

FEDERAL COMMUNICATIONS COMMISSION
Amendment of Pending International Signaling Point Code (ISPC) Application

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See Instructions [Print Form](#)

Review to Submit

A.1 This is an application for amendment of file number:

SPC-NEW-20240723-00006

*A.2 Applicant must attach a narrative statement describing the changes to the application being made in this amendment.

1. Applicant Information

*FRN
0026634261

Name
Cascade IT Solutions

Doing Business As (DBA)

Street Address
1780 N Country Vista Blvd

Street Address 2

City
Liberty Lake

State
WA

Zip Code/Postal Code
99019

Country
USA

Attention
Steve Sims

Title
Co-Founder

Phone
5094741740

Fax

Email
admin@cascaedefense.com

*Applicant/Licensee Legal Entity Type
Individual

2. Contact Information

Check here if same as Applicant

FRN
0026634261

Name
Cascade IT Solutions

Doing Business As (DBA)

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*Relationship
Same

Application Information

*3. Brief Application Description

*4. How many ISPCs is the Applicant Requesting?
1

*5. Enter location(s) where the ISPC(s) will be implemented.

Add Remove All

Actions	1) City	2) State/U.S. Territory	3) Estimated In-service Date
	Centreville	AS	2024-07-25

*6. Does the Applicant hold an international section 214 authorization?

Yes No

*6.a. If yes, enter below the ICF5 No(s) of the section 214 authorization

Application Fees

*7. Will a fee be paid?

Yes No

*7.a. If no, indicate reason for fee exemption.

Governmental Entity Noncommercial Educational License Other

*7.b. Fee exempt explanation.

There Are No Fees For Amendments

Waivers

*8. Does the Applicant request a waiver(s) of the Commission's rules?

Yes No

Attachments

*9. The Applicant has uploaded an attachment containing the information below and described in the filing instructions:

- A statement regarding the nature of the use of the ISPC(s) in the network.
A network diagram that shows how the ISPC(s) will be used.
A statement regarding the signaling point manufacturer/type.
The physical address where the ISPC(s) will be located.
Identification of at least one planned Message Transfer Part (MTP) signaling relation.
10. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

Attachments/Confidential Treatment of Attachments

*11. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

Yes No

The Applicant must upload a supporting statement for the 'confidential treatment request(s)' identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.

Table with columns: Attachment No., File Name, Description of Attachment, Confidential, Action. Row 1: 1 (a) Confidential Non-Redacted Version, SPC.docx, Form Attachment, [checked], [X]

Attach File

General Certification Statements

*12. In submitting this form,

- The Applicant certifies that it will implement the ISPC assignment(s) within twelve (12) months of assignment.
If the Applicant fails to provide timely notification, the ISPC assignment(s) will be returned to the Commission and made available for reassignment.
The Applicant acknowledges that a grant of an ISPC is a provisional assignment and the Applicant does not have a property right in an ISPC(s).
The Applicant acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.
The Applicant acknowledges that an ISPC cannot be transferred except in the case of a merger, acquisition, divestiture, or joint venture.
The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits...
The Applicant certifies that all of its statements made in this Application and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

13. Party Authorized to Sign

Form fields for First Name, MI, Last Name, Suffix, Title, Signature, Date.

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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Review to Submit

Required information
2.2 Applicant must attach a narrative statement describing the changes to the application being made in this amendment
3. Brief Application Description
12. In submitting this form,
First Name Last Name Title Signature