

**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 **Sterling Telecom, 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.
242 Beverly Road, Huntington Station, NY 11746
Address, City, State, Zip
Tenn. Secretary of State Certificate of Authority ID **0558257**
Federal Taxpayer ID Number **11-3623388**
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 _____
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 <u>08-00032</u>	Company ID Number <u>129039</u>
	Date Approved _____
	Evaluator _____

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:

- (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		

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.

<u>Terry Wisecup</u> Name	<u>(352) 307-9439</u> Phone No.	<u>(352) 307-9537</u> Facsimile No.
<u>(866) 425-7143</u> Toll Free Number	<u>twisecup@sterlingpayphones.com</u> E-mail Address:	

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

<u>Patrick Crocker</u> Name	<u>(269) 381-8844</u> Phone No.	<u>(269) 381-8822</u> Facsimile No.
<u>pcrocker@earlylennon.com</u> E-mail Address:		

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.

<u>(866) 425-7143</u> PHONE NUMBER	<u>(631) 425-7143</u> ALTERNATE PHONE NUMBER		
<u>242 Beverly Road</u> ADDRESS	<u>Huntington</u> CITY	<u>NY</u> STATE	<u>11746</u> 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)

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: _____

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.
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?

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

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 _____ (Example S Corporation)

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

Applicant's Articles of Incorporation 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: 08/09 /01 in New York
- (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 incorporated in the State of New York., Applicant has no parent or subsidiaries.
- (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 seventeen (17) employees.

Employer Identification Number (E.I.N.) 11-3623388

Part IV: Financial Information

A. Address where business records are kept:
242 Beverly Road Huntington Station, NY 11746 (631) 425-7143
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 December Day 31

(2) Date of most recent audited, unconsolidated financial statement of Applicant:
Not Applicable

(3) If applicable, name and address of independent certified public accountant:
Not Applicable

(4) Period covered by financial statement attached: 01/01/07 to 08/31/07

C. Does the applicant currently have an internal auditor and/or internal audit program?
If so, Name of internal auditor Not Applicable

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.

Attached hereto as **Exhibit J**: Surety Bond

Attached hereto as **Exhibit K**: InterLATA Toll Dialing Parity Plan

Attached hereto as **Exhibit L**: Small and Minority-Owned Telecommunications Business Plan

Attached hereto as **Exhibit M**: Statement affirming Compliance with Toll-free Countywide Calling Requirements

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

Sterling Telecom, Inc.
(NAME OF CORPORATION)

BY: Veronica Honor
SIGNATURE

Veronica Honor
PRINTED NAME

President
TITLE

ATTEST: _____

TITLE

On this the 09 day of January 2008, before me, a Notary Public, Officer, 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.

JOANN P. MAGRI
Notary Public, State of New York
No. 5010350
Qualified in Suffolk County
Commission Expires March 29, 2011

Joann P. Magri
NOTARY PUBLIC: JOANN P. MAGRI

My Commission Expires: 3/29/11

County of Suffolk State of New York

VERIFICATION

Veronica Honor, President of Sterling Telecom, Inc., first being duly sworn on oath, deposes and says that she has read the foregoing Application and verifies that the statements made therein are true and correct to the best of his knowledge, information and belief.

BY: Veronica Honor
Veronica Honor
Its President

The foregoing instrument was acknowledged before me this 09 day of January, 2008.
by Veronica Honor.

JOANN P. MAGRI
Notary Public, State of New York
No. 5010350
Qualified in Suffolk County
Commission Expires March 29, 2011

[Signature]
Notary Public
County of Suffolk
State of NY
My Commission expires 3/29/11