



Thomas W. Sokol  
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**Virginia External Affairs**

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August 10, 2005

Chairman Ron Jones  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243

05-00229

Re: Application of Sprint Long Distance, Inc. d/b/a LTD Long Distance, Inc. to  
Provide Resold Telecommunications Services in Tennessee Pursuant to TRA  
Rule 1220-4-2-.57

Dear Chairman Jones:

Under cover of this letter please find enclosed, Sprint Long Distance, Inc. d/b/a LTD Long Distance, Inc.'s Application to provide resold interexchange telecommunications services in the State of Tennessee. Also enclosed is a check in the amount of \$50.00 for the filing fee. Sprint respectfully requests that this matter be considered as promptly as possible.

An extra copy of the cover letter is also enclosed. Please date stamp the extra copy and return it to me in the self addressed stamped envelope.

Finally, please contact Laura Sykora at (919-554-7323) or me with any questions you may have concerning this Application.

Sincerely yours,

128966  
COTD

Thomas W. Sokol  
State Executive TN/VA

TWS:sm

Enclosures

cc: Laura Sykora  
Edward Phillips

**PAID T.R.A.**

Chk # 0012227019

Amount 50.00

Rcvd By LR

Date 8-11-05

**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 Sprint Long Distance, 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.

<u>6200 Sprint Parkway</u>	<u>Overland Park</u>	<u>KS</u>	<u>66251</u>
Address	City	State	Zip

Tenn. Secretary of State Certificate of Authority ID: 0489128

Federal Taxpayer ID Number: 20-2380048

Social Security Number for Applicants

Applying as Individuals

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

No assumed or fictitious names will be 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.

See Attachment A for affiliates of Sprint Corporation certified to provide telecommunications in Tennessee and a list of all Sprint Corporation affiliates generally.

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: _____	Company ID Number: _____
	Date Approved: _____
	Evaluator: _____

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address: 6200 Sprint Parkway, Overland Park, Kansas is the World Headquarters for Sprint Corporation. Sprint Corporation, through its subsidiaries, is a nationwide provider of wireless and wireline services. Its wireline services include long distance plus incumbent and competitive local exchange services.
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- 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

PHONE No.

HOME ADDRESS

PHONE No.

EMPLOYMENT HISTORY

**Provide the above requested information on separate attachments.**

See Attachment B.

- 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.

See Attachment C.

- (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, LLC 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, LLC 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.

Laura Sykora (Mgr. Regulatory)     (919) 554-7323     (919) 554-7595  
Name     Phone No.     Fax No.

(800) N/A     e-mail Address Laura.Sykora@mail.sprint.com

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

Edward Phillips (Attorney)     (919) 554-7870     (919) 554-7913  
Name     Phone No.     Fax No.

(800) N/A     e-mail Address Edward.Phillips@mail.sprint.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.

(866) 750-8300     (800) 473-2017 (FAX)  
PHONE NUMBER     ALTERNATE PHONE NUMBER

For normal delivery the address is: Sprint ACS, PO Box 7086, London, KY, 40742

For overnight delivery the address is: Sprint ACS, 1084 S. Laurel Road, London, KY 40744

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

Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 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):

The registered agent is the only authorized agent to receive service of process in the state.

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.**

None.

- 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.)

The applicant has been incorporated in Delaware and certified to do business as a foreign corporation in the eighteen (18) states where Sprint Corporation, through its operating company affiliates, provides incumbent local exchange services. The applicant is in the process of becoming certified as a reseller of interexchange services in these eighteen (18) states. Otherwise, Sprint Corporation and its affiliates operate nationwide providing wireless and wireline long distance and local exchange telecommunications services.

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.

See Attachment D.

**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.)

Neither Sprint Corporation nor any affiliate operating in any state has been denied authority to provide service.

- E. Areas in Tennessee to be served.

The applicant requests statewide authority, but service is planned to be primarily in Northeast Tennessee in the area serviced by United Telephone – Southeast, Inc., as an incumbent local exchange carrier.

- 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. No.

