name Title Date

Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in the state of domicile.

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 199244

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,


ICIM CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 15, 1989 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of February, 2018, in the 226th year of the Commonwealth.




Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
199244/0265577



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

X001342672
Date Filed: 12/12/2018
Expiration Date: 12/12/2023
John R. Ashcroft
Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal ☒ Amendment ☐ Correction
Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Hellospoke

Business Address: 118 E. Main Street
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Louisville, KY 40202

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
ICIM Corporation	F001329130	118 E. Main Street	Louisville, KY	40202	100%

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

[Signature] Philip Hawkins 11/13/18
Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

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Fictitious Name Registration