



March 21, 2000

Ms. Sharla Dillon Tennessee Regulatory Authority 460 James Robertson Parkway Nashville, Tennessee 37243-0505 00-00254

Dear Ms. Dillon:

Enclosed you will find the original and one copy of the Ardmore Communications, LLC 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, Terry Wales, at 256-423-6900. Thank you in advance for your cooperation.

Sincerely,

Terry M. Wales Chief Manager

TMW/cm

Enclosure

www.ardmore.net

ARDMORE COMMUNICATIONS, LLC

APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL TELECOMMUNICATIONS SERVICES IN TENNESSEE

Prepared for:
Ardmore Communications, LLC
By
CHR Solutions, Inc.

200-00254

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.

<u>Part I:</u>	General Information
A.	Name of Applicant Ardmore Communications, LLC 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 ID0369578
	Federal Taxpayer ID Number 63-1226077
	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
	icant has affiliate(s) engaged in providing telecommunications services, provide the above sted information for the affiliate(s), as well as the applicant.
	nore Communications, LLC is owned in part by some of the owners of Ardmore Telephone Company,
Compa interpre Inc. Is s	Il share (under contract) some of the office space and personnel services of Ardmore Telephone ny, Inc., Since this arrangement could be seted as an affiliation, the address and other pertinent information for Ardmore Telephone Company, shown below. The Secretary of State Certificate of Authority ID Number and Federal Taxpayer ID r for Ardmore Telephone Company are 0001479 and 62-0590108, respectively. See ATTACHMENT I-A TAB 8.
	Address 30190 Ardmore Avenue City Ardmore
	State <u>Tennessee</u> Zip Code <u>38449</u> Phone No. (<u>256) 423 - 2131</u>
IMPOR	TANT 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
Docket	Number Company ID Number 12862 (Date Approved
	Evaluator

B.	Describe other business or business transactions, if any, at the same location as the principal business address: Applicant is co-located with Ardmore Telephone Company, Inc.					
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. 					
NAME BUSIN HOME	ation to be included: TITLE DATE OF BIRTH SOCIAL SECURITY NUMBER PHONE No. ADDRESS PHONE No. PHONE No. OYMENT HISTORY See Attachment 1C under TAB 9.					
	Provide the above requested information on separate attachments.					
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)?YesX NoIf yes, pleas 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? YesX 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 of 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.

Name	Phone		Fax. No
(800) 830-9946	E-mail Address <u>twa</u>	les@ardmor	e.net
	ımber of contact person aut filing Monday through Friday		pond to Au
Name P	Phone Fax. N • ≤ -4788	0.	
(800) <u>NA</u>	E-mail Address <u>jim</u>	.cherry@chrs	solutions.
			n call or w
	request refunds or adjustme		n call or w
report service problems and/or	request refunds or adjustme	ents.	
report service problems and/or (800) 830-9946	request refunds or adjustme	ents. 123-2131	
PHONE NUMBER	request refunds or adjustme (256) 4 ALTER	ents. 123-2131 RNATE PHON	IE NUMBE
report service problems and/or (800) 830-9946 PHONE NUMBER 30190 Ardmore Ave. ADDRESS	request refunds or adjustme (256) 4 ALTER Ardmore, CITY	ents. 123-2131 RNATE PHON TN ST	IE NUMBE 38449 ZIPCOI
report service problems and/or (800) 830-9946 PHONE NUMBER 30190 Ardmore Ave.	Ardmore, CITY of the registered agent for s	ents. 123-2131 RNATE PHON TN ST	IE NUMBE 38449 ZIPCOI cess:

(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

Part II	
Α.	Check the type of telecommunications services you plan to provide in Tennessee. X Resell Interexchange long distance services Operator Services Resell local services X Other (describe)
B.	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.
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.)
	distance services in Alabama. Ardmore Communications, LLC is owned in part by some of the owners of Ardmore Telephone Company, Inc., will share (under contract) some of the office space and personnel services of Ardmore Telephone Company, Inc. but is not a subsidiary of Ardmore Telephone Company, Inc. Since this arrangement could be interpreted as an affiliation the operations of Ardmore Telephone Company is shown here. Ardmore Telephone Company, Inc. has been a certified Local Exchange Carrier in Tennessee and Alabama for over 40 years.
	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.
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. Ardmore Communications intends to eventually serve the entire state of Tennessee.
F	What type of customers will the applicant serve? a. BusinessX_ b. Residential _X_ c. Aggregators_X_ (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.

