

August 9, 2010

<u>Via Email</u>

Email: records@wutc.wa.gov

Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive S.W. Olympia, Washington 98504

Re: CallCatchers Inc. d/b/a FreedomVOICE Systems

Registration and Competitive Classification of Telecommunication Companies

Ladies and Gentlemen:

On behalf of CallCatchers Inc. d/b/a FreedomVOICE Systems ("FreedomVOICE Systems"), transmitted herewith is its Registration and Competitive Classification of Telecommunications Companies.

Should there be any questions regarding this matter, kindly contact that undersigned at (703) 714-1319 or via email at mpd@commlawgroup.com.

Respectfully submitted

Michael P. Donahue Regulatory Counsel



REGISTRATION AND COMPETITIVE CLASSIFICATION OF TELECOMMUNICATION COMPANIES

All telecommunications companies must register with the Utilities and Transportation Commission (UTC) prior to beginning operations in the state of Washington. Refer to RCW 80.36, WAC 480-121, 480-80, and 480-120.

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Telephone 360-664-1160 / Fax 360-586-1150 TTY 360-586-8203 or 1-800-416-5289 Website: www.wutc.wa.gov

The UTC has a policy of providing equal access to its services. To request this document in alternate formats, please call 360-664-1133.

- Complete the application form.
- Submit these forms via the <u>Records Center Web portal</u> or e-mail to <u>records@wutc.wa.gov</u> as an electronic attachment. UTC encourages electronic submission of filings.
- UTC will issue a registration certificate with an effective date 30 days from the date the completed application is received and approved.

Include the following:		
X Current Balance Sheet	Latest Annual Report, if any	
	Competitive Classification	
X Applicant is subjectives No outlined in WAC 4	to effective competition and requests w 30-121-063 (1).	vaiver of regulatory requirements
	Telecommunications Company Info	rmation
Company Name: CallCatchers Company Mailing Address: 169 City/State/Zip: Encinitas, Calif Web Site Address: www.freedo Unified Business Identification (If you do not know your UBI num	Saxony Road, Suite 212 ornia 92024 omvoice.com	artment of Licensing at 360-664-1400)
Questions regarding this applica		
Name: Michael P. Donahue, Ese Phone Number: (703) 714-1319	Fax Number: (703) 714-1330	Email: mpd@commlawgroup.com
Mailing Address: 1420 Spring City/State/Zip: McLean, Virgin	Hill Road, Suite 205	Email: inpu@conginawgroup.com

Regis	tered Agent (A Washington	Agent is required	if the compan	y is located outside Washington S	State):
Maili City/S	e: Corporate Creations Netwing Address: West 505 River State/Zip: Spokane, WA 992 e Number: (509) 279-0297	side Avenue #500	Spokane County	,	
Namo	e, address and title of each	officer or director	r (attach addi	tional pages if needed)	
Name		Address		<u>Title</u>	
SEE A	ATTACHED				· · · · · · · · · · · · · · · · · · ·
Regu	latory Contact:				
Maili Phon	e: Eric Thomas, President ng Address: 169 Saxony Ro e Number: 800-477-1477 x8 il: ethomas@freedomvoice.	6		nia 92024 888-475-3433	
Cons	umer Questions and/or Co	mplaint Contact:			
Maili Phon	e: Eric Thomas, President ng Address: 169 Saxony Ro e Number: 800-477-1477 x8 il: ethomas@freedomvoice.	36		nia 92024 888-475-3433	
Emei	rgency Contact:				
Maili Phon	e: Eric Thomas, President ng Address: 169 Saxony Ro e Number: 800-477-1477 x8 il: ethomas@freedomvoice.	36	•	nia 92024 888-475-3433	
Telec	communication services tha	t will be provided	l (check all th	at apply):	
	Local Exchange Service (I	Resale)		Data Services	
	Calling Cards			Prepaid Calling Cards	
	Alternate Operator Service	es		Directory Assistance	
X	Long Distance Interlata			WATS (800/888)	
X	Long Distance Intralata				
	Other please specify				

CallCatchers Inc. d/b/a FreedomVOICE Systems

Officers and Directors

Officers:

Eric Thomas, President 6319 Via Naranjal Rancho Sante Fe, California 92067

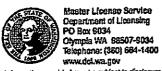
James Schumacher, Secretary 1596 Hodgson Road Whitefish, Montana 59937

Directors:

Adam Gould, Director 169 Saxony Road, Suite 206 Encinitas, California 92024

John Newsam, Director 525 Westbourne Street La Jolla, California 92037

Julie Bryant, Director 6319 Via Naranjal Rancho Sante Fe, California 92067



information provided may be subject to disclosure under the public disclosure law (RCW 42.66)

