



Judith A. Riley, J.D.

12316 Hidden Forest Blvd.
Oklahoma City, Ok 73142

December 16, 2016

VIA UPS EXPRESS DELIVERY

RECEIVED

Kentucky Public Service Commission
211 Sower Boulevard
Frankfort, KY 40602

DEC 19 2016

PUBLIC SERVICE
COMMISSION

RE: Application for Voice over Internet Protocol (VoIP) Authority
Engage Holdings, LLC dba iQventures

Enclosed please find a verified original Letter of Notification (Application) to provide Voice over Internet Protocol ("VoIP") communications services in the Commonwealth of Kentucky filed on behalf of Engage Holdings, LLC dba iQventures.

Please acknowledge receipt of this filing by file stamping the enclosed duplicate cover letter and returning it in the enclosed self-addressed stamped envelope.

If you have any questions or need additional information, please contact me at 405-755-8177, ext. 103 or by email at regcompliance@telecompliance.net

Sincerely,

A handwritten signature in blue ink that reads "Matt W. Dean".

Matt W. Dean
Regulatory Agent

Enclosures

December 16, 2016

Kentucky Public Service Commission
211 Sower Blvd.
Frankfort, KY 40602

RECEIVED
DEC 19 2016
PUBLIC SERVICE
COMMISSION

RE: Application for authority to operate as a Voice over Internet Protocol (VoIP) provider
Engage Holdings, LLC dba iQventures

Engage Holdings, LLC dba iQventures (“iQventures”) respectfully hereby submits the following information in accordance with the provisions of Administrative Case Nos. 359 and 370.

1. The name, street address, telephone number, fax number, and email address of the Utility is:

iQventures
278 North Fifth Street
Columbus OH 43215
Ph: 614-379-6506
Fax: None
Email: deasley@iqventures.com

2. A Copy of the company’s Articles of Organization is attached as **Exhibit “A”**; and a copy of the Kentucky Certificate of Authority is attached as **Exhibit “B”**.

3. Name, street address, telephone number, fax number, and website of the responsible contact person for customer complaints and regulatory issues:

Customer Complaints
Marty Clagg
iQventures
278 North Fifth Street
Columbus OH 43215
Ph: 888-683-1011
Fax: None
Website: <http://www.iqventures.com/>

Engage Holdings, LLC dba iQventures
December 16, 2016

Regulatory Issues

Dan Easley
iQventures
278 North Fifth Street
Columbus OH 43215
Ph: 614-379-6506
Fax: None
Email: deasley@iqventures.com

cc: Matt W. Dean
Telecom Professionals, Inc.
P.O. Box 720128
Oklahoma City, OK 73172-0128
Ph: (405) 755-8177 x103
Fax: (405) 755-8377
Email: regcompliance@telecompliance.net

4. A notarized Verification by an officer is attached as **Exhibit "C."** Included in the Verification is a Statement from iQventures stating that iQventures has not provided or collected for intrastate service in Kentucky prior to filing the notice of intent is attached as **Exhibit "C"**.

5. iQventures does not seek authority to provide operator assisted services to traffic aggregators as defined in Administrative Case No. 330.

6. No proposed tariff is attached as iQventures will not be offering Basic Services as defined by KRS 278.541 at this time. iQventures will only provide "non-basic service" as a non-facilities based reseller of Voice over Internet Protocol (VoIP) communications services. All services and rates will be provided on an individual contract basis only.

Respectfully submitted this 16th Day of December, 2016.

By: Matt W. Dean, Regulatory Agent
Telecom Professionals, Inc.



Matt W. Dean
Telecom Professionals, Inc.
P.O. Box 720128
Oklahoma City, OK 73172-0128
Ph: (405) 755-8177 x103
Fax: (405) 755-8377
regcompliance@telecompliance.net

LIST OF EXHIBITS

- | | |
|--------------------|-----------------------------------|
| EXHIBIT "A" | Ohio Articles of Organization |
| EXHIBIT "B" | Kentucky Certificate of Authority |
| EXHIBIT "C" | Applicant Verification |

Engage Holdings, LLC dba iQventures
December 16, 2016

EXHIBIT "A"

Ohio Articles of Organization



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/22/2014	201429500065	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	300.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

JOHN DETWILER
8500 MEMORIAL DRIVE
PLAIN CITY, OH 43064

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2336876

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ENGAGE HOLDINGS, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Effective Date: 10/22/2014

Document No(s):

201429500065



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
22nd day of October, A.D. 2014.

Jon Husted
Ohio Secretary of State



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 10/22/2014

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional) Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

ENGAGE HOLDINGS, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

JOHN DETWILER

Name of Agent

3303 WOODSTONE DRIVE

Mailing Address

LEWIS CENTER

City

OH

State

43035

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, _____ named herein as the statutory agent

JOHN DETWILER

Statutory Agent Name

for

ENGAGE HOLDINGS, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

JOHN DETWILER

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

VIDELOGIC, LLC
Signature

JOHN DETWILER

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/08/2018	201600703248	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

IQVENTURES
DAN EASLEY
3303 WOODSTONE DR.
LEWIS CENTER, OH 43035

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
3846693**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
IQVENTURES

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME REGISTRATION

Effective Date: 01/06/2016

Document No(s):

201600703248

Date of First Use: 12/15/2015

Expiration Date: 01/06/2021

ENGAGE HOLDINGS, LLC
3303 WOODSTONE DRIVE
LEWIS CENTER, OH 43035



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
8th day of January, A.D. 2016.

