

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

| | | |
|--------------------------------------|---|----------|
| In The Matter of the Application of |) | |
| |) | |
| Cebod Technologies LLC |) | 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" | Cebod Technologies, LLC, d/b/a Cebod Telecom |
|--|--|

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

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Certificate of Service Authority to Provide Basic Local Telecommunications Service |
| <input type="checkbox"/> | Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service |
| <input type="checkbox"/> | Certificate of Service Authority to Provide Interexchange Telecommunications Service |
| <input checked="" type="checkbox"/> | Registration to Provide Interconnected Voice over Internet Protocol Service |

Listed below is basic information regarding the Applicant:

| | |
|------------------------------|--|
| Type of Organization | Limited liability company |
| Jurisdiction Where Organized | California |
| Mailing Address | 2472 Chambers Road, Suite 100 Tustin, CA 92780-6977 |
| Electronic Mail Address | cebod@rtcteam.net |
| Telephone Number | 949-742-2666 |

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

| | |
|--|--|
| | Tariff |
| | Website. The website address is www.cebodtelecom.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. 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,
Counsel to Cebod Technologies
/s/ Katharine Ross
Katharine Ross
MO Bar #74462
Oppenheimer Law
3145 Broadway Blvd.
Kansas City, MO 64111
Phone: (816) 375-6411
kross@oppenheimer-law.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 17th day of April, 2025. 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, Kunal Mittal, a natural person, do hereby swear or 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, Including d/b/a, if Applicable | Cebod Technologies LLC, d/b/a Cebod Telecom |
| Principal Place of Business | 2472 Chambers Road, Suite 100 Tustin, CA 92780 |
| Principal Executive Officers | Kunal Mittal, CEO Jai Rangi, President |

(2) Area where the Applicant proposes to offer telecommunications or System, IVolP services:

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

(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;

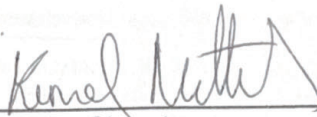
and

(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

KUNAL MITTAL

Printed Name

CEO

(Title)

State of _____

County of _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public

Notary Seal:

SEE NOTARY ATTACHED
TOTAL PAGES: 4
INITIALS: [Signature]

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

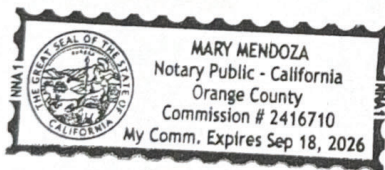
State of California

County of Orange

On April 16, 2025 before me, Mary Mendoza Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Kunal Mittal
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____