

Company ID: 00128495  
Yorkville Communications, Inc.  
2 Yorkville-Nebo Road  
Yorkville, TN 38389

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN March 14, 2000

IN RE: CASE NUMBER: 00-00023

Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on March 14, 2000 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

IT IS THEREFORE ORDERED:

1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with all applicable state laws and TRA rules and regulations.
3. That this order shall be retained as proof of certification with this Authority, and may be used to obtain appropriately tariffed service and billing arrangements from Authority authorized telecommunications service providers.

  
Chairman Melvin Malone

  
Director Sara Kyle

ATTEST:

  
Executive Secretary

  
Director Lynn Green

1047 Mineral Wells Ave.  
Suite 12



Paris, TN 38242

TEL: 901-644-1111  
FAX: 901-642-5536

January 3, 2000

<b>PAID T.R.A.</b>	
Chk #	<u>001440</u>
Amount	<u>50.00</u>
Rcvd By	<u>JK</u>
Date	<u>1-13-00</u>

Mr. Scott Trout  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243-0505

Dear Mr. Trout:

Enclosed you will find the original and one copy of the Yorkville Communications, Inc. Application for Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee. Also enclosed is a check for Fifty dollars to cover the application fee.

Mr. Jim Cherry with CHR Solutions is our representative in this matter. If you have any questions regarding this application, please call Mr. Cherry at 770-446-7242. Or you may call me, W. T. Sims, at 901-643-6121. Thank you in advance for your cooperation.

W. T. Sims

General Manager

enclosure;

**VOUCHER NO.** 777160487  
**CC** 1440 **SRC.** 281.03  
**AMT. REC.** 50.00  
**DEPOSIT DATE** 01/14/00

**APPLICATION FOR CERTIFICATE  
TO PROVIDE OPERATOR SERVICES AND/OR  
RESELL  
TELECOMMUNICATION SERVICES IN TENNESSEE  
SECTION A**

Application is hereby made for a certificate of authority pursuant to Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

Part I: General Information

A. Name of Applicant YORKVILLE COMMUNICATIONS, INC.

Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made

Same

Legal name of applicant, if different from above

Tenn. Secretary of State Certificate of Authority ID 0355024

Federal Taxpayer ID Number 621752945

Social Security Number of Applicants

Applying as individuals Does not Apply

Any trade name(s), assumed names(s), or fictitious name(s) used by applicant:

None

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as the applicant.

YORKVILLE COMMUNICATIONS, INC. (YCI) is a wholly owned subsidiary of Yorkville Telephone Cooperative (YTC) in Yorkville, Tennessee. A copy of the Tennessee Secretary of State Certificate of Authority for YTC is attached (Attachment I-A - Under TAB 8). The Federal Taxpayer ID for YTC is 620415975.

Address 2 Yorkville - Nebo Rd. City Yorkville

State Tennessee Zip Code 38389 Phone No. (901) 643-6121

**\*\*\*IMPORTANT INFORMATION\*\*\***

*If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.*

THIS SECTION FOR TRA USE ONLY

00-00023

Docket Number AOI

Company ID Number 128 495

N/A LOA SOS/Bus. Lic.  
N/A Sample Bill/Display Card

Date Approved \_\_\_\_\_

Evaluator \_\_\_\_\_

✓ Financials

1

\_\_\_\_ Rates

\_\_\_\_ Other

- B. Describe other business or business transactions, if any, at the same location as the principal business address: Applicant is co-located with Yorkville Telephone Cooperative and also has offices at 102 Mineral Wells Ave., Suite 12 Paris, Tennessee 38242.
- C. Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:
- (a) The proprietor, if the applicant is an individual;
  - (b) Every member, if the applicant is a partnership;
  - (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information)
  - (d) any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Information to be included:

NAME TITLE DATE OF BIRTH  
BUSINESS ADDRESS  
HOME ADDRESS  
EMPLOYMENT HISTORY

SOCIAL SECURITY NUMBER  
PHONE No.  
PHONE No.