Jon Husted
Ohio Secretary of State



Form 534A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 465-3910
www.OhioSecretaryofState.gov
buserv@OhioSecretaryofState.gov
File online for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

2016 JAN -6 AM 10:44

Name Registration Filing Fee: \$50

CHECK ONLY ONE (1) Box

Trade Name
(167-RNO)

Date of first use:
MM/DD/YYYY

Fictitious Name
(169-NFO)

Name being Registered or Reported

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (If registered with Ohio Secretary of State):

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Business address:

Mailing Address

City

State

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

Videlogic, LLC

3303 Woodstone Drive, Lewis Center, Ohio 43035

[Empty Name field]

[Empty Address field]

[Empty Name field]

[Empty Address field]

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

Engage Holdings, LLC

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

John Detwiler

By (if applicable)

John Detwiler

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Engage Holdings, LLC dba iQventures
December 16, 2016

EXHIBIT "B"

Kentucky Certificate of Authority



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0963971.06 dcomish
ADD
Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/27/2016 2:21 PM
Fee Receipt: \$90.00

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : profit corporation (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274).
 business trust (KRS 386). limited liability company (KRS 275). professional limited liability company (KRS 275).
 limited partnership (KRS 362).

2. The name of the entity is Engage Holdings, LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Ohio

5. The date of organization is 10/22/2014 and the period of duration is Perpetual
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
278 North Fifth Street, Columbus, OH 43215
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512, Frankfort, KY 40601
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
SEE ATTACHMENT

Hanson Enterprises International, LLC, 8500 Memorial Drive, Plain City, OH 43064
 Name Street or P.O. Box City State Zip Code

Videlogic, LLC, 3303 Woodstone Drive, Lewis Center, OH 43035
 Name Street or P.O. Box City State Zip Code

Henry Innovation, LLC, 9999 Archer Lane, Dublin, OH 43017
 Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

[Signature] Dan Easley, President
 Signature of Authorized Representative Printed Name & Title Date 09/27/2016

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

By: [Signature] Susan Johnson Asst Secretary 9/27/16
 Signature of Registered Agent Printed Name Title Date

**Attachment to Kentucky
Member / Manager Information**

1	Full Name:	Family Trust I
	Member/Manager:	Member
	Business Address:	278 Adamson Drive
	City:	Gahanna
	State:	OH
	ZIP Code:	43230
2	Full Name:	Wisdom Oak, LLC
	Member/Manager:	Member
	Business Address:	5118 Old Field Court
	City:	Westerville
	State:	OH
	ZIP Code:	43082
3	Full Name:	Nick Bandy
	Member/Manager:	Member
	Business Address:	6996 Lake Trail Drive
	City:	Westerville
	State:	OH
	ZIP Code:	43082

Untitled

DOCUMENT TRANSMITTAL

DATE: 11-30-2016

FROM: CT CORP- IL

REF: iQventures

MESSAGE:

Please see attached paperwork on the above referenced entity.
If you have any questions regarding this transmittal, please
do not hesitate to contact me.

Thank you for this opportunity to be of service to you and
your firm

AM 1

0963971.06

mstratton
ASN

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/29/2016 2:02 PM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: iQventures

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Engage Holdings, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

a Domestic General Partnership

a Foreign General Partnership

a Domestic Limited Liability Partnership

a Foreign Limited Liability Partnership

a Domestic Limited Partnership

a Foreign Limited Partnership

a Domestic Business Trust

a Foreign Business Trust

a Domestic Corporation

a Foreign Corporation

a Domestic Limited Liability Company

a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Ohio

6. The mailing address is:

278 North Fifth Street

Columbus

OH

43215

Street Address or Post Office Box Numbers

City

State

Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Dan Easley

Printed Name

President

Title

11/5/16

Date

(01/12)

Engage Holdings, LLC dba iQventures
December 16, 2016

EXHIBIT "C"

Applicant Verification

VERIFICATION OF APPLICANT

I, Daniel Easley, being first duly sworn, state that:

1. I am President of Engage Holdings, LLC dba iQventures (hereinafter "Company"), the Applicant herein;
2. I have reviewed the matters set forth in the Application and Exhibits, and the statements contained therein are true to the best of my knowledge, except as to those matters which are stated on information or belief, and as to those matters I believe them to be true; and
3. The Company has not provided or collected for intrastate services in Kentucky prior to filing the notice of intent.
4. The Company agrees to collect and remit, and/or pay Kentucky taxes for: Telecommunications Relay Service ("TRS"), Telecommunications Devices for the Deaf ("TDD"), Universal Service Fund ("USF"), and for the Annual Assessment.

Engage Holdings, LLC dba iQventures

By: 
Daniel Easley, President

State of Ohio

County of Franklin

Sworn and subscribed before me this 15 day of December, 2016, by Daniel Easley personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Name Becky Rossi


Notary Public

My Commission expires Aug 21, 2018

