

BEFORE THE TENNESSEE REGULATORY AUTHORITY
April 17, 2001 **Nashville, Tennessee**

**In Re: LCR Telecommunications, LLC)
for Withdrawal of Application to Provide) Docket No. 00-00751
Resold Long Distance Telecommunications) Co. ID: 128635
Services In Tennessee)**

ORDER GRANTING WITHDRAWAL OF APPLICATION TO PROVIDE RESOLD TELECOMMUNICATION SERVICES

This matter is before the Tennessee Regulatory Authority upon the request of LCR Telecommunications, LLC to withdraw their application to provide Resold Telecommunications Services in Tennessee. This matter was considered by the Authority at a regularly scheduled Authority Conference held on April 17, 2001.

WHEREFORE, having considered the request of **LCR Telecommunications, LLC** to withdraw their application as a Reseller of Telecommunications Services, the Authority finds that such a withdrawal should be granted.

IT IS THEREFORE ORDERED:

- 1) That the request of LCR Telecommunications, LLC to withdraw their application to provide Resold Telecommunications Services in Tennessee, Docket No. 00-00751, is hereby granted; and,
- 2) That this docket is herewith closed.

Chairman Sara Kyle

Director Lynn Greer

Director Melvin Malone

ATTEST:

K. David Waddell



RECEIVED
EXEC. DEPT. OF REVENUE
MAR 21 2001
TN REGULATORY AUTHORITY

March 21, 2001

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

Attention: David Waddell, Ex. Secretary

Dear Mr. Waddell:

This is to notify you that LCR Telecommunications, LLC is withdrawing its application to provide long distance services in the State of Tennessee.

If you have any questions please feel free to contact me at (313) 882-7800.

Sincerely,



Martin J. Tibbitts

cc: Patsy Fulton

TELECOM REGULATORY ADVISORY GROUP
2241 DALLAS DRIVE
CARROLLTON, TEXAS 75006
972-416-4739

RECEIVED
TELECOM REGULATORY ADVISORY GROUP
AUG 21 PM 4:11
EXECUTIVE DIRECTOR

August 19, 2000

Tennessee Regulatory Authority
P. O. Box 198907
Nashville, Tennessee 37219-9807

Re: Reseller Application

To Whom It May Concern:

00-00751

Enclosed please find an original and one (1) copy of the Reseller Application of LCR Telecommunication, LLC to provide telecommunications services as a Reseller in the State of Tennessee. Also enclosed is the required filing fee of \$50.00

Please date stamp the copy of this cover letter and return it to me in the enclosed envelope. If you have any questions regarding this application, please contact the undersigned at 972-416-4739. Thank you for your cooperation in this matter.

Sincerely,

Patricia Ball

Patricia Ball
Consultant

Enclosures

VOUCHER NO. 777197287
~~CK 2324~~ SER. 281.03
AMT. REC. 50.00
DEPOSIT DATE 8/22/00
00-00751

POSTED
8/22/00

TENNESSEE REGULATORY AUTHORITY
TELECOMMUNICATIONS DIVISION

STAMPED
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RESELLER APPLICATION CONTENTS

- I. Reseller Application
 - A. Appendix I
 - B. Appendix II

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 TRA Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

Part I: General Information

A. Name of Applicant LCR Telecommunications, LLC

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

Legal name of applicant, if different from above.

21 Kercheval, Suite 280, Grosse Pointe, MI 48236
Address City State Zip

Tenn. Secretary of State Certificate of Authority ID 3947-0074

Federal Taxpayer ID Number 38-3390235

Social Security Number for Applicants

Applying as Individuals Not Applicable

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

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

Address Not Applicable City _____

State _____ Zip Code _____ Phone No. (____) ____ - _____
(Use additional pages if necessary)

*****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

Docket Number. 00-00751

Company ID Number 128635
Date Approved _____
Evaluator _____

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address: _____

Not Applicable

- 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:

SEE ATTACHMENT

- (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
BUSINESS ADDRESS
HOME ADDRESS
EMPLOYMENT HISTORY

SOCIAL SECURITY NUMBER
PHONE No.
PHONE No.

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 _____ ☒ No If yes, please explain fully.

- E. Has the 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 _____ ☒ 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 _____ ☒ 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. **(Use additional pages if necessary)**
NO.

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

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?

_____ YES ☒ 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.

Martin Tibbitts (813) 882-7800 (313) 882-0345
Name Phone No. Fax No.

