

Company ID: 00128563

Enhanced Communications Group, L.L.C.
2232 S. E. Washington Blvd., Suite 202
Bartlesville, OK 74006

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN May 23, 2000

IN RE: CASE NUMBER: 00-00328

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 May 23, 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:

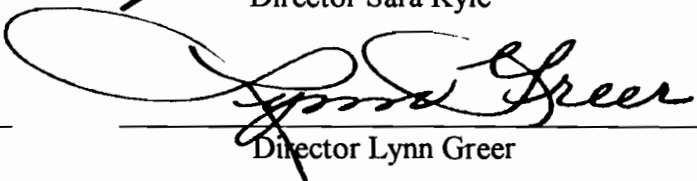
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with 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 Greer

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN
STEVE HEWLETT, COMMISSIONER
SARA KYLE, COMMISSIONER

PAUL ALLEN, EXECUTIVE DIRECTOR



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

SECTION A

Part 1: General Information

00-00328

A. Name of Applicant Enhanced Communications Group, L.L.C.
Address 2232 S.E. Washington Blvd., Suite 202, Bartlesville
State OK Zip Code 74006 Phone No. (918) 333-8833

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Bruce Summers	2232 S.E. Wash.	Bartlesville	OK	74006
Jeff Holley	2232 S.E. Wash.	Bartlesville	OK	74006

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.

Jeff Holley, Member (918) 333-8833 (888) 767-5599
Name Tennessee Phone No. Fax No.

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1-800-767-5599

E. Check the type of telecommunication services you plan to provide in Tennessee.

☒ Resell Interexchange long distance services
☐ Operator Services
☐ Other (describe below) _____

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) you are authorized to operate in at this time. California, Colorado, Idaho, Iowa, Illinois, Indiana, Kansas, Massachusetts, Michigan, Missouri, Montana, North Carolina, New Hampshire, New Jersey, Oklahoma, Texas, Utah, Virginia and West Virginia.

(To be filled out by PSC)
Company ID Number _____
Date Approved _____
Evaluator _____

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615) 741-3939.

POSTED
4-25-00

H. List any states that you have been denied authority to provide service.

None.

I. Areas in Tennessee to be served.

Statewide.

J. What type of customers will the company serve?

a. Business X

b. Residential X

c. Aggregators _____
(e.g. Hotels, Payphones)

d. Other (specify) _____

K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount. N/A

L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes X 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 II¹. Tariff attached as Exhibit E.

N. What is the applicant's 10XXX or 800 access code? None.

O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No.

P. What facility-based network will the applicant be reselling? _____

Destia Communications

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? The Company will bill customers directly on a monthly basis. A sample bill is attached as Exhibit D.

R. Describe briefly how the applicant plans to market their services in Tennessee? If an independent telemarketer is going to be used, state company name and address.
The Company will use independent sales agents to market its services.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. The Company will use written LOAs.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

²A copy of a bill is required if the applicant is going to bill the customer direct.

T. 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 Commission 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 II: Organization Structure

A. Type of Organization

_____ Individual X Corporation (Limited Liability Company)

_____ Partnership _____ Other (Explain on separate sheet)

B. If partnership and/or Non-resident

(1) Attach a copy of Articles of Incorporation and current by-laws. Exhibit A.

(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. Exhibit B.

Part III: Financial Information

A. 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. Exhibit C.

Part IV: Display Card

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57, B)³, which includes a toll-free number consumers can call for service problems and refunds. Not applicable.

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

Part V: Rule Compliance Agreement

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

- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission 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.

Enhanced Communications
Group, L.L.C.

Company Name

Date

Bruce A. Summers

Manager/Member

Company Official

Title

Subscribed and sworn
before me this 13 day
of April, ~~19~~ 2000.

Sherry R. Brown
Notary Public

seal

EXHIBIT A

ARTICLES OF ORGANIZATION

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF TRANSCRIPT

I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that the annexed transcript has been compared with the record on file in my office, of which it purports to be a copy, and that the same is a full, true and correct copy of:

CERTIFICATE OF LIMITED LIABILITY COMPANY

OF

ENHANCED COMMUNICATIONS GROUP, L.L.C.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City this 2nd day, of February, 1999.

Sam Cole

Secretary of State

By:

Greg Jones

7 5 2 1 4 5 2 0 0 0

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE
OF
LIMITED LIABILITY COMPANY

WHEREAS, the Articles of Organization of

ENHANCED COMMUNICATIONS GROUP, L.L.C.

an Oklahoma limited liability company, has been filed in the Office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the City of Oklahoma City this 6TH
day of FEBRUARY, 1998.

