

Company ID: 128713

Reduced Rate Long Distance  
1025 Greenwood Blvd., Suite 300  
Lake Mary, Florida 32746

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN

August 7, 2001

IN RE: CASE NUMBER: 01-00391

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

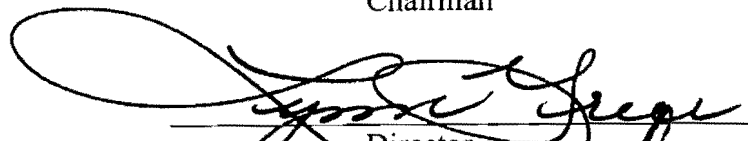
---ORDER---

This matter came 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 7, 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:

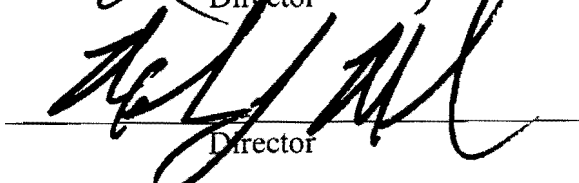
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with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

**NOWALSKY, BRONSTON & GOTHARD**

A Professional Limited Liability Company

Attorneys at Law

3500 North Causeway Boulevard

Suite 1442

Metairie, Louisiana 70002

Telephone: (504) 832-1984

Facsimile: (504) 831-0892

Leon L. Nowalsky  
Benjamin W. Bronston  
Edward P. Gothard

Monica Borne Haab  
EllenAnn G. Sands  
Bruce C. Betzer

April 30, 2001

*Via Overnight Delivery*

Executive Secretary's Office  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243-0505

**RE: Reduced Rate Long Distance, LLC**

Dear Sirs:

Enclosed please find an original and thirteen (13) copies of the application for certificate to resell long distance telecommunication services in Tennessee which is submitted on behalf of Reduced Rate Long Distance, LLC. The requisite \$50.00 filing fee is also enclosed.

Please acknowledge receipt of this filing by returning a date stamped copy of this cover letter in the self-addressed envelope provided.

If you should have any questions regarding this filing, please do not hesitate to call. Thank you.

Sincerely,



Monica Borne Haab

Enclosure

cc: Beth Wieler, RRLD  
(cover only)

<b>PAID T.R.A.</b>	
Chk #	<u>8790</u>
Amount	<u>50.00</u>
Rcvd By	<u>JR</u>
Date	<u>5-1-01</u>

**VOUCHER NO.** 277 201684  
**CD** 8790 **SRC.** 50.00  
**AMT. REC.** 50.00  
**DEPOSIT DATE** 5/02/01

**NOWALSKY, BRONSTON & GOTHARD**

A Professional Limited Liability Company  
Attorneys at Law

Leon L. Nowalsky  
Benjamin W. Bronston  
Edward P. Gothard

3500 North Causeway Boulevard  
Suite 1442  
Metairie, Louisiana 70002  
Telephone: (504) 832-1984  
Facsimile: (504) 831-0892

REC'D TN  
REGULATORY AUTH.

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

OFFICE OF THE  
EXECUTIVE SECRETARY

April 30, 2001

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Executive Secretary's Office  
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460 James Robertson Parkway  
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Date	<u>5-1-01</u>

**RECEIVED**

MAY 01 2001

**RE: Reduced Rate Long Distance, LLC**

TO: REG. AUTH.  
TELECOMMUNICATIONS DIVISION

Dear Sirs:

Enclosed please find an original and thirteen (13) copies of the application for certificate to resell long distance telecommunication services in Tennessee which is submitted on behalf of Reduced Rate Long Distance, LLC. The requisite \$50.00 filing fee is also enclosed.

Please acknowledge receipt of this filing by returning a date stamped copy of this cover letter in the self-addressed envelope provided.

If you should have any questions regarding this filing, please do not hesitate to call. Thank you.

Sincerely,

  
Monica Borne Haab

Enclosure  
cc: Beth Wieler, RRLD  
(cover only)

**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 Reduced Rate Long Distance, 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.

