

May 3, 2001

Company ID: 128706

Custom Teleconnect, Inc.
3111 S. Valley View Suite E-120
Las Vegas, Nevada 89102

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN

May 15, 2001

IN RE: CASE NUMBER: 01-00275

Application for Authority to Provide Operator Services and/or Resell
Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57. __

---ORDER---

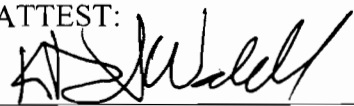
This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on May 15, 2001 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

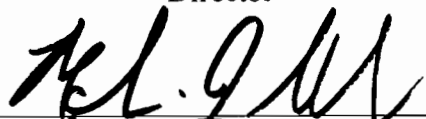
IT IS THEREFORE ORDERED:

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



210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

September 1, 2006
Via Overnight

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

RE: Custom Teleconnect, Inc.

Dear Ms. Dillon:

Please accept this letter and one (1) copy on behalf of Custom Teleconnect, Inc. ("CTI") regarding the annual update to the Small and Minority-Owned Telecommunications Business Participation Plan for 2006.

CTI is certificated in Tennessee to provide operator services and interexchange resale telecommunications services. The company does not have any changes to the current Small and Minority-Owned Telecommunications Business Participation Plan currently on file with the TRA.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided.

Any questions you may have pertaining to this filing may be directed to me at (407) 740-8575 or via email at mbyrnes@tminc.com. Thank you for your assistance.

Sincerely,

Monique Byrnes,
Consultant to Custom Teleconnect, Inc.

cc: D. Morgan, CTI
file: CTI - TN
tms: tno0600 smbus

RECEIVED

SEP 04 2006

TN REGULATORY AUTHORITY
UTILITIES DIVISION

01-00275
128706

S W E N S O N
P E T R O N I
ATTORNEYS & COUNSELORS

60 South 600 East, Suite 200
Salt Lake City, Utah 84102

Steven Swenson

Telephone: 801/596-9381
Facsimile: 801/596-9382
Sender's Email: s.e.swenson@worldnet.att.net

PAID T.R.A.

Chk # 15296

Amount 50.00

Rcvd By JR

Date 3-29-01

Via Overnight

March 1, 2001

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

Re: **Application of Custom Teleconnect, Inc. for Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee**

To Whom It May Concern:

Custom Teleconnect, Inc. hereby submits the enclosed Application for a Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee. In addition to the appropriate filing fee, an original and thirteen (13) copies are provided herein. The required tariff (13 copies) are also included herein.

Please direct all communications regarding this Application to the undersigned.

Please date-stamp one copy of this transmittal letter and the Application and kindly return these in the postage-paid envelope provided herein.

Should there be any questions or if addition information required, please do not hesitate to contact me at (801) 596-9381. Thank you for your assistance.

Sincerely,
SwensonPetroni, L.C.



Steven Swenson
Attorney for Custom Teleconnect, Inc.

enclosure

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.

RECEIVED
REGULATORY AUTH.

Part I: General Information

01 MAR 29 PM 2:25

A. Name of Applicant CUSTOM TELECONNECT, INC. OFFICE OF THE
Full exact name of person, corporation, partnership, sole proprietorship or other entity for which application is made. EXECUTIVE SECRETARY

Legal name of applicant, if different from above.

Control No. 0405334

Tenn. Secretary of State Certificate of Authority ID

SEE EXHIBIT A

Federal Taxpayer ID Number 88-0308505

Social Security Number for Applicants

Applying as Individuals

NIA.

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

"CTI" (USED IN CERTAIN JURISDICTIONS.)

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. NIA.

Address _____ 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

01-275

Company ID Number

128706

Date Approved

Evaluator

B. Describe other businesses or business transactions, if any, at the same location as the principal business address: NONE.

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; SEE EXHIBIT "B"
- (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	DATE OF BIRTH	SOCIAL SECURITY NUMBER
BUSINESS ADDRESS			PHONE No.
HOME ADDRESS			PHONE No.
EMPLOYMENT HISTORY			

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)

NONE.

- 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.

NONE AT THIS TIME.

- 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.)

NEVADA, CALIFORNIA, TEXAS, OREGON, FLORIDA, WASHINGTON
AND OKLAHOMA.

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. NONE.

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.

STATEWIDE

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

- a. Business ☒
b. Residential ☒
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. NOT AT THIS TIME.

SEE EXHIBIT "C" DRAFT TARIFF.

- H. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes ☒ No _____

- 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. SEE EXHIBIT "C"
Long Distance & Operator Services.

- J. What is the applicant's 10XXX or 800 access code, if applicable? 1010533

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

¹ Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the

L What facility-based network(s) will the applicant be reselling? WORLD COM

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly?² APPLICANT WILL UTILIZE BILLING INFORMATION
CONCEPTS, INC. (a/k/a "ZPD1")

N Describe briefly how the applicant plans to market their services in Tennessee?
APPLICANT UTILIZES IN-HOUSE SALES PROFESSIONALS.
ALL CLIENT CONTACT IS FACE-TO-FACE. APPLICANT DOES
NOT UTILIZE TELEMARKETING OR OTHER LIKE METHODS.

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. NONE.

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

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, if applicable. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

APPLICANT UTILIZES WRITTEN CONTRACTS WITH CLEAR
& APPROPRIATE DISCLOSURE REGARDING PIC AUTHORIZATION.
APPLICANT CONFORMS WITH APPLICABLE FEDERAL AND
STATE REGULATIONS REGARDING "SLAMMING" PREVENTION.

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 ☒ No ☐

R Applicant gives permission to the local telephone company to provide the Authority

applicant's request to be rejected.

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

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 ☒ No ☐

Part III: Organization Structure

A. Applicant's organizational structure

☒ Corporation

☐ Publicly Traded Corporation

☐ Subsidiary of a Publicly Traded Corporation

☐ Limited Liability Corporation Attach a copy of the articles of organization and operating agreement along with amendments.

☒ Other Form of Corporation (S CORPORATION)

List type S (Example S Corporation)
Attach a copy of the charter, bylaws and/or certificate of incorporation. SEE EXHIBIT "D"

☐ Association Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State

☐ Joint Stock Association Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter 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

SECTION (a)-(g) is to be completed if applicant is a Corporation Association or Trust

(a) The date and state of formation/incorporation: NEVADA 10/29/1993

(1) Parent Company, if applicable NONE

(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed. SEE EXHIBIT "D"

(c) The date admitted into Tennessee, if a foreign corporation:

(1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. SEE EXHIBIT "A"

(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange. SEE EXHIBIT "E"

- (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. NONE.
- (f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto: N/A.

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: 20

Employer Identification Number (E.I. N.) 88-0308505

Part IV: Financial Information

A. Address where business records are kept: 3111 S. VALLEY VIEW, SUITE E-120
LAS VEGAS NEVADA 89102 (702)
 CITY STATE ZIP CODE PHONE NUMBER

B. Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if available, 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.

(1) Fiscal year end: Month 12 Day 31

(2) Date of most recent audited, unconsolidated financial statement of Applicant:
ATTACHED FINANCIALS ARE UNAUDITED. SEE EXHIBIT "F"

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

(4) Period covered by financial statement attached: 1/1/00 - 9/30/00

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

If so, Name of internal auditor N/A

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. NONE.

Part VI: Rule Compliance Agreement

A. Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?
✓ Yes No

B. Do you understand the penalties for non-compliance, and all associated fees to provide such service? ✓ 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 (Appendix IV),

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.