BEFORE THE TENNESSEE REGULATORY AUTHORITY NASHVILLE, TENNESSEE

September 14, 2010

IN RE:)	
)	DOCKET NO.
PETITION OF CITY TELE COIN COMPANY,)	10-00126
INC. FOR AUTHORITY TO PROVIDE RESELL.	ì	
TELECOMMUNICATIONS SERVICES IN)	Company ID:
TENNESSEE)	129046

ORDER GRANTING AUTHORITY TO RESELL LOCAL AND INTEREXCHANGE LONG DISTANCE SERVICES IN TENNESSEE

This matter came before Director Eddie Roberson, Director Kenneth C. Hill and Director Sara Kyle of the Tennessee Regulatory Authority (the "Authority"), the voting panel assigned to this docket, at a regularly scheduled Authority Conference held on August 23, 2010 for consideration of the Application to resell local and interexchange long distance services in Tennessee filed on June 24, 2010 by City Tele Coin Company, Inc. 1

Based upon careful consideration of the Application and of the record in this matter, the voting panel finds and concludes that the applicant has met all the requirements for certification and the requirements of Tenn. Comp. R. & Regs. 1220-4-2-.57, which was promulgated pursuant to, *inter alia*, Tenn. Code Ann. § 65-2-102 and Tenn. Code Ann. § 65-4-201, and should be authorized to resell local and interexchange long distance services in Tennessee.

IT IS THEREFORE ORDERED THAT:

 City Tele Coin Company, Inc. is authorized to resell local and interexchange long distance services in the State of Tennessee.

¹ City Tele Coin Company, Inc. was granted authority to provide Customer Owned Coin or Coinless Operated Telephone service in Tennessee on June 23, 2008 in Docket No. 08-00077.

- 2. This Order shall remain in effect until further order of this Authority.
- 3. This Order shall be retained as proof of certification with this Authority and may be used to obtain the appropriately tariffed access line from Authority authorized telecommunications service providers.

Eddie Roberson, Director

Kenneth C. Hill, Director

Sara Kyle, Director



September 9, 2010

Tennessee Regulatory Authority

Attn: Sharla Dillon

Dockets & Records Manager

460 James Robertson Parkway

Nashville, Tennessee 37243

10-00192

RE: City Tele Coin Company, Inc. (Docket No. 08-00077/COCOT, Docket No. 10-00126/RESELLER)
Notice of Intent to Operate Pursuant to Market Regulation

Dear Mrs. Dillon,

The purpose of this letter is to notify the Tennessee Regulatory Authority of City Tele Coin's intent to operate pursuant to Market Regulation as prescribed in the Market Regulation Act of 2009 in amendment to Tennessee Code Annotated § 65-5-109. Accordingly, at the very time this notice is filed and thereby in effect, City Tele Coin requests the immediate cancellation of its tariff currently filed with the TRA.

Attached herewith this original Notice of Intent are fourteen (14) copies of same. Please file stamp and return to me the extra copy so that I may have it for our records. Please do not hesitate to call for additional information.

Sincerely,

Jerry Juneau

President & CEO

RECEIVED

SEP 2 0 2010

TN REGULATORY AUTHORITY UTILITIES DIVISION

Enclosures

Lisa Foust - Re: Draft Agenda

From:

Sharla Dillon

To:

Foust, Lisa

Date:

8/13/2010 1:20 PM

Subject: Re: Draft Agenda

Hi Lisa,

Sharla is out - and it took me a minute to figure out why the agenda is showing CTC Company, Inc.

CTC stands for "City Tele Coin" - its on the letterhead of the filed petition. Sharla entered the company making the filing as "CTC Company, Inc." and because the item is a 'below the line' item on the agenda it shows the company filing vs. the caption of the docket.

Short answer - yes, it is the same company :-)

Lynda Lu

> Lisa Foust 8/13/2010 12:59 PM >>> Sharla,

I wonder why 10-00126 is showing up as CTC Company, Inc.? Is that how it got entered into your database? Their name is showing as City Tele Coin Company, Inc. on the application and on the Intranet. Just making sure we have the right company name because my memo says "City Tele Coin Company, Inc."

Thanks, Lisa

>>> Sharla Dillon 8/13/2010 8:46 AM >>>

For your review: August 23, 2010 2nd Draft Agenda Final Agenda is scheduled to be issued at 2pm today.

Please note the following changes: Docket No. 10-00148 has been removed A Directors Meeting has been added.



July 23, 2010

Tennessee Regulatory Authority

ATTN: LISA FOUST, Utilities Division 460 James Robertson Parkway

Nashville, Tennessee 37243

RY A!" DRIT.

RE: Docket No. 10-00126, Application of City Tele Coin Company, Inc. for Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee

Dear Lisa.

Firstly, allow me this opportunity to say "Thank You" for all your time on the matter at hand. You're help has no doubt far extended your obligation!