Federal Employer Identification Number (FEIN)

Legal Entity/Owner Namo Unified Business Identifier (UBI)

For Validation - Office Use Only

Master Business Appl For faster service - Apply on www.dol.wa.gov or print in dark ink and mail to Master Li	niine @ icense Service	
Purpose of Application Please check all boxes that apply.	01P-400-925-00	03
Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6	Add License/Registration to Existing L complete sections 2, 3, 4, and 6	
Open Additional Location complete sections 2, 3, 4, (5 if hiring employees) and 6	Business Has or Will Have Employees complete all sections	
☐ Change Ownership complete sections 2, 3, 4, (5 if you have employees) and 6	Business Has or Will Have Employees complete all sections	
Register Trade Name complete sections 2, 3, 4 and 6	☐ Hire Persons to Work in or Around You complete all sections	ur Home
☐ Change Trade Name - complete sections 2, 3, 4 and 6	Other - complete all sections	
Indicate name to be cancelled:		
☐ Change Location - complete sections 2, 3, 4 and 6		
Indicate old address to be closed:		
2. Licenses and Fees Use the License Fee Sheet for the Information needed to comp	plate this list.	Fees Due
Indicate Registrations Needed:		, , , , , , , , , , , , , , , , , , , ,
☐ Tax Registration — Do you want a separate tax return for ea		No Fee
☐ Industrial Insurance (Workers' Compensation) — Required		No Fee
☐ Unemployment Insurance — Required if you will have emp	ployees.	No Fee
☐ Minor Work Permit – Required if you will have employees under age 18.		No Fee
New Trade Name (Doing Business As): FreedomVoi	ice Systems	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Ott	her Licenses (such as Lottery Retailer):	
>	RECEIVED	\$
>		\$
>	JUL 1 3 2010	\$
>		\$
> M4	ASTER LICENSE SERVICE	\$
>		\$
Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this for		Fee \$ 15.00
Make check payable to the WASHINGTON STATE		Due \$ 20.0

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.

3.	O	wner Information			
9	a.	Select only one ownership structure:			}
Sole Proprieto		☐ Sole Proprietor If married, should spouse's name appear on license? ☐ Ye	s No (If you answer spouse information	No, you must still enfer th ation in section "3f" below	#) ····
Corporation* Non Profit Corporation* (educational, religious, charitable) Partnership (# of partners:) Joint Venture Limited Partnership* Limited Liability Partnership* Limited Partnership* These ownership structures must contact the Secretary of State office for additional filing requirements.			Limited Liability C imited Partnership* equirements.	company*	
CallCatchers, Inc. Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Untimited LLC)					
Par		Name of Corporation, LLC, Partnership, LLP, LLLP, or Just venture Name (or State Incorporated/formed: DE	Year incorporated/former	1000	
Sher	-	may at a first through pages party me coppers where party at the state pages. But I also have the state of th	bal Government Oth		
(g	\	Name of Organization (example: Anderson Family Trust)			
^	b	Indicate this ownership structure's first date of business at this to Out-of-state businesses should use the first date of operation in		(Required. if unknown	please estimate.)
	G.	PreedomVoice Systems Ooling Business As (OBA)Virade Name			
	d	Business Malling Address (Street & Sulle No. or PO Box, do not use building	Encinitas nama) City	CA State 2	92024 ip code
	e.	(800) 477-1477 () Business Telephone Number Fax Number	in	tamat/E-Mali Address	
7	f.	List all owners & spouses: Sole proprietor, partners, of	icers, or LLC members.	(Attach additional page	s it needed.)
	[*		• • • • • • • • • • • • • • • • • • • •	
		Namo (Last, First, Middle)	Date of Birth S	ocial Security Number	% Owned
		Horne Address (Straet or PO Box)	City Are you married? Vec	State D No If yes, enter spouse	Zip coda
		Tide Home Telephone Number	1 1		
		Spouse Name (Last, First, Middle)	Spouse Date of Birth S	pouse Social Security Number	ж'
2		> .	1 1		
overning Persons		Namo (Last, First, Middle)	Date of Birth S	ocial Security Number	% Owned
15		Hame Address (Street or PO Box)	City	State	Zip code
Levos		Title Home Talaphane Number	Are you married? ☐ Yes	O No If yes, enter spouse	information below.
-		Spouse Namo (Last, First, Middle)	Spouse Date of Birth S	pouse Social Security Number	31°
	1	>	,		
		Name (Last, First, Middle)	Date of Birth S	ocial Security Number	% Owned
		Homo Addross (Strost or PO Box)	City	State	Zip code
		Title Hama Telophono Number	Are you married? Yes No If yes, enter spouse information below.		
		Spause Namo (Last, First, Middle)	Spouse Date of Birth S	peuse Social Security Numb	or*