Sam Cole
Secretary of State

By: [Signature]

LL598440

7 5 2 1 4 5 2 0 0 2 **FILED**

FEB - 6 1998

**ARTICLES OF ORGANIZATION
OF
ENHANCED COMMUNICATIONS GROUP, L.L.C.**

**OKLAHOMA SECRETARY
OF STATE**

The undersigned, desiring to form a Limited Liability Company, in accordance with the laws of State of Oklahoma, and for the purposes hereinafter set forth, do hereby make this written certificate in duplicate and hereby certify:

**ARTICLE I.
NAME OF THE COMPANY**

The name of the Company shall be: **Enhanced Communications Group, L.L.C.**

**ARTICLE II.
PERIOD OF DURATION**

The duration of the company shall be fifty (50) years from the date that these Articles of Organization are filed with the Secretary of State.

**ARTICLE III.
PURPOSE OF ORGANIZATION**

The purposes for which the company is organized shall be to engage in and to do any lawful act concerning any or all lawful business for which Limited Liability Companies may be formed under Oklahoma law.

**ARTICLE IV.
ADDRESS OF ITS PRINCIPAL PLACE OF BUSINESS**

The address and principal place of the Company is:

418 E 6th Street
Bartlesville, Oklahoma 74003

**ARTICLE V.
NAME AND ADDRESS OF ITS REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of the company is:

Bruce A. Summers
418 E 6th Street
Bartlesville, Oklahoma 74003

IN WITNESS WHEREOF, these Articles of Organization have been executed by the undersigned on the 2 day of February, 1998.


Bruce A. Summers

RECEIVED

FEB - 6 1998

**OKLAHOMA SECRETARY
OF STATE**

7 5 2 1 4 5 2 0 0 0 2

STATE OF OKLAHOMA)
COUNTY OF WASHINGTON)

Subscribed and sworn to before me, a Notary Public, by Bruce A. Summers and on this
2 day of February, 1998.

Bonnie L. Thomas
NOTARY PUBLIC

My Commission Expires:

5-4-98
(Seal)

EXHIBIT B

CERTIFICATE OF AUTHORITY
FROM TENNESSEE SECRETARY OF STATE

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

DATE: 04/01/99
REQUEST NUMBER: 3661-3092
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 04/01/99 1322
EFFECTIVE DATE/TIME: 04/01/99 1322
CONTROL NUMBER: 0368637

TO:
R J ANTICO INC
5922 LAS COLINAS CIR
LAKE WORTH, FL 33463

RE:
ENHANCED COMMUNICATIONS GROUP, L.L.C.
APPLICATION FOR CERTIFICATE OF AUTHORITY -
LIMITED LIABILITY COMPANY

COPY

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED LIMITED LIABILITY COMPANY CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -
LIMITED LIABILITY COMPANY

ON DATE: 04/01/99

FROM:
R J ANTICO INC
5922 LAS COLINAS CIR

LAKE WORTH, FL 33463-0000

RECEIVED: FEES \$300.00 \$0.00
TOTAL PAYMENT RECEIVED: \$300.00

RECEIPT NUMBER: 00002472541
ACCOUNT NUMBER: 00308972



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR:

ENHANCED COMMUNICATIONS GROUP, L.L.C.

RECEIVED

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of § 48A-45-301 of the Tennessee Limited Liability Company Act, the undersigned hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the Limited Liability Company is: ENHANCED COMMUNICATIONS GROUP, L.L.C.

If different, the name under which the certificate of authority is to be obtained is:

N/A

NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign Limited Liability Company if its name does not comply with the requirements of § 48A-7-101 of the Tennessee Limited Liability Company Act. If obtaining a certificate of authority under an assumed Limited Liability Company name, an application must be filed pursuant to § 48A-7-101(1D).

2. The state or country under whose law it is formed is: Oklahoma3. The date of its organization is: 2/6/98 (must be month, day and year)

4. The complete street address (including zip code) of its principal office is:

2232 S.E. Washington Blvd., Suite 202, Bartlesville, OK74006StreetCity/StateZip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee:

1912 Hayes Street, Nashville, TN 37203StreetCity/StateCountyZip CodeThe name of its registered agent at that office is: National Registered Agents, Inc.6. Please insert the number of members at the date of filing (2)

NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under whose law it is organized. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.

3/29/99

Signature Date

Manager/Member

Signer's Capacity

ENHANCED COMMUNICATIONS GROUP, L.L.C.

Name of Limited Liability Company

Bruce Summers

Signature