Provide the above requested information on separate attachments. SEE ATTACHMENT I-C - Under TAB 9

- D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? Yes X No If yes, please explain fully
- E. Has the State of Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)? Yes X No If yes, please explain fully
1. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? Yes X No If yes, please explain fully
- F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances? No  
(Use additional pages if necessary)

- G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in a court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? No If so, list such persons, give details, state results and final outcome.  
(Use additional pages if necessary)

- (1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been indicted, convicted, plead guilty or pled nolo contendere to a felony in Tennessee or elsewhere? Yes X No If yes, please explain fully

- H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

W. T. Sims, Manager (901) 643 - 6121 (901) 643 - 6600  
Name Phone Fax. No.

(888) 206 - 6017 E-mail Address Ytc@rnet.net

1. Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

Jim Cherry, Consultant (770) 446 - 7242 (770) 446 - 7243  
Name Phone Fax. No.

(800) NA E-mail Address jim.cherry@chrsolutions.com

- I. List a toll-telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

(888) 206 - 6017  
PHONE NUMBER

(901) 643 - 6121  
ALTERNATE PHONE NUMBER

2 Yorkville - Nebo Road  
ADDRESS

Yorkville  
CITY

TN 38389  
ST ZIPCODE

- (J) Provide the name and address of the registered agent for service or process:

W. T. Sims, Manager (901) 643 - 6121

2 Yorkville - Nebo Road Yorkville TN 38389

- (K) Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location:  
(Use additional sheets if necessary) None

*Revised  
1/28/00*

Part II:

- A. Check the type of telecommunications services you plan to provide in Tennessee.
- ☒ Resell Interexchange long distance services
- ☒ Operator Services
- ☐ Resell local services
- ☒ Other (describe) Currently providing cellular service
- B. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. **Does Not Apply** Provide the above information on Appendix I - Under TAB 1.
- C. List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional pages if necessary.)

The parent company, Yorkville Telephone Cooperative (YTC) has provided local telephone service in it's franchise areas in Dyer, Obion and Gibson Counties of Tennessee since 1948, and cellular service in Dyer, Lake, Gibson and Obion Counties since 1992. Yorkville Communications, Inc. (YCI) has provided Cellular service in Henry and Weakley Counties of Tennessee since 1998. Neither YTC nor YCI have any operations outside the State of Tennessee.

For the above states, list the number and types of complaint(s) filed against the applicant, and the complaint(s) current status. Provide this information on a separate attachment, if necessary. NONE

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary. NONE

- D. List the state(s) where the applicant, or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)

NONE

- E Areas in Tennessee to be served.

Yorkville Communications, Inc. intends to eventually offer long distance service in the entire state of Tennessee.

- F What type of customers will the applicant serve?

a. Business X

b. Residential X

c. Aggregators X (eventually)

(E.g. Hotels, Pay phones)

d. Other (specify) \_\_\_\_\_

- G Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate

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- A. Check the type of telecommunications services you plan to provide in Tennessee.  
☒ Resell Interexchange long distance services  
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- D. List the state(s) where the applicant, or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)  
  
NONE
- E. Areas in Tennessee to be served.  
Yorkville Communications, Inc. intends to eventually offer long distance service in the entire state of Tennessee.
- F. What type of customers will the applicant serve?  
a. Business X  
b. Residential X  
c. Aggregators X (eventually)  
(E.g. Hotels, Pay phones)  
d. Other (specify) \_\_\_\_\_



- G Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. NO.
- H Are your prices for intrastate service any PIF equal to or less than the dominant carriers' price for similar services? Yes \_\_\_\_\_ No \_\_\_\_\_ NA X
- I Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II<sup>1</sup>.
- J What is the applicants 10XXX or 800 access code, if applicable? 10 16 924
- K Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? YES Yorkville Communications, Inc. owns an extensive cellular operation in Tennessee.
- L What facility-based network(s) will the applicant be reselling? Yorkville Communications, Inc. will resell the long distance services of MCI/WorldCom through an arrangement with Ben Lomand Communications, Inc. in McMinnville, Tennessee
- M Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? Yorkville Telephone Cooperative will, under contract, provide customer billing and collections services for Yorkville Communications, Inc.
- N Describe briefly how the applicant plans to market their services in Tennessee? Yorkville Communications, Inc. will market their services in Tennessee through direct mail campaigns, media advertising and telemarketing by employees of Yorkville Communications, Inc., and (under contract) Yorkville Telephone Cooperative.
- O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. Does not apply.

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
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- P Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, if applicable. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

See Attachment II-P - Under TAB 10

Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

<sup>2</sup> A copy of a bill is required if the applicant is going to bill the customer directly.

- Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes X No \_\_\_\_
- R Applicant gives permission to the local telephone company to provide the Authority a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes X No \_\_\_\_

**Part III: Organizational Structure**

A. Applicant's organizational structure

X Corporation

\_\_\_\_ Publicly Traded Corporation

\_\_\_\_ Subsidiary of a Publicly Traded Corporation

\_\_\_\_ Limited Liability Corporation

Attach a copy of the articles of organization and operating agreement along with the amendments.

X Other Form of Corporation

List type A wholly owned subsidiary of a telephone cooperative. (See Attachment III-A - under TAB 11 (Example S Corporation)  
Attach a copy of the charter, bylaws and/or certificate of incorporation.

\_\_\_\_ Association

Attach a copy of the charter, bylaws and/or certificate of incorporation and Letters of Authorization from Tennessee Secretary of State

\_\_\_\_ Joint Stock Association

Attach a copy of the charter, bylaws and/or certificate of incorporation and Letters of Authorization from Tennessee Secretary of State

\_\_\_\_ Trust

Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State

\_\_\_\_ Individual

Attach a copy of the Letter of Authorization from Tennessee Secretary of State

**SECTION (a)-(g) IS TO BE COMPLETED IF APPLICANT IS A CORPORATION ASSOCIATION OR TRUST**

- (a) The date and state of formation/incorporation: \_\_\_\_\_
- (1) Parent Company, if applicable \_\_\_\_\_
- (b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

- (c) The date admitted into Tennessee, if a foreign corporation:
- (1) Attach a copy of Certification of Authority issued by Tennessee Secretary of state showing corporation's authority to engage in business in Tennessee.
- (d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.
- (e) Provide the history of material litigation and criminal conditions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.
- (f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B. ☐ Proprietorship

☐ Partnership

☐ General

Attach a copy of the partnership agreement along with any amendments

☐ Limited

Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments

☐ Other (Explain on separate sheet)

All of the above will be required to submit a valid business license. **See Attachment III-A-1 - Under TAB 12.**

- (a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.
- (b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:  
**ATTACH ADDITIONAL PAGES IF NECESSARY**

C. Number of employees: 5

Employer Identification Number (E.I.N.) 621752945

**Part IV: Financial Information**

A. Address where business records are kept: 2 Yorkville - Nebo Road

<u>Yorkville</u>	<u>TN</u>	<u>38389</u>	<u>901-643-6121</u>
CITY	STATE	ZIP CODE	PHONE NUMBER

- B. Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if applicable, for the immediate preceding three-year period. Provide in detail the applicants financial condition, including balance sheet and income statement, or a copy of the IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports. Yorkville Communications, Inc. completed it's first year of operation on September 30, 1999. An audit of the financial statements for the recently completed year is under way. An unaudited statement is attached (See Attachment IV-B - Under TAB 13), a copy of the audited report will be provided when completed, if necessary.

- (1) Fiscal year end: Month September Day 30
- (2) Date of most recent audited, unconsolidated financial statement of applicant:  
The initial audit is in progress
- (3) If applicable, name and address of independent certified public accountant:  
Mr. Jim Dunn; 624 Reelfoot Ave.; Union City, TN 38261; 901-885-3661
- (4) Period covered by financial statement attached: October 1, 1998 - September 30, 1999

- C. Does the applicant currently have an internal auditor and/or internal audit program? Yes

If so, Name of Internal auditor Mary Alice Higdon

- D. If applicable, provide a history of applicants material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principals, is deemed significant to a persons financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents. NONE

Part VI: Rule Compliance Agreement

- A. Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?  
X Yes \_\_\_ No
- B. Do you understand the penalties for non-compliance, and all associated fees to provide such service? X Yes \_\_\_ No

Mail the completed application and a check for \$50.00 to: **Tennessee Regulatory Authority, P.O. Box 198907, Nashville, TN 37219-8907.** Should you have any questions, call (615-741-7489) ext. 163.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A Section 65-5-206 (appendix IV),

Having been duly sworn, and under the penalty of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

For Individuals and Partners:

_____ Signature	_____ Signature
_____ PRINTED NAME	_____ PRINTED NAME
_____ Signature	_____ Signature
_____ PRINTED NAME	_____ PRINTED NAME

For Corporations  
and Other Organizations

\_\_\_\_\_  
Yorkville Communications, Inc.  
(NAME OF CORPORATION)

