

Company ID: 128752

Ringgold Telephone Long Distance
7449 Nashville Street
Ringgold, GA 30736

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN

November 20, 2001

IN RE: CASE NUMBER: 01-00934

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 November 20, 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:

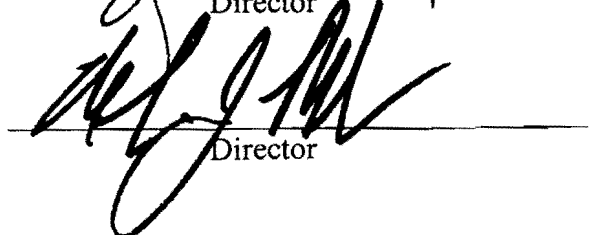
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with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



Cronin Communications Consultants

415 Hepplewhite Drive, Alpharetta, GA 30022 • 770-649-1886 • 770-645-6545 (fax) • www.cronincom.com

October 23, 2001

Via Federal Express

K. David Waddell, Executive Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

01 OCT 25 PAID T.R.A.
Chk # 1159
Amount 500.00
Rcvd By JR
Date 10-25-01

RE: *Application for Long Distance Resale Authority by Ringgold Telephone Long Distance, Inc.*

Dear Mr. Waddell:

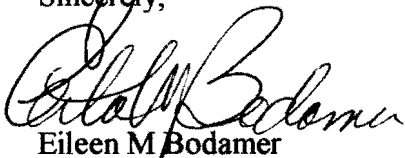
C1-00934

Enclosed for filing is an original and one copy of the long distance reseller application of Ringgold Telephone Long Distance. In addition to the materials specifically referenced in the application package, the company also includes a copy of its proposed tariff (Exhibit 3) and an irrevocable letter of credit for \$20,000 in Exhibit 5.

If there are any questions, please contact me at 770-649-1886.

Please return a stamped copy of this letter in the enclosed stamped self-addressed envelope as receipt of the filing. A filing fee for \$50 is also included.

Sincerely,


Eileen M Bodamer

Enc.

Original plus 1 copy

Cc: Faye Wells, Ringgold Telephone Long Distance

**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 Ringgold Telephone Long Distance
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.

<u>7449 Nashville Street</u>	<u>Ringgold,</u>	<u>GA</u>	<u>30736</u>
Address	City	State	Zip

Tenn. Secretary of State Certificate of Authority ID 0415317 (effective 10/09/01)

Federal Taxpayer ID Number 58-2588625

Social Security Number for Applicants Applying as Individuals

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 7449 Nashville Street City Ringgold
State Georgia Zip Code 30736 Phone No. (706) 965 - 2345

(Use additional pages if necessary) Ringgold Telephone Long Distance will use employees of its affiliate Ringgold Telephone Company. Ringgold Telephone Tax ID 58-0699605.

*****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 01-00934

Company ID Number 128752
Date Approved _____
Evaluator _____

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address: In addition to the operations of Ringgold Telephone Long Distance, the company operates the following businesses at this address: Ringgold Telephone Company (an incumbent local service provider) and Catt.com, an internet service provider.
- 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
BUSINESS ADDRESS
HOME ADDRESS
EMPLOYMENT HISTORY

SOCIAL SECURITY NUMBER
BUSINESS PHONE No.
HOME PHONE No.

Provide the above requested information on separate attachments. See Exhibit 1

- 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) **Not applicable**

- 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) **Not applicable**

(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.

William Errickson (706) 965-2345 (706) 965-3920
Name Phone No. Fax No.

(888) 507-8770 e-mail Address WHE@Catt.com

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

Eileen Bodamer (770) 649-1886 (770) 645-6545
Name Phone No. Fax No.

(800) N/A e-mail Address EMBodamer@Mindspring.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.

(888) 507-8770 (706) 965-2345
PHONE NUMBER ALTERNATE PHONE NUMBER
7449 Nashville Street Ringgold, GA 30736
ADDRESS CITY ST ZIPCODE

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

RTC Communications (Interconnect equipment sales and service)

5705 Marlin 5900 Building, Suite 1300, Chattanooga TN 37414

- 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.

XXX 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.)

Applicant is an incumbent local exchange carrier (since 1912) in Georgia and has been offering long distance resale services since July 2001 in Georgia

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.

Not applicable

- 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)

Not applicable

- E. Areas in Tennessee to be served.

State wide for LD as market dictates.

- 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 applicable

- 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 Appendix II and Exhibit 3**

- J. What is the applicant's 10XXX or 800 access code, if applicable? **Not applicable – company will use its CIC code of 5870 but will block casual dial access from its network.**

¹ 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? Not in the foreseeable future

- L. Whose facility-based network(s) will the applicant be reselling? Currently using the facilities of FairPoint Communications under that company's agreements with Global Crossing and Qwest. Subject to change upon the expiration of the company's current services agreement.