1025 Greenwood Blvd., Suite 300, Lake Mary, Florida 32746

Address

City

State

Zip

Tenn. Secretary of State Certificate of Authority ID 0406412

Federal Taxpayer ID Number 59-3706061

Social Security Number for Applicants

Applying as Individuals

Not applicable.

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

None

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.

Not applicable

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

01-00391

Company ID Number

128713

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;  
(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

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 x 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 x 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 x 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.

Beth Wieler (407) 804-5206 (407) 804-5209  
Name Phone No. Fax No.

(800) 597-0028 e-mail Address info@reducedratelongdistance.com

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

Monica Borne Haab (504) 832-1984 (504) 831-0892  
Name Phone No. Fax No.

(800) None e-mail Address mborne@nbgllaw.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.

(800) 597-0028 (407) 804-5206  
PHONE NUMBER ALTERNATE PHONE NUMBER

1025 Greenwood Blvd., Suite 300, Lake Mary, FL 32746  
ADDRESS CITY ST ZIPCODE

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

National Registered Agents, Inc.

1900 Church Street, Suite 400, 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) None.

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.)  
See Attachment

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 x
  - 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. No.

- H. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes x 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 II<sup>1</sup>. Tariff attached.

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

<sup>1</sup>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.

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? WorldCom and/or Qwest

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? The Company will use LEC billing.

N Describe briefly how the applicant plans to market their services in Tennessee?  
The Company will market its services through telemarketing.

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. No independent telemarketers will be used.

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

The Company will use independent third party verification prior to switching

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       

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



- 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: Organization Structure**

**A. Applicant's organizational structure**

\_\_\_\_\_ Corporation

\_\_\_\_\_ Publicly Traded Corporation

\_\_\_\_\_ Subsidiary of a Publicly Traded Corporation

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

\_\_\_\_\_ Other Form of Corporation

List type \_\_\_\_\_ (Example S Corporation)

Attach a copy of the charter, bylaws and/or certificate of incorporation.

\_\_\_\_\_ 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: March 2, 2001 (Nevada)
- (1) Parent Company, if applicable Visia Communications LLC
- (b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed. Attached.
- (1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. Attached.
- (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. The Company's parent is Visia Communications LLC. The Applicant has no subsidiaries or other affiliates has no parent, subsidiaries or other affiliates.



(4) Period covered by financial statement attached: Initial Statements

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: Reduced Rate Long Distance LLC  
(NAME OF CORPORATION)  
[Signature]  
SIGNATURE  
David Butler  
PRINTED NAME

ATTEST: CEO  
Title  
[Signature]  
Beth Wieler, V.P. Operations  
Title

On this the 24 day of April, 2001 before me, a Notary Public  
ANA MACHUCA

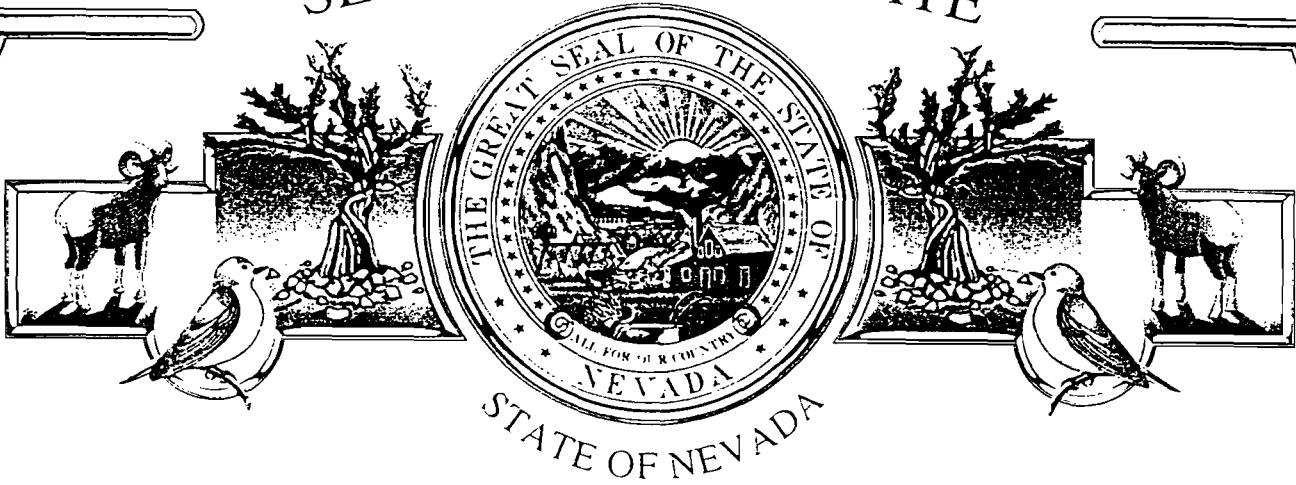
known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

