

**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
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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	Limited liability company
Jurisdiction Where Organized	California
Mailing Address	2472 Chambers Road, Suite 100 Tustin, CA 92780-6977
Electronic Mail Address	<a href="mailto:cebod@rtcteam.net">cebod@rtcteam.net</a>
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 <a href="http://www.cebodtelecom.com">www.cebodtelecom.com</a>

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 17<sup>th</sup> 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 Rangji, President

(2) Area where the Applicant proposes to offer telecommunications or System 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 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.

Kunal Mittal  
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

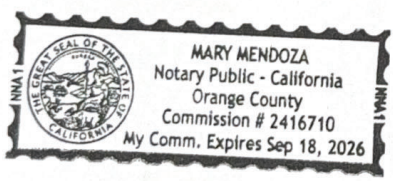
Date

before me,

Mary Mendoza Notary Public  
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.



Place Notary Seal and/or Stamp Above

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 [Handwritten Signature]  
Signature of Notary Public

**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: \_\_\_\_\_



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** CEBOD TECHNOLOGIES LLC  
**Entity No.:** 200531910163  
**Registration Date:** 11/07/2005  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of January 23, 2025.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 287948238

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

# STATE OF MISSOURI



**Denny Hoskins**  
**Secretary of State**

## CERTIFICATE OF REGISTRATION

WHEREAS,

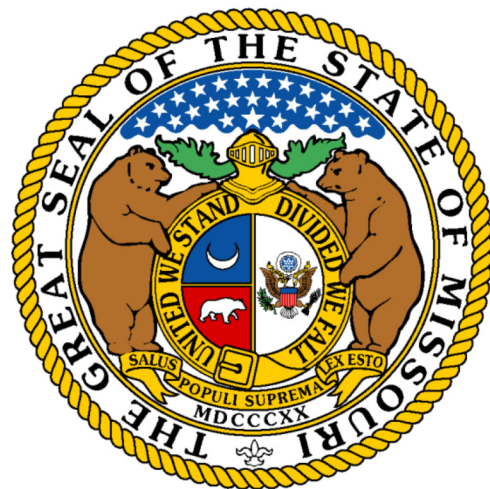
***CEBOD TECHNOLOGIES LLC***  
***FL001708770***

existing under the laws of the State of California has filed with this state its Application of Registration and whereas this Application of Registration conforms to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, DENNY HOSKINS, Secretary of State of the State of Missouri, by virtue of the authority vested in me by law, do hereby certify and declare that on the 28th day of January, 2025, the above Foreign Limited Liability Company is duly authorized to transact business in the State of Missouri and is entitled to any rights granted Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of January, 2025.

*Denny Hoskins*  
Secretary of State





**State of Missouri**  
**Denny Hoskins, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**X001837993**  
**Date Filed: 4/23/2025**  
**Expiration Date: 4/23/2030**  
**Denny Hoskins**  
**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 \_\_\_\_\_ Charter number  
 Amendment \_\_\_\_\_ Charter number       Correction \_\_\_\_\_ Charter number

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

Business name to be registered: CEBOD TELECOM  
 Business Address: 2472 Chambers Rd Ste 100  
*(PO Box may only be used in addition to a physical street address)*  
 City, State and Zip Code: Tustin, CA 92780-6977

**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%
CEBOD TECHNOLOGIES LLC	FL001708770	117 South Lexington Street Ste 100	Harrisonville, MO	64701	

**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)

CEBOD TECHNOLOGIES LLC - Kunal Mittal      CEBOD TECHNOLOGIES LLC - KUNAL MITTAL      04/23/2025  
*Owner's Signature or Authorized Signature of Business Entity*      *Printed Name*      *Date*

Name and address to return filed document:  
 Name: Kenny Perkins  
 Address: Email: client\_emails@rtcteam.net  
 City, State, and Zip Code: \_\_\_\_\_