FILED
August 28, 2023
Data Center
Missouri Public
Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

In The Matter of the Application of)	
Convergence Solutions, Inc.)	Case No.
to Provide Telecommunications and/or	- ´)	
Interconnected Voice over Internet)	
Protocol Services)	•
	-	

APPLICATION

Applicant's Legal Name, including d/b/a, if applicable "Applicant"	Convergence Solutions, 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				
Х	Registration to Provide Interconnected Voice over Internet				
^	Protocol Service				

Listed below is basic information regarding the Applicant:

Type of Organization	VoIP Provider
Jurisdiction Where Organized	Colorado
Mailing Address	707 17th Avenue, Longmont, CO 80501
Electronic Mail Address	csiaccounting@convergence-solutions.com
Telephone Number	303-772-4300

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

Х	Tariff
	Website. The website address is (insert web address).

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. If applicable, a copy of the registration of the fictitious name with the secretary of state is also attached.

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, <u>Steve Solton</u> , a natural perso	n, 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 bes	st of
my knowledge and belief:	

(1) Applicant's basic information:

Legal Name, Including d/b/a, if Applicable	Convergence Solutions, Inc.
Principal Place of Business	707 17th Avenue, Longmont, CO 80501
Principal Executive Officers	Steve Solton

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

Identify	area	by	local	telephone	Chesterfield, MO
company	excha excha	nge,	<u>in whole</u>	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);
- (b) Missouri universal service fund assessment requirements identified in 20 CSR 4240-28.012(2)(B);
- (c) 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.
- (9) The undersigned requests waiver of Rule 4.017 for good cause. By signing this form, I hereby certify that neither I, nor any other members of this filing party, has had communications with a Commissioner, Commissioner Advisor, Regulatory Law Judge, or any member of their support team in the one hundred fifty (150) days prior to the filing date of this application regarding any substantive issue included in this filing.

This concludes my affidavit.

_	Signature	ant.	
·	Anna Herri Printed Na	r <i>era</i> me	
-	(Title)		
State of <u>Colorado</u> County of <u>Boulder</u> Subscribed and sworn before me tl	his <u>[/]</u> day of	August	, 20 <u>23</u>
-		terrera	
Noton, Coal			

Notary Seal:

ANNA HERRERA

NOTARY PUBLIC

STATE OF COLORADO

NOTARY ID 20234024903

MY COMMISSION EXPIRES JUNE 30, 2027