[Signature]  
Notary Public

seal



# SECRETARY OF STATE



## LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **REDUCED RATE LONG DISTANCE LLC** did on **MARCH 02, 2001**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Las Vegas, Nevada, on MARCH 02, 2001.

A handwritten signature in cursive script, reading "Dean Heller".

Secretary of State



By

A handwritten signature in cursive script, reading "Kelli Gray".

Certification Clerk



DEAN HELLER  
Secretary of State

101 North Carson Street, Suite 3  
Carson City, Nevada 89701-4786  
(775) 684 5708

**Limited-Liability  
Company**  
Articles of Organization  
(PURSUANT TO NRS 39)

Office Use Only:

FILED #

MAR 02 2001

IN THE OFFICE OF  
DEAN HELLER SECRETARY OF STATE

Important: Read attached instructions before completing form.

1. **Name of Limited-Liability Company:**

Reduced Rate Long Distance LLC

2. **Resident Agent Name and Street Address:**

*(must be a Nevada address where process may be served)*

National Registered Agents, Inc. of NV

Name

1100 East William Street, Suite 207 Carson City

NEVADA 89701

Street Address

City

Zip Code

3. **Dissolution Date:**

*(OPTIONAL—see instructions)*

Latest date upon which the company is to dissolve (if existence is not perpetual): perpetual

4. **Management:**

*(check one)*

Company shall be managed by X Manager(s) OR \_\_\_\_\_ Members

**Names, Addresses, of Manager(s) or Members:**

*(attach additional pages as necessary)*

David Butler

Name

1025 Greenwood Blvd., Suite 300, Lake Mary

FL

32748

Street Address

City

State

Zip Code

Ed Kohlscheiber

Name

1025 Greenwood Blvd., Suite 300, Lake Mary

FL

32748

Street Address

City

State

Zip Code

Name

Street Address

City

State

Zip Code

5. **Other Matters:**

*(see instructions)*

Number of additional pages attached: 1

6. **Names, Addresses and Signatures of Organizer(s):**

*(attach additional pages if there are more than 2 organizers)*

David Butler

Name

1025 Greenwood Blvd., Suite 300, Lake Mary

FL

Address

City

State

Zip Code

*David Butler*  
Signature

Name

Signature

Address

City

State

Zip Code

7. **Certificate of Acceptance of Appointment of Resident Agent:**

I, National Registered Agents, Inc. of NV

hereby accept appointment as Resident Agent for the above named limited-liability company.

Signature of Resident Agent

Date

This form must be accompanied by appropriate fees. See attached fee schedule.

Revised 11/99 by State of Nevada, Department of State  
Revised 11/99 by State of Nevada, Department of State

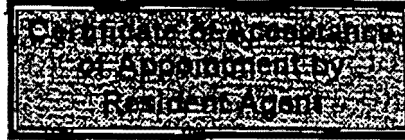
Reduced Rate Long Distance LLC

8. Purpose: The Company is being organized to provide telecommunications services and any other businesses that a limited-liability company may be lawfully organized to provide in the State of Nevada.
9. Record Location: The Company will keep all of its corporate records at 1025 Greenwood Blvd., Ste. 300, Lake Mary, Florida 32746.