Н	price for similar services? Yes No NAX_
i	Describe the type of services and price that the applicant will be offering in Tennessee or the Informational Tariff Form found in Appendix II ¹ .
J	What is the applicants 10XXX or 800 access code, if applicable?1016354
K	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?NO_
L	What facility-based network(s) will the applicant be reselling?
M	Will the applicant be utilizing the local telephone company's billing system or billing customers directly ² ? Ardmore Telephone Company will provide (under contract) customer billing for Ardmore Communications, LLC.
N	Describe briefly how the applicant plans to market their services in Tennessee? Ardmore Communications, LLC will market their services in Tennessee through direct mail campaigns, media advertising and telemarketing by contract employees of Ardmore Communications, LLC.
0	If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. <u>Does not apply.</u>
	_COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE
Р	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

¹ 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.

² 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 st	tructure					
	X Corporation						
	Publicly Trade	d Corporation					
	Subsidiary of a	a Publicly Traded Corporation					
	X Limited Liabilit	y Corporation Attach a copy of the articles of organization and operating agreement along with the amendments.					
	See Attachment III-						
	Other Form of	Corporation					
	List type Attach a copy of the ch	(Example S Corporation) parter, 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	On 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					
SECTIO	N (a)-(g) IS TO BE COMPLETED	IF APPLICANT IS A CORPORATION ASSOCIATION OR TRUST					
	(a) The date and state of formation/incorporation: April 22, 1999 - Tennessee						
	(1) Parent Comp	pany, if applicableNA					
	(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.						

7 4	CITY	STATE	ZIP CODE	PHONE NUMBER	
	imore	TN	38449	STREET 256-423-2131	
<u>Ραπ Ιν</u> Α.			ords are kent:	30190 Ardmore Avenue	
Dod IV	•	yer Identification Numb	per (E.I.N.)	63-1226077	•
C.	perfor		ident and Secre	except for management functions tary, will be performed under contra any, Inc.	<u>ct</u>
	(b)	proprietorship, or all p See Attachment 1-C	partners identifying under TAB 9.	per and address of the owners, if a sole g the percentage of ownership:	
	(a)	telecommunications s	services in this sta		
All of t		ve will be required to su ttachment III-B under		ness license.	
		Other (Explain o	on separate shee	1)	
		Limited	Attach a copy of the agreement along with	certificate of limited partnership and the partnersh n any amendments	iip
		General	Attach a copy of the	partnership agreement along with any amendment	ts
		Partnership			
В.		Proprietorship			
	(f)	If applicable, attach a amendments thereto:		ument creating the trust and all	
	(e)		icer, or key share	and criminal conditions of every currer holder of the applicant for the ten-year on. None	
	(d)		f the applicant. [applicant, including the identity of any Disclose whether any parent or subsidia Does not apply	
			ation's authority to	hority issued by Tennessee Secretary of engage in business in Tennessee. So	
	(c)	The date admitted into	o Tennessee, if a	foreign corporation:	

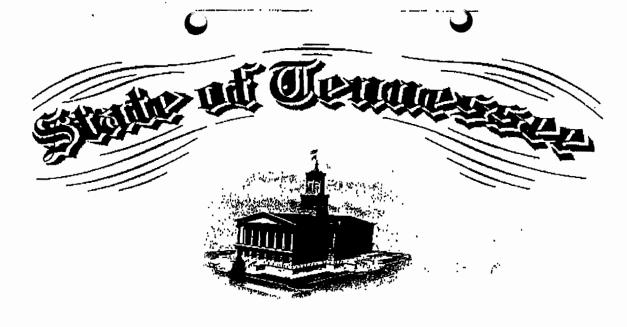
B.	Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if applicable, for the immediate preceding three-year period. Provide in detail the applicants financial condition, including balance sheet and income statement, or a copy of the 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. Ardmore Communications, LLC is a start-up operation and as such has no audited financial reports. See ATTACHMENT IV-B under TAB 13.						
	(1)	Fiscal year end: Month <u>December</u> Day <u>31</u>					
	(2)	Date of most recent audited, unconsolidated financial statement of applicant:					
		Does Not Apply					
	(3)	If applicable, name and address of independent certified public accountant:					
		Does Not Apply					
C.	(4)	Period covered by financial statement attached: 4-22, 1999 thru 12-31-1999 the applicant currently have an internal auditor and/or internal audit program? No					
J.							
D.	If applithe teas and signification	plicable, provide a history of applicants material litigation and criminal convictions for en-year period prior to the date this application is made. Material litigation is defined ny litigation that, according to generally accepted accounting principals, is deemed ificant to a persons financial health and would be required to be referenced in annual ted financial statements, reports to shareholders or similar documents. Does Not					
Part V	<u>′I: Rule</u> A.	Compliance Agreement Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?					
	B.	Do you understand the penalties for non-compliance, and all associated fees to provide such service? X Yes No					
Box 1	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.

