

05/05/2004



Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243

Independent Telecommunication Systems, Inc Compliance with the County-Wide
Calling Requirements

To Whom It May Concern,

Independent Telecommunication Systems, Inc is familiar with the county-wide calling requirements pursuant to T.C.A. 65-21-114 and will comply with this requirement in the following ways.

1. Independent Telecommunication Systems, Inc is not currently selling voice service in Tennessee. Independent Telecommunication Systems, Inc sells data circuits.
2. If Independent Telecommunication Systems, Inc decides to sell long distance in Tennessee, it will use an underlying carrier that has documented procedures to comply with the regulation and that has a subscription to the Bell-South database.

Regards,

A handwritten signature in black ink, appearing to read 'F. Byam', with a long horizontal flourish extending to the right.

Frederick D Byam
Chief Operating Officer, Independent Telecommunication Systems, Inc

RECEIVED

MAY 06 2004

TN REGULATORY AUTHORITY
TELECOMMUNICATIONS DIVISION

4079 Park East Court
Grand Rapids, MI 49546
Phone: (616) 242-5300
Fax: (616) 242-5309
www.itscommunications.com

TENNESSEE REGULATORY AUTHORITY

Deborah Taylor Tate, Chairman
Pat Miller, Director
Sara Kyle, Director
Ron Jones, Director



460 James Robertson Parkway
Nashville, Tennessee 37243-0505

April 27, 2004

ath
Patsy Fulton

Robert Sweezie, President
Independent Telecommunications Systems, Inc.
4079 Park East Court
Kentwood, Michigan 49546

RE: Docket # 04-00108

Dear Mr. Sweezie:

To assist the Authority in its review of Independent Telecommunications Systems, Inc. application for a Certificate of Convenience and Necessity to provide resale interexchange telecommunications services in Tennessee, you are requested to provide the following information:

1. Provide assurance that the applicant is familiar with the county-wide calling requirements pursuant to T.C.A. § 65-21-114 and has procedures in place that will allow compliance.
2. Provide a Small and Minority Owned Business Plan compliant with T.C.A. § 65-5-212.
3. Please provide answers to all parts of the application that are blank, more specifically Part II, G & H.
4. Please submit a certificate to do business in the State of Tennessee, including certificates for any and all assumed names.
5. On March 10, 2000, the Tennessee General Assembly enacted Public Chapter 586 which amends Tennessee Code Annotated §65-4-125, "Changes in telecommunications service provider - Regulation - Enforcement." Section 3 of this act states as follows:
Section 3. Tennessee Code Annotated, Section 65-4-125, is amended by adding the following as a new, appropriately designated subsection:
 - j. By September 1, 2000, all telecommunications service providers subject to the control and jurisdiction of the authority, except those owners or operators of public [pay] telephone service who pay annual inspection

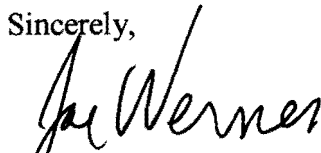
and supervision fees pursuant to Tennessee Code Annotated, Section 65-4-301(b), or any telecommunications service provider that owns and operates equipment facilities in Tennessee with a value of more than five million dollars (\$5,000,000), shall file with the authority a corporate surety bond or irrevocable letter of credit in the amount of twenty thousand dollars (\$20,000) to secure the payment of any monetary sanction imposed in any enforcement proceeding, brought under this title or the Consumer Telemarketing Protection Act of 1990, by or on behalf of the authority.

Pursuant to the above statute, the following will be due to the Tennessee Regulatory Authority ("TRA"), prior to completing the processing of your application for a Certificate of Public Convenience and Necessity:

1. A corporate surety bond in the amount of \$20,000; or
 2. An irrevocable letter of credit in the amount of \$20,000; or
 3. Documentary evidence that you own and operate equipment facilities in Tennessee worth more than \$5,000,000.
6. Please include any names and/or assumed names that the Company will be operating and/or billing under in the State of Tennessee on the application for certification, the Bond or Letter of Credit and the tariff.

Please provide this information by May 7, 2004. If you have any questions concerning this request or need additional information, please call Patsy Fulton at 615-741-2904 ext. 193.

Sincerely,



Joe Werner
Telecommunications Chief

Cc: Docket File

**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 Independent Telecommunications Systems, Inc.
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.

4079 Park East Court – Kentwood, MI 49546
Address, City, State, Zip

Tenn. Secretary of State Certificate of Authority ID _____

Federal Taxpayer ID Number 38-2642688

Social Security Number for Applicants Applying as Individuals _____

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

d/b/a ITS Communications, d/b/a IXC Direct, Inc

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 _____

City/State/Zip _____ Phone () _____

*****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 04-00108 Company ID Number 128894

Date Approved _____

Evaluator _____

RECEIVED

APR 14 2004

TN REGULATORY AUTHORITY
TELECOMMUNICATIONS DIVISION

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:

- (c) The proprietor, if the applicant is an individual;
- (d) Every member, if the applicant is a partnership;
- (e) 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)
- (f) 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		

Attached as Exhibit A

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)**

☐ Yes ☒ No If yes, please explain fully.