(800) 877-697-5588 e-mail Address mjt@lcrtelecom.com

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

Martin Tibbitts (313) 882-7800 (313) 882-0345
Name Phone No. Fax No.

(800) 877-697-5588 e-mail Address mjt@lcrtelecom.com

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

1-877-697-5588 313-882-7800
PHONE NUMBER ALTERNATE PHONE NUMBER

21 Kercheval, Suite 280, Grosse Pointe, MI 48236
ADDRESS CITY ST ZIPCODE

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

National Registered Agents, Inc. of Tennessee
1912 Hayes Street, Nashville, TN 37203

- (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) Not Applicable.

Part II:

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

☒ Resell Interexchange long distance services
☐ Operator Services
☐ Resell local services

____ Other (describe) _____

- B. 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.

- 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.)

California, Colorado, Indiana, Iowa, Michigan, Montana, New Jersey, Oregon, Texas, Utah, and Virginia

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. NOT APPLICABLE.

- 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 any states that 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.

Throughout the entire state.

- F. What type of customers will the applicant serve?

a. Business X

b. Residential X

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

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 services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes _____ No _____

NOT APPLICABLE.

- I. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II¹.

- J. What is the applicant's 10XXX or 800 access code, if applicable? 10550

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.

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

L Whose facility-based network(s) will the applicant be reselling? _____
AT&T and Frontier

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly²? Applicant utilizes billing services of USBI.

N Describe briefly how the applicant plans to market their services in Tennessee?
The Company uses telemarketers, not located in Tennessee.

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.

Capital Companies, Inc., 1270 Eagan Industrial Road, Suite 190,
COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE
Eagan, Minnesota 55121, 651-454-4511

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE
Contacts: Patty Awada and Michelle Norman,

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE
FEIN # 1820579

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE

P Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, and to prevent unauthorized switching of a consumer's interexchange service. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

Customers are switched via third party verification.

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 _____

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

(e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application. NOT APPLICABLE.

(f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto: NOT APPLICABLE.

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.

(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 AS NECESSARY

C. Number of employees: 4 plus Consultants

Employer Identification Number (E.I.N.) 38-3390235

Part IV: Financial Information

A. Address where business records are kept: 21 Kercheval, Suite 280

<u>Grosse Pointe</u>	<u>MI</u>	<u>48236</u>	<u>313-882-7800</u>
CITY	STATE	ZIP CODE	PHONE NUMBER

B. Attach a copy of the applicant's most recent unconsolidated and consolidated audited financial statements for the immediately preceding three-year period. Provide 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. SEE ATTACHED.

(1) Fiscal year end: Month December Day 31st

(2) Date of most recent audited, unconsolidated financial statement of Applicant:
July 24, 2000

(3) If applicable, name and address of independent certified public accountant:

NOT APPLICABLE.

(4) Period covered by financial statement attached: Year to date 2000.

C. Does the applicant currently have an internal auditor and/or internal audit program? NO

If so, Name of internal auditor _____.

D. If applicable, provide a history of applicant's 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 principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents. NOT APPLICABLE.

Part VI: Rule Compliance Agreement

A. Have you read and understand the Tennessee Regulatory Authority's (TRA) Rules and Regulations for Resellers, 1220-4-2 located at the TRA's website <http://www.state.tn.us/tra> *electronic fileroom* 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:

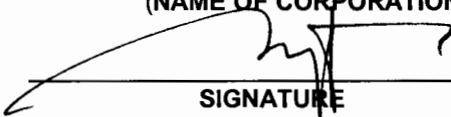
Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 located at the TRA's website <http://www.state.tn.us/tra> *electronic fileroom* under the External Site of Lexis Law Publishing.

Having been duly sworn, and under the penalties 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 Individual and Partners:

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

For Corporations
and Other Organizations

BY: LCR Telecommunications, LLC
(NAME OF CORPORATION)


SIGNATURE
MARTIN J. TIBBITTS
PRINTED NAME
MANAGING MEMBER
Title

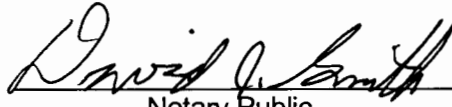
ATTEST: _____

Title

On this the 9th day of August, 2000 before me, a Notary Public

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.