Moving on, in reference to completing your review of our application, please find attached the following information:

- 1) A revised Informational Tariff wherein a correction has been made to the collect local call rate located in *Section 4.1*, *Rates* (for the record, City Tele Coin has always been in compliance with the \$1.50 rate cap for this call type and the rate printed inside the original submitted tariff was listed in error),
- 2) More detailed biographical information for the members of management listed in our application,
- 3) A revised Page 5 of the actual Application for Certificate to Provide Operator Services and/or Resell Telecommunication Services in Tennessee, wherein answers to Sections (L) and (M) of Part II have been revised.

Since it was requested that this information be provided no later than 2:00 p.m. on July 30, 2010, I would greatly appreciate it if someone in your office would notify me of its receipt, via email, at jenni@citytelecoin.com. Please do not hesitate to contact me via email or direct at 318-629-1595 for further clarification of anything contained herein or otherwise found to be missing from the application.

Again, thank you so much for your time on the matter at hand!

Kindest Regards,

Jennifer Drygas

City Tele Coin Company, Inc.

RECEIVED

JUL 2 8 2010

TN REGULATORY AUTHORITY UTILITIES DIVISION

Enclosures





460 James Robertson Parkway Nashville, Tennessee 37243-0505

July 20, 2010

Jennifer Drygas City Tele Coin, Inc. 4501 Marlena Street Bossier City, LA 71111

RE: Docket No. 10-00126, Application of City Tele Coin, Inc. for Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee

Dear Ms. Drygas,

The Tennessee Regulatory Authority is in receipt of the above application. In order to complete a review of the Application, please provide the following information:

- 1) The informational tariff included with the application indicates a \$4.50 fee for each collect local call. Currently in Tennessee, there is a cap of \$1.50 on collect local calls pursuant to the Authority's November 8, 2005 order in TRA. Docket No. 04-00166. Please submit a revised informational tariff reflecting the allowable charge for collect local calls in Tennessee.
- 2) Provide more detailed biographical information for the members of management listed in the application.
- 3) Will the Company bill direct or will the charges be placed on the customer's local telephone bill?
- 4) What facilities-based network will provide the underlying service for City Tele Coin?

It is requested that this information be provided no later than 2:00 pm on July 30, 2010 and that you reference Docket Number 10-00126 on the response. In accordance with TRA rules submit either (1) thirteen written copies of your response or (2) four written copies and an electronic version. Should you have questions regarding this request, please contact Lisa Foust at 615-741-2904 extension 220.

Sincerely,

David Foster by fat Mersky
David Foster With Sermission

Utilities Division Deputy Chief

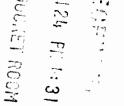
JUN 2 8 2010

TW 1.800. AFORY AUTHORITY

npany, inc.

June 18, 2010

Tennessee Regulatory Authority P.O. Box 198907 Nashville, TN 37219-8907 10-00/26



To Whom It May Concern:

City Tele Coin Company, Inc. is a Louisiana Corporation and is hereby applying for a Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee (hereinafter referred to as "The Application"). City Tele Coin Company, Inc. is a Video and Telecommunications Company whose purpose is to provide inmate telephone services.

Pursuant to information requested in The Application and/or as requested in the reseller application requirements document, enclosed please find the following items:

- 1) The Application, plus Thirteen (13) copies of said application
- 2) A company issued check in the amount of \$50.00 for the Filing Fee

Please note again that we are strictly an inmate phone service provider. I have not included an IntraLATA Toll Dialing Parity Plan with this package because it does not apply to City Tele Coin and as such, City Tele Coin can't provide you with an answer to any of the questions listed inside the checklist provided in your reseller package.

If you have any questions about the information contained herein, please do not hesitate to contact me directly at 318-629-1595 or email me at <u>jenni@citytelecoin.com</u>. Thank you in advance for you time on the matter at hand.

Regards,

City Tele Coin Company, Inc.

TITLE SHEET

TITLE & SECTION	PAGE /s
Application – Certificate to Provide Operator Services and/or Resell Telecommunication Services in TN	1-11
Attachment 1 – Directors	. 12
Attachment 2 – Certificate of Incorporation	13-14
Attachment 3 – Certificate of Good Standing from the State of Louisiana	15-16
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Attachment 5 – Corporate Structure of City Tele Coin Company, Inc	20-21
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Attachment 7 – Small and Minority-Owned Telecommunications Business Participation Plan Page 8, Part VI, Section A	53-55
Attachment 8 – Articles of Incorporation	56-59
Attachment 9 – Tariff for the Resell of Telecommunications Services	60-74
Attachment 10 – TN Telecommunications Service Provider's Surety Bond	75-79

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.