DEAN HELLER  
Secretary of State

101 North Carson Street, Suite 3  
Carson City, Nevada 89701-4786  
(775) 684 5708



FILED #

Office Use Only

MAR 02 2001

IN THE OFFICE OF  
DEAN HELLER SECRETARY OF STATE

General Instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. Ensure that document is signed in signature field.

In the matter of Reduced Rate Long Distance LLC

(Name of business entity)

I, National Registered Agents, Inc. of NV, hereby state that on March 1, 2001  
(Name of resident agent) (Date)

I accepted the appointment as resident agent for the above named business entity.

National Registered Agents, Inc. of NV

Charles A. Coyle

Signature of Resident Agent

Charles A. Coyle - Assistant Secretary

March 1, 2001  
Date

Nevada



# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **REDUCED RATE LONG DISTANCE LLC** as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 2, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 30, 2001.



*Dean Heller*

Secretary of State

By

*A. J. Lahr*

Certification Clerk

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

DATE: 04/10/01  
REQUEST NUMBER: 4174-0431  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 04/09/01 0912  
EFFECTIVE DATE/TIME: 04/09/01 0912  
CONTROL NUMBER: 0406412

TO:  
NOWALSKY, BRONSTON & GOTHARD, APLIC  
3500 N CAUSEWAY BLVD  
STE 1442  
METAIRIE, LA 70002

RE:  
REDUCED RATE LONG DISTANCE, 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: 04/09/01

FROM:  
NOWALSKY, BRONSTON & GOTHARD (3500 CAUSE  
3500 N. CAUSEWAY BLV  
STE 1442  
METAIRIE, LA 70002-0000

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

RECEIPT NUMBER: 00002853085  
ACCOUNT NUMBER: 00362684



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

State of Tennessee



Department of State  
Corporation Section  
18th Floor, James K. Polk Building  
Nashville, TN 37243-0306

APPLICATION FOR  
CERTIFICATE OF AUTHORITY

For Office Use Only

2001 APR -9 AM 9:12  
STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR:  
Reduced Rate Long Distance 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: Reduced Rate Long Distance 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: Nevada

3. The date of its organization is: March 2, 2001 (must be month, day and year)

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

1100 East William Street, Suite 207, Carson City, Nevada 89701

Street

City/State

Zip Code

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

1900 Church Street, Suite 400, Nashville, TN, County of Davidson 37203

Street

City/State

County

Zip Code

The name of its registered agent at that office is: National Registered Agents, Inc.

6. The number of members at the date of filing 2

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) \_\_\_\_\_.

**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.

3/21/01  
Signature Date

Manager/Member

Signer's Capacity

Reduced Rate Long Distance LLC

Name of Limited Liability Company

[Signature]  
Signature

Edward H. Kohlschreiber

Name (typed or printed)

State of Tennessee



Department of State  
Corporation Section  
18th Floor, James K. Polk Building  
Nashville, TN 37243-0306

APPLICATION FOR  
CERTIFICATE OF AUTHORITY

For Office Use Only

2001 APR -9 AM 9:12  
FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR:  
Reduced Rate Long Distance 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: Reduced Rate Long Distance 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: Nevada

3. The date of its organization is: March 2, 2001 (must be month, day and year)

4. The complete street address (including zip code) of its principal office is:  
1100 East William Street, Suite 207, Carson City, Nevada 89701

Street City/State Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee:  
1900 Church Street, Suite 400, Nashville, TN, County of Davidson 37203

Street City/State County Zip Code

The name of its registered agent at that office is: National Registered Agents, Inc.

6. The number of members at the date of filing 2

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) \_\_\_\_\_.

*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.*

3/21/01  
Signature Date  
Manager/Member  
Signer's Capacity

Reduced Rate Long Distance LLC  
Name of Limited Liability Company  
  
Signature  
Edward H. Kohlschreiber  
Name (typed or printed)