DAVID J. SMITH
Notary Public, Wayne County, MI
My Commission Expires Aug. 15, 2003


Notary Public

seal

Appendix I

<u>Reseller Name</u>	<u>Address</u>	<u>Contact Person</u>	<u>Phone Number</u>
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N/A

Appendix II
Informational Tariff Sheet

<u>Description of Service</u>	<u>Applicant proposed Price change to consumer</u>	<u>Dominant Carriers³ Price for similar service</u>
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1. SEE ATTACHED RATES AND CHARGES

2.

3.

³Dominant Carrier (South Central Bell or AT&T, whichever is appropriate). A copy of these companies' rates are found on Appendix V.

MICHIGAN DEPARTMENT OF COMMERCE - CORPORATION AND SECURITIES BUREAU

Date Received

(FOR BUREAU USE ONLY)

OCT 10 1997

FILED

OCT 13 1997

Name <u>MARTIN TIBBITTS</u>		
Address <u>219 CLOVERLY</u>		
City <u>GROSSE POINTE, MI</u>	State <u>MI</u>	Zip Code <u>48236</u>

Administrator
MI DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
CORPORATION, SECURITIES & LAND DEVELOPMENT BUREAU

EFFECTIVE DATE:

Document will be returned to the name and address you enter above

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on last page)

B 15-556

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

ARTICLE I

The name of the limited liability company is: LCR TELECOMMUNICATIONS, L.L.C.

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company is: 30 YEARS

ARTICLE IV

1. The address of the registered office is:

21 KERCHEVAL SUITE 242, GROSSE POINTE, Michigan 48236
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office if different than above:

_____, Michigan _____
(P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is: MARTIN TIBBITTS

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

--

Signed this 9th day of OCTOBER, 19 97

By

[Signature]
(Signature)

LOREN J. TIBBITTS
(Type or Print Name)

[Signature]
(Signature)

MARTIN J. TIBBITTS
(Type or Print Name)

(Signature)

(Type or Print Name)



FILED BY DEPARTMENT JAN 14 1999

FOR BUREAU USE ONLY

B15556

1999 ANNUAL STATEMENT
LIMITED LIABILITY COMPANY

This report must be filed on or before February 15.

Required by Section 207(4), Act 23, Public Acts of 1993

IDENTIFICATION NUMBER

Limited Liability Company Name and Mailing Address

LCR TELECOMMUNICATIONS, L.L.C.
21 KERCHEVAL STE 242
GROSSE POINTE MI 4823601/08/1999 BARTTELL
Trans 01067114

B15556

1093
Total \$5.00

Crps Lmtd Liabil Ptnrshp \$5

Registered Office Address in Michigan - NO., STREET, CITY, ZIP
21 KERCHEVAL STE 242
GROSSE POINTE 48236Resident Agent
MARTIN TIBBITTS

Report changes in mailing address of registered office, resident agent or registered office address below:

1. Mailing address of registered office if different than preprinted mailing address

2. Resident Agent

3. Address of registered office - NO., STREET, CITY, ZIP

21 KERCHEVAL AVE., SUITE 280
GROSSE POINTE, MI 48236

The Company states that the address of its registered office and the business office or residence of its resident agent are identical. Any changes were authorized in accordance with the operating agreement, by the affirmative vote of a majority of the members voting in accordance with Section 502(1) of the Act, or by the managers voting in accordance with Section 405 of the Act.

Signature Required of Manager / Member (see instruction)

MANAGED BY:

MEMBERS

Date

1/5/99

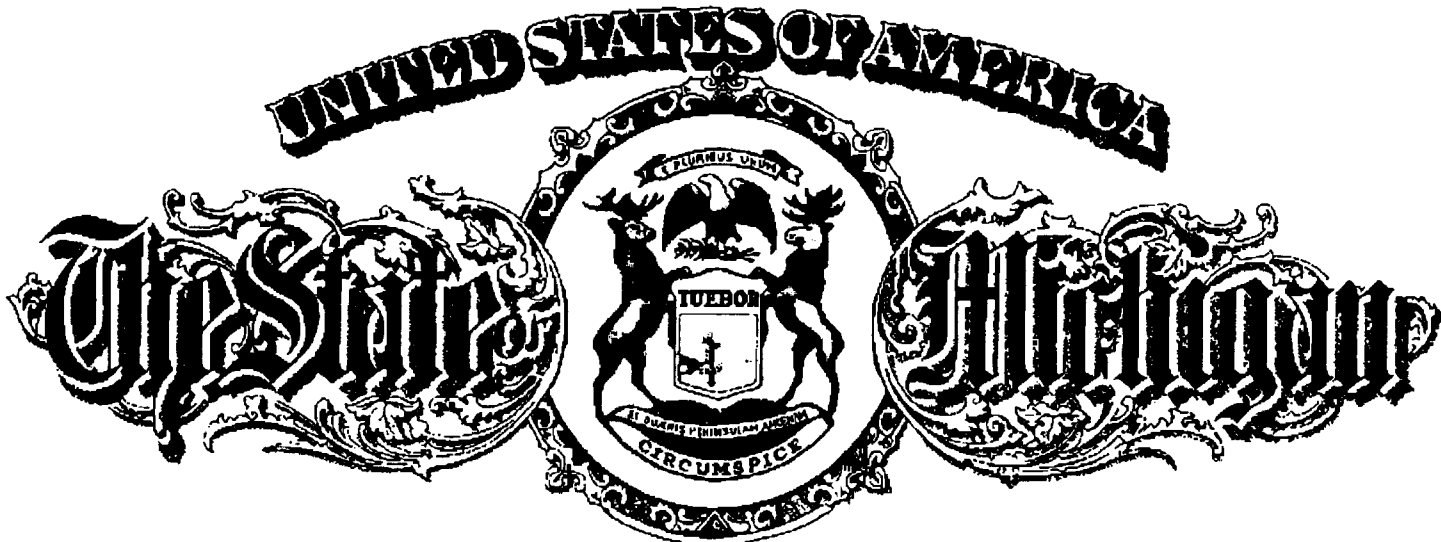
INFORMATION & INSTRUCTIONS

1. Return this preprinted form with the required fee.
2. If you wish to change the Resident Agent, Registered Office, or the mailing address of the Registered Office, enter the changes in Item 1, 2, or 3, whichever is applicable.
3. **DOMESTIC LIMITED LIABILITY COMPANIES** - If company is managed by managers, signature of manager is required. A member must sign if company is managed by members.
FOREIGN LIMITED LIABILITY COMPANIES - This statement must be signed in ink by a person with authority to sign as provided in the laws of the jurisdiction of its organization.
4. **FEE** - Make remittance payable to the State of Michigan. Include limited liability company name and identification number on check or money order.
ANNUAL STATEMENT FEE \$5.00

RETURN TO :

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU
P.O. BOX 30057
LANSING MI 48909-7557
(517) 334-6300

CERTIFICATE OF GOOD STANDING



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

LCR TELECOMMUNICATIONS, L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on October 13, 1997.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 18th day of July, 2000.

, Director

171L 0507274

Corporation, Securities and Land Development Bureau

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 07/11/00

REQUEST NUMBER: 3947-0074

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 07/10/00 0848

EFFECTIVE DATE/TIME: 07/10/00 0848

CONTROL NUMBER: 0392263

TO:

TELECOM REGULATORY ADVISORY GROUP

ATTN PATRICIA BALL

2241 DALLAS DRIVE

CARROLLTON, TX 75006

RE:

LCR TELECOMMUNICATION, LLC

APPLICATION FOR CERTIFICATE OF AUTHORITY -

LIMITED LIABILITY COMPANY

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: 07/10/00

FROM:

LCR TELECOMMUNICATION, LLC

21 KERCHEVAL AVE

#280

GROSSE POINT F, MI 48236-0000

RECEIVED: FEES

\$300.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$300.00

RECEIPT NUMBER: 00002709605

ACCOUNT NUMBER: 0343668

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE



Department of State
Corporation Section
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
CERTIFICATE OF AUTHORITY

RECEIVED
JUL 10 12 48 PM
RILEY DARNELL
SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR:

LCR Telecommunications, LLC

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of § 48-246-301 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:

LCR Telecommunications, LLC

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

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 § 48-207-101 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 § 48-207-101(d).

2. The state or country under whose law it is formed is: Michigan

3. The date of its organization is: 10/13/97 (must be month, day and year)

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

21 Kercheval, Suite 280, Grosse Pointe, MI 48236

Street

City/State

Zip Code

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

1912 Hayes ST. NASHVILLE DAVIDSON 37203

Street

City/State

County

Zip Code

The name of its registered agent at that office is: NRAI

6. The number of members at the date of filing 3

7. If the limited liability company commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) N/A

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.

Signature Date 6/28/00

Signer's Capacity Managing Member

LCR Telecommunications, LLC

Name of Limited Liability Company

Signature [Signature]

Martin J. Tibbitts

Name (typed or printed)