Signature
PRINTED NAME
Signature
PRINTED NAME
Ardmore Communications, LLC (NAME OF CORPORATION) M. Wall SIGNATURE
Terry Wales PRINTED NAME
Chief Manager Title Cawhy Mathem Georetany Title
- 2000 before me, a Notary Public and who executed the foregoing application, being duly sworn statements and representations set forth in the above f his/her knowledge and belief. Description: Notary Public



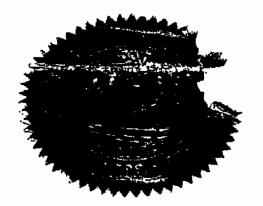


CERTIFICATE

The undersigned, as Secretary of State of the State of Tennessee, hereby certifies that the attached document was received for filing on behalf of ARDMORE TELEPHONE COMPANY, was duly executed in accordance with (Name of Corporation)

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 JANUARY TWENTY-SIXTHIS 70.



Secretary of State

Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37219

ISSUANCE DATE: 03/21/1988 REQUEST DATE: 03/21/88 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/06/1955 CORPORATE STATUS: ACTIVE CORPORATE EXPIRATION: PERPETUAL CONTROL NUMBER: 0001478 JURISDICTION: TENNESSEE

TO: GLANKLER, BROWN, GIL LILAND, CHASE, 1 COMMERCE EQ 9 1700 REQUESTED BY: GLANKLER, BROWN, GIL LILAND, CHASE, 1 COMMERCE SO S 1700

MENPHIS, TN 38103

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MEMPHIS. TN 38103

CERTIFICATE OF EXISTENCE

I, GENTRY CROWELL. SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ARDHORE TELEPHONE COMPANY INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FRES, TAXES, AND PERALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT THE AFFICE; AND THAT THE AFFICE; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED.

POR: REQUEST FOR CERTIFIC

RECEIVED 10.00

ON DATE: 03/21/1988

FROM: GLANKLER; BROWN; GIL LILAND, CHASE, 1 COMMERCE SQ \$ 1700

MEMPHIS, TH SE103

RECEIPT NUMBER & 0000075025

AL, to Const

LEB-17-2000

TOWN OF ARDMORE

2000 Business License

P.O. BOX 151 ARDMORE, TN 38449 Phone: (256)423-3011 Fax: (256)423-6945

LICENSE: 2000000106

ISSUED: 03/14/2000

Customer: 0990165

Physical Address:

EXPIRES: 12/31/2000

Ardmore Communications LLC

ATTN: License Renewal

P. O. Box 1209 ARDMORE, TN 3844930190 Ardmore Avenue ARDMORE, AL 35739

SAID BUSINESS HAVING PAID BUSINESS LICENSE FEES IS HEREBY AUTHORIZED TO DO BUSINESS IN THE CITY OF ARDMORE, ALABAMA UNTIL DECEMBER 31, 2000.

THIS LICENSE IS SUBJECT TO REVOCATION FOR VIOLATION BY THE LICENSEE OF ANY ORDINANCE RELATING TO THE BUSINESS FOR WHICH IT IS ISSUED OR FOR AIDING OR ABETTING IN VIOLATION OR KNOWINGLY PERMITTING OR SUFFERING TO BE VIOLATED, ANY PENAL ORDINANCE.

This license must be kept in a conspicuous place.

RECEIPT

TOWN OF ARDMORE

LICENSE #2000000106 ISSUED: 03/14/2000

Received From: Ardmore Communications LLC

PAID CASH

BATCH # 0000000024

		License				-	
Section	Business Type	Amount	Interest	Penalty	Issue	Fee	Paid
0056A	Telephone Companies - Long Distance	205.50	0.00	0.00			\$205.50



Statement of Compliance

To: Tennessee Regulatory Authority

From: Terry M. Wales

Chief Manager

This is to certify that ARDMORE COMMUNICATIONS, LLC is operating in compliance with all applicable federal and state laws and all Federal Communications Commission and Tennessee Regulatory Authority rules.

Terry M. Wales - Chief Manager Signed:

3-14-2000 Date:

Subscribed and Sworn before me this /4^{zl} day of MARCL, 2000

SEAL

Heorge a Buly