

Nashville, Tennessee

ORDER GRANTING CANCELLATION OF AUTHORITY TO PROVIDE RESOLD TELECOMMUNICATION SERVICES

K. David Waddell

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Monica Borne Haab
Ellen Ann G. Sands
Bruce C. Betzer

December 1, 2000

Executive Secretary
Tennessee Regulatory Authority
460 James Robertson Pkwy.
Nashville, Tennessee 37243

RE: Corporate Cost Cutters, LLC
Request For Withdrawal

Dear Sir:

On August 1, 2000, Corporate Cost Cutters ("CCC") was certified by the Tennessee Regulatory Authority ("TRA") to provide Operator Services and/or Resell Telecommunications Services in Tennessee.

Prior to commencing operations within the State of Tennessee, CCC changed the business direction of the company and decided not to provide Operator Services and/or Resold Telecommunications in Tennessee.

Please let this letter serve as the request of CCC to withdraw both its certification and corresponding tariff which was filed therewith.

In accordance with the TRA's procedural rules, an original and thirteen (13) copies of this Request for Withdrawal is being filed herein. An additional copy has been enclosed to be date-stamped and returned in the enclosed stamped self-addressed envelope.

Sincerely,



Leon L. Nowalsky

LLN/cr
cc: Mike Siano

00-00405

Company ID: 128585

Corporate Cost Cutters, LLC
5386 Pleasant View Road
Memphis, TN 38134

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN August 1, 2000

IN RE: CASE NUMBER: 00-00465

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 August 1, 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


Director

ATTEST:


Executive Secretary


Director

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

A. Name of **Applicant** Corporate Cost Cutters, LLC
Address 5386 Pleasant View Road, Memphis
State TN zip code 38134 Phone No. (901) 766-9300

00-00468

B. **Owner, Partners, or Corporate Officer**

NAME	ADDRESS	CITY	STATE	ZIP CODE
Mike Siano	5386 Pleasant View Rd.	Memphis	TN	38134
Rebecca Siano	5386 Pleasant View Rd.	Memphis	TN	38134

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

Mike Siano, President (901) 766-9300 (901) 766-9311
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. 1-888-726-8044

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.
Not applicable.

G. List the state(s) you are authorized to operate in at this time. _____
None. Currently operating as an agent.

(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 372190412. Should you have any questions, call (615) 741-3939.

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. _____ Not applicable.

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 II. 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? MCI WorldCom

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers **direct**? The Company will bill customers directly.

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 market its services via independent sales agents or in-house sales representatives.

S. Describe the procedures the **applicant** will use to switch a consumer's preferred interexchange service. _____

The Company will use written Letters of Agency.

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. Appliint has the ability and agrees to honor the form of call blocking that the consumer has **subscribed** to with their local telephone company. Y ☒ **e** s 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 ☐ N ☐ o

Part II: Organization Structure

A. Type of Organization

☐ **Individual** ☒ **Corporation**

☐ **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. Exhibits A & B
- (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 C

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 1 OK and/or stockholder reports. Exhibit D.

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**.

Corporate Cost Cutters, LLC

Company Name . Date

Mike S. S. S. President

Company Official Title

Subscribed and sworn
before me this ____ day
of _____, 192000

Notary Public

seal

Secretary of State**Corporations Section**

es K. Polk Building, Suite 1800

ashville, Tennessee 37243-0306

DATE: 12/15/97
REQUEST NUMBER: 3416-3556
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 12/09/97 1200
EFFECTIVE DATE/TIME: 12/09/97 1200
CONTROL NUMBER: 0342105

TO:
SDS & ASSOCIATES INC.
MIKE SIANO
1602 KIMBROOK COVE
GERMANTOWN, TN 38138

RE:
CORPORATE COST CUTTERS, LLC
ARTICLES OF ORGANIZATION -
LIMITED LIABILITY COMPANY

CONGRATULATIONS UPON THE FORMATION OF THE LIMITED LIABILITY COMPANY IN THE STATE OF TENNESSEE WHICH IS EFFECTIVE 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 DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF ORGANIZATION -
LIMITED LIABILITY COMPANY

ON DATE: 12/12/97

FROM:
SDS & ASSOCIATES, INC.
1602 KIMBROOK CV

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

GERMANTOWN, TN 38138-0000

RECEIPT NUMBER: 00002215759
ACCOUNT NUMBER: 00212908



RILEY C. DARNELL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR
CORPORATE COST CUTTERS, LLC

FILED

Pursuant to the provisions of the Tennessee Limited Liability Company Act, T.C.A. Section 48-205-101, the undersigned parties hereby execute these Articles of Organization.

1. The name of the limited liability company ("LLC") is: Corporate Cost Cutters, LLC.
2. The complete address, including the county, of the initial registered office of the LLC is: 1602 Kimbrook Cove, Germantown, Shelby County Tennessee 38138.
3. The name of the initial registered agent at that office is: Mike Siano.
4. The name and address of each organizer is as follows: Mike Siano, 1602 Kimbrook Cove, Germantown, Tennessee 38138.
5. At the date and time of formation this LLC has two or more members.
6. The LLC will be member managed.
7. The number of members at this date of filing is : Two (2).
8. The complete address, including the county, of the principal executive office of the LLC is: 1602 Kimbrook Cove, Germantown, Shelby County, Tennessee 38138.
9. The LLC can not expel a member.
10. The period of duration of the LLC is from the date of filing until: 30 years.
11. Members and parties (other than the LLC) to a contribution agreement or contribution allowance agreement may not have preemptive rights.
12. Corporate Cost Cutters, LLC is not prohibited from doing business in Tennessee or any other jurisdiction.
13. These articles shall become effective upon filing by the Secretary of State.

Dated: 12/4/97

Mike Siano
Organizer or Member or Governor
authorized to sign for LLC