Company ID: 00128513

New South Phone Connect 715 South Highland Jackson, TN 38301

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN February 29, 2000

IN RE: CASE NUMBER: 00-00063

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 February 29, 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:

- 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 Greer

TENNESSEE REGULATORY AUTHORITY

Lynn Greer, Chairman Sara Kyle, Director Melvin Malone, Director



60 James Robertson Parkway Nashville, Tennessee 37243-0505

APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

SECTION A Part 1: General Information Α. Name of Applicant NEW SOUTH PHONE CONNECT Address 715 SOUTH HIGHLAND City JACKSON State TN. Zip Code 38301 Phone No. 901) 427-5511 B. Owner, Partners, or Corporate Officer NAME ADDRESS CITY STATE ZIP CODE GARY D. FRAZIER 715 S.HIGHLAND JACKSON TN. 38301 C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday. (90<u>1</u>427-5511 (90<u>1</u>)424 -8777 GARY D. FRAZIER Phone No. Fax No. Name Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday. ED FRAZIER (90)427-5511 (901)424 -8777 Phone No. Name Fax No. D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1-800-840-9959 YOUCHER NO. <u>277</u>16055 E. Check the type of telecommunication services you plan to provide in Tennessee Resell Interexchange long distance services **Operator Services** X Resell local services DEPOSIT DATE Other (describe)____

(To be filled out by TRA)
Company ID Number___
Date Approved____
Evaluator

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

| | independent telemarketer is going to be used, state company name and address. EXTENSIVE ADVERTISING WILL BE DONE IN LOCAL AND STATEWIDE NEWSPAPERS. TELEVISION COMMERCIALS WILL BE USED TO TARGET FUTURE CUSTOMERS. |
|--------------|---|
| | · |
| S. | Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. NEW SOUTH PHONE CONNECT WILL BE WORKING WITH CUSTOMERS UNABLE TO GET HOME TELEPHONE SERVICE DUE TO A PAST BILL OR HAVE NO CREDIT HISTORY. |
| Т. | 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 |
| U. | 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 \underline{x} No $\underline{\hspace{0.5cm}}$ |
| Part II | : Organization Structure |
| Α. | Type of Organization |
| X | _IndividualCorporation |
| | PartnershipOther (Explain on separate sheet) |
| B. | If partnership and/or Non-resident (1) Attach a copy of Articles of Incorporation and current by-laws. (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. |
| Part I | II: Financial Information |
| Α. | Attach a current financial statement showing in detail the applicant's financial condition, including balance sheet and income statement, or a copy of 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. |
| Part I | V: Display Card |
| which inform | dicable, attach a copy of the display card to be placed on the aggregators telephone a shows what operator services are to be provided. The card must contain all required nation listed in the attached Rule (1220-4-257, B) ³ , which includes a toll-free number umers can call for service problems and refunds. |
| | |

³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

| F. | If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I. | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| G. | List the state(s) that the applicant is authorized to operate in at this time. NONE | | | | | | | |
| | For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary. | | | | | | | |
| | If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant. | | | | | | | |
| Н. | List any states that the applicant has been denied authority to provide service. NONE | | | | | | | |
| | If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant. | | | | | | | |
| 1. | Areas in Tennessee to be served. STATEWIDE | | | | | | | |
| J. | What type of customers will the applicant serve? a. Business b. ResidentialX c. Aggregators (e.g. Hotels, Payphones) d. Other (specify) | | | | | | | |
| K. | 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 | | | | | | | |
| L. | Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes 🗶 No 👨 | | | | | | | |
| M. | Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II ¹ . | | | | | | | |
| N. | What is the applicant's 10XXX or 800 access code, if applicable? $1-800-840-9959$ | | | | | | | |
| O. | Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? NONE | | | | | | | |
| P. | What facility-based network(s) will the applicant be reselling? | | | | | | | |
| Q. | Will the applicant be utilizing the local telephone company's billing system or billing customers directly ² ?BILLING CUSTOMERS DIRECTLY | | | | | | | |

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.

A copy of a bill is required if the applicant is going to bill the customer directly.

Part V: Rule Compliance Agreement

- A. The Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understands the Tennessee Regulatory Authority's (TRA)
 Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- 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),
- That all information provided in the attached registration document is true to the best of my knowledge.

NEW SOUTH PHONE CONNECT 1/21/2000

Date

Company Name

OWNER

Company Official

Title

Subscribed and sworn before me this 21st day

of January 2000

Notary Public

Commission 'expires

seal

POST IN A
CONSPICUOUS
PLACE

MINIMUM BUSINESS LICENSE and GROSS RECEIPT TAX for

CITY OF JACKSON

ACCT# 10611

THIS LICENSE EXPIRES

06/30/2000

Nº

39577

THIS LICENSE DOES NOT RELIEVE YOU OF COMPLYING WITH ALL CITY, COUNTY, AND STATE ORDINANCES

NEW SOUTH PHONE CONNECT 715 S HIGHLAND AVE JACKSON, TN 38301

| This is to certify the business of | at the person named berein is lice HOME PHUNE CUNNE | sed to exercise th | e | | Gross Rec. Tax | | |
|---------------------------------------|--|--------------------|------------------------|-----|------------------------------------|---------------|---------------|
| Classification | GROSS RECE | Beginning | 12/2 0/ 1999 | 1 | Less Credit Total Penalty | | 1 |
| Tax Period Retail Rate of Tax | 1/8 OF 1% | To . | | 1 | nterest Fotal Recording Fee | | 5.00 15.00 |
| Wholesale | | Tax No. | -00705837 0- 00 | 0-0 | Minimum Tax Penalty Interest | | |
| Date of Issue MARY HARD | 12/20/1999 IN 425-8214 / FF | RANK BAILE | EY 425-8298 | | Total Received | ,(A) s | 20.00 |

A Final Return Must Be Made Within 15 Days After Closing of Business