BY: W. T. Sims  
SIGNATURE

\_\_\_\_\_  
W. T. Sims  
PRINTED NAME

\_\_\_\_\_  
Manager  
Title

ATTEST: Gerry D. Watson  
Title

On this the 7<sup>th</sup> day of January - 2000 before me, a Notary Public  
W. T. Sims

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

Mary Alice Higdon  
Notary Public

seal

**ATTACHMENT I-A**  
**YORKVILLE TELEPHONE COOPERATIVE**  
**CERTIFICATE OF AUTHORITY**

# State of Tennessee



Department of State

I Joe C. Carr, Secretary of State of the  
State of Tennessee do hereby certify that the annexed Instrument  
with Certificate of Acknowledgment was filed in my office and  
recorded on the 15th day of April 1948  
in Corporation Record Book VOLUME 0-16  
page 39

In Testimony Whereof, I have hereunto subscribed my Official  
Signature and by order of the Governor, affixed the Great  
Seal of the State of Tennessee at  
the Department in the City of  
Nashville, this 15th day of

April

A.D. 19 48

Joe C. Carr  
Secretary of State

yes you are incorporated

# Tennessee



Department of State

## Certificate

The undersigned, as Secretary of State of the State of Tennessee, hereby certifies that the attached document was received for filing on behalf of

YORKVILLE TELEPHONE CORPORATION

was duly executed in accordance with the Tennessee General Corporation Act, was found to conform to law and was filed by the undersigned, as Secretary of State, on the date noted on the document.

Therefore, the undersigned, as Secretary of State, and by virtue of the authority vested in him by law, hereby issues this certificate and attaches hereto the document which was duly filed on September 26th, 19 85.



Lentry Crowell

Secretary of State

by Mona Hatcher



16:04 09/16/96 RICHARD BOSSUM, ATTORNEY

901 855 0662

PAGE 05

R. O. FORD, Register

Page No. 22  
194.8, Recorded in 88  
194.8, Recorded in 88

I, R. O. FORD, Register for said County, hereby certify that the within instrument and certificates thereto attached were filed in my office on the day of April 20, 1948.

STATE OF TENNESSEE, GIBSON COUNTY



Charter of Incorporation

YORKVILLE MUTUAL TELEPHONE COMPANY.

RECEIVED FEE, \$ 25.00

RECEIVED TAX, \$

TOTAL, \$ 25.00

*John C. ...*  
Secretary of State

Filed April 20, 1948  
Notary Public  
300 East ...  
0.00

**ATTACHMENT III-A**  
**YORKVILLE COMMUNICATIONS, INC.**  
**CERTIFICATE OF INCORPORATION**

Secretary of State  
Corporations Section  
James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

DATE: 07/29/98  
REQUEST NUMBER: 3541-2636  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 07/28/98 0927  
EFFECTIVE DATE/TIME: 07/28/98 0927  
CONTROL NUMBER: 0355024

TO:  
RICHARD GOSSUM  
103 W COURT SQ  
TRENTON, TN 38382-0491

RE:  
YORKVILLE COMMUNICATIONS, INC.  
CHARTER - FOR PROFIT

CONGRATULATIONS UPON THE INCORPORATION OF THE ABOVE ENTITY IN THE STATE OF TENNESSEE, WHICH IS EFFECTIVE AS INDICATED.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH THE WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: CHARTER - FOR PROFIT

ON DATE: 07/29/98

FROM:  
RICHARD GOSSUM LAW OFFICE  
103 W. COURT SQUARE  
P.O. BOX 49  
TRENTON, TN 38362-0491

	FEE	
RECEIVED:	\$100.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$100.00
RECEIPT NUMBER:	00002344607	
ACCOUNT NUMBER:	00247056	



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

FILED

**CHARTER  
OF  
YORKVILLE COMMUNICATIONS, INC.**

The undersigned, acting as the incorporator under the Tennessee Business Corporation Act, adopts the following charter for such corporation:

1. The name of the corporation is YORKVILLE COMMUNICATIONS, INC.
2. The corporation is authorized to issue 1000 common shares, which shares collectively shall have unlimited voting rights and the right to receive the net assets of the corporation upon dissolution.