- 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)**

☐ Yes ☒ No If yes, please explain fully.

- (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.

Robert Sweezie

Name

(616) 242-5300

Phone No.

(616) 242-5309

Facsimile No.

(888) 693-9509

E-mail Address: rsweezie@itscommunications.com

Fritz Bynum 616 242 5300
(1)

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

Patrick Crocker

Name

(269) 381-8844

Phone No.

(269) 381-8822

Facsimile No.

(800) 768-2852

E-mail Address: pcrocker@earlylennon.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) 693-9509

PHONE NUMBER

(616) 242-5300

ALTERNATE PHONE NUMBER

4079 Park East Court

ADDRESS

Kentwood

CITY

MI

STATE

49546

ZIPCODE

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

Joseph Martin, Jr.

3rd Floor, 230 Fourth Avenue N

Nashville, TN 37219

- 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.** Applicant is not providing operator service 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.)
Attached as Exhibit B

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.

No complaints have been filed against Applicant.

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.

Applicant has no affiliates or parents engaged in providing telecommunications services.

- 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)
Applicant has not been denied authority to provide service.

- 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?
☐ Yes ☐ No 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
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.

Attached as Exhibit C

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

Not applicable

- K. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?

Applicant has no plans at this time to construct any telecommunications transmission facilities of its own and seeks no construction authority by means of this application.

- L. Whose facility-based network(s) will the applicant be reselling?

U.S. Signal, Williams Communications, Global Transport, Qwest Communications, Broadwing Communications

- M. Will the applicant be utilizing the local telephone company's billing system or billing customers directly²?

Applicant will bill customers directly. A sample bill is attached as **Exhibit D**

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

Applicant plans to market their services via advertising, direct marketing, website, and independent distributors.

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

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.

Applicant will switch customers after obtaining an executed Letter of Agency ("LOA") in case of a commercial customer or a voice recording authorizing change in the case of a residential customer. LOA is attached hereto as **Exhibit E**.

- 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

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.

² A copy of a bill is required if 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 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.

Applicant's Articles of Incorporation and Bylaws are attached as Exhibit F.

☐ 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)-(e) is to be completed if applicant is a Corporation, Association or Trust

(a) The date and state of formation/incorporation: 3/22/84 in Michigan

(1) Parent Company, if applicable _____

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

Attached as Exhibit G.

(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 as Exhibit H.

(c) 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.

Applicant is a Corporation duly organized in the State of Michigan.

Applicant has no subsidiary or parent.

(d) 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.

The directors, executive officers, or key shareholders of Applicant have no history of material litigation or criminal convictions for the ten-year period prior to the date of this application.

(e) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

- 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: Applicant has # 50 employees.

Employer Identification Number (E.I.N.) 38-2642388

Part IV: Financial Information

A. Address where business records are kept:
4079 Park East Court Kentwood, MI 49546 (616) 242-5300
STREET 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.

A copy of Applicant's most recent financial statements is attached as Exhibit I

(1) Fiscal year end: Month _____ Day _____

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

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

(4) Period covered by financial statement attached:

C. Does the applicant currently have an internal auditor and/or internal audit program?
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 V: 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. *Tennessee Regulatory Authority*

ATW Telecom

460 James Robertson Parkway

Nashville, TN.

372 43 - 0505

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

PRINTED NAME

Signature

PRINTED NAME

Signature

PRINTED NAME

Signature

PRINTED NAME

For Corporations
and Other Organizations

Independent Telecommunications Systems, Inc.
d/b/a ITS Communications, d/b/a IXC Direct, Inc.
(NAME OF CORPORATION)

BY:

SIGNATURE

Robert Sweezie
PRINTED NAME

President
TITLE

ATTEST:

TITLE

On this the 13th day of April, 2008, before me, a Notary Public,
Robert Sweezie, 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
knowledge and belief.