- M. Will the applicant be utilizing the local telephone company's billing system or billing customers directly²? Applicant will use the billing services of its affiliated ILEC and will bill its customers directly for services. See Exhibit 4

- N. Describe briefly how the applicant plans to market their services in Tennessee?

Applicant intends to market its services through Media advertising (radio, newspaper, etc.) and through affiliation with its current Tennessee interconnect sales and service operation. Some direct sales at county, town and other regional events (booths, sponsorships) are likely.

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

Unknown at this time – not budgeted for 2002 fiscal year

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, 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.

Written LOAs and third party verification is anticipated for use on all service PIC changes. Unauthorized switching (slamming) of customers will likely be prevented by the company's current compensation structure for its customer service representatives who receive no sales commission for the processing of orders.

- 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 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 ☐

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

Part III: Organization Structure

A. Applicant's organizational structure

✓ Corporation

_____ Publicly Traded Corporation

_____ Subsidiary of a Publicly Traded Corporation

✓ Limited Liability Corporation *See Exhibit 2*

Attach a copy of the articles of organization and operating agreement along with amendments.

_____ Other Form of Corporation

List type S Corp (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: Incorporated in Georgia in December 2000.

(1) Parent Company, if applicable Ringgold Telephone Company

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

See Exhibit 2

(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 2

(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 2

(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. *See Exhibit 1*

(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

Not applicable

C. Number of employees: 77 (all operations)

Employer Identification Number (E.I.N.) 58-1725910

Part IV: Financial Information

A. Address where business records are kept: 7449 Nashville Street
STREET

<u>Ringgold,</u>	<u>GA</u>	<u>30736</u>	<u>706-965-2345</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.

(1) Fiscal year end: Month December Day 31

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

Consolidated only. Years ending December 31, 2000 and 1999

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

Haynes, Moore, Hopper and Threlkeld; PO Box 711, Rome GA 30162-0711

(4) Period covered by financial statement attached: January 1, 1999 – December 31, 2000

See Exhibit 2

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.

None – 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?

✓ 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 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

Ringgold Telephone Company
(NAME OF CORPORATION)

BY:

SIGNATURE

DeLynn C. Evitt
DeLynn C. Evitt

Treasurer

ATTEST:

Kathy Hampton
Human Resources Assistant
Title

On this the 27th day of September 2001 before me, a Notary Public

DeLynn C. Evitt & Kathy Hampton
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.

Denise J. Tingle
Notary Public

My Commission Expires January 15, 2005

Seal

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0054837
DATE INC/AUTH/FILED: 12/14/2000
JURISDICTION : GEORGIA
PRINT DATE : 09/26/2001
FORM NUMBER : 211

RINGGOLD TELEPHONE COMPANY
ALBERT BODAMER
415 HEPPLEWHITE DR.
ALPHARETTA, GA 30022

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

RINGGOLD TELEPHONE LONG DISTANCE, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010926200511825



Cathy Cox
Secretary of State

State of Tennessee



Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

RECEIVED
STATE OF TENNESSEE

01 OCT 19 9:19 AM
FILED

SECRETARY OF STATE

APPLICATION FOR
CERTIFICATE OF AUTHORITY
(FOR PROFIT)

STATE RECEIVED
For Office Use Only
2001 OCT -2 AM 9:24
SECRETARY OF STATE

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation 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 corporation is Ringgold Telephone Long Distance, Inc.
*If different, the name under which the certificate of authority is to be obtained is _____

[NOTES: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. *If obtaining a certificate of authority under a different corporate name, an application for registration of an assumed corporate name must be filed pursuant to Section 48-14-101(d) with an additional \$20.00 fee.]

2. The state or country under whose law it is incorporated is Georgia

3. The date of its incorporation is 12/14/2000 (must be month, day, and year), and the period of duration, if other than perpetual, is _____

4. The complete street address (including zip code) of its principal office is
7449 Nashville Street, Ringgold GA 30736

Street	City	State/Country	Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee and the name of its registered agent is
5705 Marlin 5900 Building, Suite 1300, Chattanooga TN 37414

Street	City	State/Country	Zip Code
Registered Agent	RTC Communications		

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)
See attached sheet

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.) See attached sheet

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

9. The corporation is a corporation for profit.

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is _____ (date), _____ (time).

[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]

[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 corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.]

September 27, 2001

Signature Date

Treasurer

Signer's Capacity

Ringgold Telephone Long Distance

Name of Corporation

Signature

DeLynn C. Evitt

Name (typed or printed)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

RECEIVED CONTROL NUMBER : 0054837
STATE OF TENNESSEE DATE INC/AUTH/FILED: 12/14/2000
JURISDICTION : GEORGIA
01 OCT -9 AM 9:19 PERM DATE : 09/26/2001
FORM NUMBER : 211

SECRETARY OF STATE

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ALBERT BODAMER
415 HEPPLEWHITE DR.
ALPHARETTA, GA 30022

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A GEORGIA PROFIT CORPORATION**

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Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010926200511825



Cathy Cox

Cathy Cox
Secretary of State