"The Social Security Number is required for all sofe proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "1" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

4. Location / Business Information

<u></u>	eck the appropriate box and provide the correspon	ding obveicel address on line 4	Lb. below.	·
	☐ This application is for a Washington tocation (provi			
a.	is this Location inside city limits? Yes No			
	☑ This Business has No Washington location (provide			
<u>.</u>	140 Canona Don 2 #2 12	Encinitas	CA	92024
b.	169 Saxony Road #212 Business Street Address (De not use a PO Box or PMB Address)	City	State	Zio code
c.	If the address above is out-of-state and you have employ their Washington addresses (we will not use this address	rees or representatives working in t s for mailing purposes):	Vashington, pleas	e provide one of
,	Business Street Address (Do not uso a PO Box or PMB Address)	City	State	Zip code
d.	Provide the estimated gross annual income in Washingt	ton (check the one box that applies t	o your business):	
i	□ \$0 - \$12,000 □ \$12,001 - \$28,000 □ \$28,00	1 - \$60,000	000 🗎 \$100,0	01 and above
8.	Indicate the business activities in Washington State (che	eck all that apply):		
	☐ Wholesale ☐ Retail ☐ Manufa	* * <u>*</u> * .		
f.	Describe in detail the principal products or services you provide in Washington State (failure to provide this information will cause delay in processing your application): Enhanced Telecommunications Service & Interconnected VolP.			
g.	Did you buy, lease, or acquire all or part of an existing but Date bought/leased/acquired: / / / / DD	vy Prior Business Nume	Part	
	Prior Owner's Namo	Telephona Number		
h.	Did you purchase/lease any fixtures or equipment on what yes, indicate purchase or lease price: \$			□ No Ys name:
j.	If you are changing your business structure (such as cha	e closed:		ant the
	Do you wish to cancel all the trade names registered unto (You must re-register all trade names you use under the new ba	der the old UBI number?	□ No	
k.	if you have ever owned another business, please provide	Eustresa Name	UBI Num	ber
ı	Provide your bank's name:	Dunmet -	==/*\-	
••	19440 Ann parks trains.	Branch:		

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section S.

(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the established, employment tax returns will be required quarterly even if you have not hired.	next 90 days.	If accounts are	
a. Date of first employment or planned employment at this location: / / First date wages paid: / / MM DD YY			
b. Number of persons you employ or plan to employ at this location (do not include owners):			
C. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months Number Duties to be performed by minors (Check www.teenworkers.lnl.wa.gov)	and duties they	will perform:	
Ages 16-17:			
Ages 14-15:			
Under age 14:			
Coll Drywell Operations Coll College of the ONE box which best describes the major operation of your business. Coll Drywell Operations Coll College of the ONE box which best describes the major operation of your business. Coll College of Coll	er 🔲 (14) Food Sv 1 (15) Media/E		
Describe in detail the activities of your workers. Then estimate the total workers' Describe in detail the activities of your workers. Then estimate the total workers'	3-Month		
hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)	Number of Workers	(Include Miners)	
Example: Office Staff - reception, accounting, data entry	2	960	
<u> </u>			
<u>''</u>			
f. If you have more than one Washington location, how do you wish to receive the following qua Unemployment Insurance:	parately (multipl	, ,	
Additional Coverage is available as noted below. (See License Fee Sheet for more Information.)			
Note: Starting January 2009, profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption \frac{1}{2} Form. Visit www.esd.wa.gov/uitax/corporateofficers/exempt-officers-defined.php for the form and more information.			
G. If your profit corporation doesn't have employees, do you want unemployment insurance of Pes - Prior to coverage, Form 5203 is required. This form will be sent to you by Employ	overage for corp ment Security (orate officers? Dept.	
h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/menagers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.) U Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.			
 Do you want elective workers' compensation coverage for excluded employment? (See License ☐ Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you b ☐ No 	e Fee Sheel for de y the Dept. of L	escriptions.) abor & Industries.	
5. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability	member/manag	er.	
 the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that i representative of the firm making this application and that the answers contained, including any accompany by me and that the matters and things set forth are true, correct and complete. 	am the professions	or authorized	
Signature Required		Dato	
Corporate Creations (561) 694-8107 Application Prepared By (Please Print) Title Telephone No.	07	/ 01 / 10 Dato	
Some agencies can provide language assistance. We'lld you they assistance? Ti yee No Specify language		 	