NOTARY PUBLIC

My Commission Expires: 10-05-2008

County of KENT State of MICHIGAN

7 13 13 13 13 13 13

State of Tennessee		APPLICATION FOR CERTIFICATE OF AUTHORITY (FOR PROFIT)		RECEIVED SECRETARY OF STATE KILEY DARNELL 43 SEP -5 AM 8:3	
Department of State Corporate Filings 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, TN 37243					
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 <u>INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC.</u> 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 <u>Michigan</u>					
3. The date of its incorporation is <u>March 29, 1984</u> (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 <u>4079 Park East Court, Kentwood, MI 49546</u> 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 <u>230 Fourth Avenue, North, 3rd Floor, Nashville, Davidson County, TN 37219</u> Street City State/Country Zip Code Registered Agent <u>Joseph Martin, Jr.</u>					
6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.) <u>Robert Sweezie, President, Secretary, Treasurer, 4079 Park East Court</u> <u>Kentwood, MI 49546</u>					
7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.) <u>Robert Sweezie, Director, 4079 Park East Court, Kentwood, MI 49546</u>					
8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) _____					
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.]					
August 1, 2003 Signature Date		INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC. Name of Corporation			
President Signer's Capacity		Signature <u>Robert Sweezie, President</u> Name (typed or printed)			
83-4431 (Rev. 4/01)		Filing Fee: \$500		RDA 1678	

-4-2134 12137875

FILED

State of Tennessee



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

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

RECEIVED
STATE OF TENNESSEE
03 SEP -5 AM 8:33
FILED DANIEL
SECRETARY OF STATE

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC.

2. The state or country of incorporation is Michigan

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
IXC DIRECT

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

INDEPENDENT TELECOMMUNICATIONS
SYSTEMS, INC.

8-1-3
Signature Date

Name of Corporation

President
Signer's Capacity

Signature

Robert M Sweet
Name (typed or printed)

7 3 1 2 4 1 3 1 3 5 1 3

State of Tennessee



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

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

RECEIVED
OFFICE OF THE
SECRETARY OF STATE
SEP - 5 AM 8:33
DAWELL

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC.

2. The state or country of incorporation is Michigan

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
ITS COMMUNICATIONS

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8-1-03
Signature Date

INDEPENDENT TELECOMMUNICATIONS
SYSTEMS, INC.
Name of Corporation

President
Signer's Capacity

Signature

Robert Sweezie
Name (typed or printed)

APR-22-2004 THU 07:33 AM EARLYLENNON

FAX NO. 380022

P. 02

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

DATE: 09/08/03
REQUEST NUMBER: 4904-0859
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 09/05/03 0833
EFFECTIVE DATE/TIME: 09/05/03 0833
CONTROL NUMBER: 0453449

TO:
INDEPENDENT TELECOMMUNICATIONS SYSTEMS, I
4079 PARK EAST COURT
KENTWOOD, MI 49546

RE:
INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC.
APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION 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 CORPORATION TO ADMINISTRATIVE REVOCATION
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

ON DATE: 09/08/03

FROM:
CORPORATION GUARANTEE AND TRUST CO/3331
3331 STREET ROAD
SUITE 110
BENSALEM, PA 19020-0000

RECEIVED: FEES \$600.00 \$0.00
TOTAL PAYMENT RECEIVED: \$600.00

RECEIPT NUMBER: 00003354502
ACCOUNT NUMBER: 00362848



SS-4458

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

APR-22-2004 THU 07:35 AM EARLYLENNON

TO: F162425309
FAX NO. 381 02P.006/007
F. 00**Secretary of State
Division of Business Services**312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243DATE: 09/08/03
REQUEST NUMBER: 4904-0865
TELEPHONE CONTACT: (615) 741-2288
FILE DATE/TIME: 09/05/03 0833
EFFECTIVE DATE/TIME:
CONTROL NUMBER: 0453449TO:
CORPORATION GUARANTEE AND TRUST COMPANY
TWO GREENWOOD SQ 110
3331 STREET RD
BENSALEM, PA 19020RE:
IXC DIRECT
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE
NAMETHIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME
REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS
INDICATED ABOVE.THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO
(2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5)
YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.-----

FOR: APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE ON DATE: 09/08/03
NAMEFROM:
CORPORATION GUARANTEE AND TRUST CO/3331
3331 STREET ROAD
SUITE 110
BENSALEM, PA 19020-0000RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00RECEIPT NUMBER: 00003354528
ACCOUNT NUMBER: 00362848

SS-445R

*Riley C. Darnell*RILEY C. DARNELL
SECRETARY OF STATE

APR-22-2004 THU 07:34 AM EARLYLENNON

TO: 6162425309
FAX NO. 38122P.004/007
P. 04**Secretary of State**
Division of Business Services312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243DATE: 09/08/03
REQUEST NUMBER: 4804-0863
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 09/05/03 0833
EFFECTIVE DATE/TIME:
CONTROL NUMBER: 0453449TO:
CORPORATION GUARANTEE AND TRUST COMPANY
TWO GREENWOOD SQ 110
3331 STREET RD
BENSALEM, PA 19020RE:
ITS COMMUNICATIONS
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE
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REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS
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CORPORATION GUARANTEE AND TRUST CO/3331
3331 STREET ROAD
SUITE 110
BENSALEM, PA 19020-0000RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00RECEIPT NUMBER: 00003354516
ACCOUNT NUMBER: 00362848*Riley C. Darnell*RILEY C. DARNELL
SECRETARY OF STATE