3. The street address and zip code of the corporation's initial registered office is:

2 NEBO-YORKVILLE ROAD  
P.O. BOX 8  
YORKVILLE, TENNESSEE 38389

4. The corporation's initial registered office is located in Gibson County, Tennessee.
5. The name of the corporation's initial registered agent at that office is W.T. Sims.
6. The name, address, and zip code of the incorporator is:

W.T. SIMS  
P.O. BOX 164  
YORKVILLE, TENNESSEE 38389

7. The street address and zip code of the principal office of the corporation is:

2 NEBO-YORKVILLE ROAD  
P.O. BOX 8  
YORKVILLE, TENNESSEE 38389

8. The corporation is for profit.

DATED: July 22, 1998.

Received/Recorded	8-17-1998	4:00 P
Note Book	14	Page 163
G.A.S. Waiver	11	Page 364
State Tax \$		Probate Fee \$1.00 Total \$ 1
Paid		Receipt # 4337
HILDA PATTERSON, Register		
SS Depu		

STATE OF TENNESSEE, Gibson County  
REGISTER'S OFFICE  
Received for Record the 17 day of Aug. 1998  
at 4:00 P.M. and recorded in Official Record Book Volume  
14 Page 163  
Hilda Patterson, Arguer  
fe. 5.00  
State Tax 2.00  
Court's fee 1.00  
TOTAL 8.00  
Hilda Patterson, Arguer

R. Gosum

**ATTACHMENT III-A-1**  
**YORKVILLE COMMUNICATIONS, INC.**  
**BUSINESS LICENSE**

161095

RECEIPTS

RETAIL 1 63,335.00  
 RETAIL RATE 1 / 10%  
 WHOLESALE 2 00  
 WHOLESALE RATE 1 / 40%  
 EXPIRES 03/31/2000  
 PERSONAL PROP TAX NC

LICENSE NO. 161095- 2

GROSS SALES TAX 63.34  
 LESS CREDITS 15.00  
 LESS PERSONAL PROP TAX 00  
 NET TAX 48.34  
 PENALTY 00  
 INTEREST 00  
 RECORDING FEE 5.00  
 ADVANCE MIN LICENSE 15.00  
 PENALTY 00  
 INTEREST 00  
 WARRANT COST 0.00  
 MISC COST 0.00  
 TOTAL RECEIVED 68.34

DETACH THIS PORTION FOR CONFIDENTIAL FILE

MINIMUM COUNTY BUSINESS LICENSE AND GROSS SALES REPORT

HENRY COUNTY POST AT LOCATION OF BUSINESS	ACCOUNT NUMBER	
	1976 LIC NO.	161095- 2
	ISSUE DATE	EXPIRATION DATE
	04/06/1999	03/31/2000

YORKVILLE COMMUNICATIONS, INC.  
 P.O. BOX 126

YORKVILLE TN 38369

KUYKENDALL=GALLOWAY

1047 MINERAL WELLS  
 PARIS TN 38242

CLASS 02 SALES TAX NO.

TAX PERIOD  
 BEGINS APRIL 01, 1999 ENDS MARCH 31, 2000

JERRY D. BOMAR COUNTY CLERK IN DEPUTY CLERK

\* THIS IS YOUR OFFICIAL NOTICE THAT IF GROSS SALES TAX IS NOT PAID WITHIN 90 DAYS FROM ABOVE EXPIRATION DATE, A DISTRESS WARRANT MAY BE ISSUED TO SATISFY THE TAX DEBT. FURTHER NOTIFICATION OF EXPIRATION IS NOT REQUIRED BY LAW. PLEASE MAKE NOTE OF THESE DATES.  
 IF PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.  
 THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.

- POST AT LOCATION OF BUSINESS -

If Business Closes, Moves, or Changes Owners, Notify this Office.

1047 Mineral Wells Ave.  
Suite 12



Paris, TN 38242

TEL: 901-644-1111  
FAX: 901-642-5536

## Statement of Compliance

To: Tennessee Regulatory Authority

From: W. T. Sims  
Manager

This is to certify that YORKVILLE COMMUNICATIONS, INC. (YCI) is operating in compliance with all applicable federal and state laws and all Federal Communications Commission and Tennessee Regulatory Authority rules.

YCI is not an operator services provider, but may resell Operator Services of other Certified Operator Services providers.

Signed: W. T. Sims  
W. T. Sims - Manager  
Date: 1-7-00

Subscribed and Sworn  
before me this 7<sup>th</sup> day  
of Jan, 1999. 2000

SEAL

PRIVATE DOCUMENT  
YORKVILLE COMMUNICATIONS, INC.  
Prepared By: CHR Solutions, Inc.