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FreedomVOICE Systems

169 Saxony Road, Suite 206 Encinitas, CA 92024

Balance Sheet

As of December 2009

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Accete	
Assets Current Assets	
Cash On Hand	
First Republic Bank Checking	\$61,036.24
First Republic Bank Savings	\$101,039.86
First Republic CD Account	\$133,837.51
5/3 Checking Account	\$144,955.16
5/3 CD Account	\$116,260.03
Total Cash On Hand	\$5 57,128.80
Accounts Receivable	\$2,038.01
Total Current Assets	55 59,166.81
Fixed Assets	
Accumulated Depreciation	(\$2,458,708.00)
Accumulated Amortization	`(\$211,948.00)
Intangible	`\$12 <u>,</u> 999.99 [°]
Furniture and Fixtures	• •
Furniture & Fixtures Org Cost	\$14,767.63
Office Furniture Original Cost	\$93,417.42
Improvements Original Cost	\$50,397.99
Office Equipment	
Workstation&parts Original Cst	\$100,356.69
Faxes and Printers, Telephones	\$10,325.82
PBX Phone System	\$31,090.11
Networking Equipment	\$539,421.86
Operating Equipment and LH Exp	
VoiceSys/Servers Original Cost	\$1,827,107.75
Backup Battery Supplies	\$24,591.07
DS3 Mux Equipment	\$12,966.79
software	\$501,316.03
Conference Equipment	\$152,195.13
Rental Phones	\$120,910.09
Total Fixed Assets	\$8 21,208.37
Other Assets	
Deposits Paid Header	0.17 0.05 0.5
Deposits Paid	\$17,835.85
Deposit Paid for Suite 212	\$7,108.96 \$4,500.54
Deposit Paid for Suite 211	\$1,522.54
Sansay, Inc Investment	\$50,000.00
Vallejo's Debt Total Other Assets	\$46,657.69
Total Assets Total Assets	\$123,125.04 \$1,503,500.22
10tal A556t5	\$1,500,500.22
Liabilities	
Current Liabilities	
Old Account for sales tax	(\$1,297.22)
Sales Tax Payable	(* ',')
Alabama Sales Tax Collected	\$28.00
Arizona Sales Tax Collected	\$398.86
California Sales Tax Collected	\$3,129.80
Colorado Sales Tax Collected	(\$121.60)
Conn. Sales Tax Collected	\$493.82
Florida Sales Tax Collected	\$933.03
Georgia Sales Tax Collected	\$265.62
Hawaii Sales Tax Collected	\$135.10
Illinois Sales Tax Collected	\$1,103.11
Indiana Sales Tax Collected	\$123.94
Iowa Sales Tax Collected	(\$197.20)
Kentucky Sales Tax Collected	\$16.80

FreedomVOICE Systems

Balance Sheet

As of December 2009

6/16/201 10:25:21 AM

CONTRACTOR	
Louisiana Sales Tax Collected	\$12.44
Maine Sales Tax Collected	\$59.20
Maryland Sales Tax Collected	\$576.01
Mass Sales Tax Collected	\$689.01
Michigan Sales Tax Collected	\$241.58
Minn Sales Tax Collected	\$37.76
Miss Sales Tax Collected	\$11.64
Missouri Sales Tax Collected	\$979.24
Nebraska Sales Tax Collected	\$15.11
Nevada Sales Tax Collected	\$123.35
New Jersey Sales Tax Collected	\$219.65
New York Sales Tax Collected	\$995.97
NC Sales Tax Collected	\$655.90
Ohio Sales Tax Collected	\$99.33
Penn Sales Tax Collected	\$180.42
SC Sales Tax Collected	\$23.55
SD Sales Tax Collected	\$6.60
Tenn Sales Tax Collected	\$230.65
Texas Sales Tax Collected	\$661.24
Wash Sales Tax Collected	\$146.91
Wisconsin Sales Tax Collected	\$1,449.39
DC Sales Tax Collected	\$167.99
Total Current Liabilities	\$12,595.00
Long-Term Liabilities	
Deferred Payments	\$29,561.83
Dell Lease 001-008694827-002	\$124,455.96
Due on spectel equipment	<u>\$14,954.77</u>
Total Long-Term Liabilities	\$168,972.56
Total Liabilities	\$181,567.56
Equity	Ø450 407 00
Capital Stock	\$159,497.00
Dividends Paid	(\$1,394,711.98)
Deferred Payments	(\$29,561.83)
Retained Earnings	\$2,484,185.51
Current Year Earnings	(\$16,306.93)
Historical Balancing	\$118,830.89
Total Equity	\$1,321,932.66
Total Liability & Equity	\$1,503,500.22