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

- 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>

The applicant's proposed tariff is included at Appendix II.

- J. What is the applicant's 10XXX or 800 access code, if applicable? Applicant will use 1010333, which is the 1010XXX code assigned to Sprint Communications Company L.P.

- K. Does the applicant now have or plan to have any telecommunication's facilities (e.g., switches, fiber lines) in Tennessee? No. The applicant plans to resell the services of facilities based Sprint Communications Company L.P., an affiliate of Sprint Corporation.

- L. Whose facility-based network(s) will the applicant be reselling? Sprint Communications Company L.P., currently an affiliate of the applicant.

- M. Will the applicant be utilizing the local telephone company's billing system or billing customers directly?<sup>2</sup> The applicant will be using the billing system of its affiliate United Telephone – Southeast, Inc., an incumbent local exchange carrier. The applicant will not bill customer's directly and therefore a copy of a bill is not included.

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

The applicant will bundle its interexchange telecommunications services with the local exchange services of its affiliate United Telephone – Southeast, Inc.

- 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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See Attachment E.

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

Customers will obtain applicant's services by purchasing a bundle of local and interexchange services through applicant's affiliate United Telephone – Southeast, Inc. The methods and procedures used by the applicant to switch customer PIC and to prevent slamming of customers will be those used by United Telephone – Southeast, Inc., and compliant with state and federal law.

<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.

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

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- 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 \_\_\_\_\_
- 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**

X Corporation

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

X 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 \_\_\_\_\_ (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 charter, bylaws and/or certificate of incorporation. and Letter of Authorization from Tennessee Secretary of State.

\_\_\_\_\_ Individual Attach a copy of the charter, bylaws and/or certificate of incorporation. and 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: February 28, 2005. Delaware.

(1) Parent Company, if applicable: Sprint Corporation.

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

See Attachment F.

(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 Attachment G.

- (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.

The applicant is a wholly owned affiliate of Sprint Corporation. Sprint Corporation is a publicly traded corporation.

- (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 applicant is a newly formed corporation.

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

B. ☐ Proprietorship

☐ Partnership

☒ General Attach a copy of the charter, bylaws and/or certificate of incorporation, and Letter of Authorization from Tennessee Secretary of State.

See Attachments G & H.

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

☐ 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 Attachments G & H.

- (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: Employees are those of the affiliates.

Employer Identification Number (E.I.N.) 20-2380048.

#### Part IV: Financial Information

A. Address where business records are kept: 6200 Sprint Parkway

<u>Overland Park</u>	<u>Kansas</u>	<u>66251</u>	<u>Depends on type of record.</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.

The applicant is a newly formed corporation and does not have any financial statements. The 10K of Sprint Corporation for fiscal year ended December 31, 2004 is included as Attachment I.

- C. Does the applicant currently have an internal auditor and/or internal audit program? Yes

If so, Name of internal auditor Gene Agee, AVP Corporate Audit Services, Sprint Corporation.

- 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.

The applicant is a newly formed corporation.

#### Part VI: Rule Compliance Agreement

- A. Attach a copy of a Small and Minority-Owned Telecommunications Business Participation Plan Pursuant to Tennessee Code Annotated § 65-5-212.

See Attachment J. The applicant adopts the plan and policies of its Tennessee affiliates regarding the purchasing of goods and services from small and minority-owned telecommunications businesses.

- B. 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

- C. Do you understand the penalties for non-compliance, and all associated fees to provide such service? X Yes        No

See Attachment K for Surety Bond required by Tenn.Code.Ann 65-4-125(j).

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 Corporations  
and Other Organizations

Sprint Long Distance, Inc.  
(NAME OF CORPORATION)

BY: Thomas W. Sokol  
SIGNATURE

Thomas W. Sokol  
PRINTED NAME

State Executive  
Title

ATTEST: Kathryn B. Daughton  
Receptionist  
Title

On this the 9th day of August 2005 before me, a Notary Public  
Thomas W. Sokol

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.

Barbara Hipp  
Notary Public

seal