<u>Part I</u>	: General Informati	<u>on</u>					
Α.	Name of Applicant	City Tele Coin Com	pany, Inc.				
	Hame of Applicant	Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is					
made.							
		Legal name of applicant, if diffe	rent from above.				
		4501 Marlena Stree	et Bossier City	LA	71111		
		Address	City	State	Zip		
	Tenn. Secretary of	f State Certificate of Au	uthority ID 0576103	3			
	Federal Taxpayer	ID Number7	2-1073513	en consequent of the second of			
	Applying as Individ	mber for Applicants duals , assumed name(s) or	fictitious name(s) u	used by applic	ant:		
	NONE						
	sted information for Address NONE	engaged in providing each affiliate(s), as we	ell as for the applica		vide the above		
		ip CodePhe e additional pages if no	one No. (<u>) </u>				
*** IM F	PORTANT INFORM If applicant has engaged in provi name, assumed r requested inform	. •	rent company, ions services, or c ne used by the abo of this application	operating und ove, provide t n as well as	der any trade the above		
		THIS SECTION FO	R TRA USE ONLY				
Docket	Number. 10-001	<u>) (</u>	Company ID Numb Date Approved Evaluator				

B.	Describe other businesses or business transactions, if any, at the samprincipal business address:	ne location as the
	NONE	
C.	Provide the name, business and home address of and a chronologica employment history and business experience over the preceding eigh	
	 (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 stock association or a corporation. (Note: If the applicant is a publicly or a subsidiary of such a corporation it does not need to provide this into the corporation of the applicant, regardless of the form of organization of the applicant. 	traded corporation nformation)
Inform NAME	nation to be included: TITLE	
BUSIN	NESS ADDRESS PH	ONE No. ONE No.
	Provide the above requested information on separate attachmen	ts.
D.	Has the applicant or any of its parent companies, subsidiaries, affiliate LLC members, directors, officers, five percent (5%) more shareholder trust) been associated with a business whose authority to transact businessed or suspended by a state or federal regulatory or law enforcer No If yes, please explain fully.	s or beneficiaries (of a siness was denied,
E.	Has the Tennessee Regulatory Authority, or any other agency of the stederal agency or any agency of any other state ever initiated a regular against the applicant or any of its parent companies, subsidiaries, affillular trust)?	atory action or order liates, owners, partners,
	O Yes O No If yes, please explain fully.	
	(1) Has the applicant or any of its parent companies, subsidiaries, partners, LLC members, directors, officers, five percent (5%) more sh beneficiaries (of a trust), been enjoined or restrained by order by any regulatory or law enforcement entity from engaging in any conduct or telecommunications business? O Yes O No If yes, parent companies, subsidiaries, subsi	areholders or court or state or federal practice related to the
F.	Has the applicant or any of its parent companies, subsidiaries, affiliate LLC members, directors, officers, five percent (5%) more shareholder trust) been associated with a business who has ceased providing tele services in any state, describe the circumstances. NO(Use additional)	s or beneficiaries (of a communications
	2	

G.	L.L.C. members, directors, offic (of a trust) been convicted of a dishonest acts in any transaction such persons, give details, state necessary)	cers, five percent (59 ny crime or crimes, o on of any kind, or con	%) or more share r charged in cou fined in any per	eholders or beneficiaries art with any fraudulent or nal institution? If so, list
	(1) Has the applicant or any partners, L.L.C. members, directly or beneficiaries (of a trust) been contendre to a felony in Tennes O YES	ctors, officers, five p n indicted, convicted, ssee or elsewhere?	ercent (5%) or r	more shareholders led nolo
H.	Name and telephone number of Authority inquiries regarding co			
	Gerald L. Juneau Sr.	(318) 629-1487	(31	8) 746_1214
	Name	Phone No.		Fax No.
	(800) 866-377-7975	e-mail Address Je	erry@citvtelecoin	.com +
ſ	(1) Name and telephone nu Authority inquiries regar	ding this filing Monda	ay through Frida	ıy.
	Jennifer Drygas	<u> (318, 629_1595</u>	(318	
	Name	Phone No.		Fax No.
	(800) 866-377-7975	e-mail Address Je	enni@citytelecoin.co	m
l.	List a toll-free telephone number report service problems and/or			rs can call or write to
	(800) 682-0707	(3	318)746-1114	
	PHONE NUMBER		ALTERNATE PHON	E NUMBER
	4501 Marlena Street	Bossier City	LA	71111
	ADDRESS	CITY	ST	ZIPCODE
(J)	Provide the name and address	of the registered age	ent for service of	f process:
	National Register			
	2300 Hillsboro F		Nashville,	TN. 37212
(K)	Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location: (use additional sheets if necessary) NONE			
Part II: A.	Check the type of telecommuni Resell Interexchange long of Operator Services Resell local services Other (describe)	distance services	olan to provide in	1 Tennessee.
B.	If providing operator services, li reseller carriers you serve in Te			

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.)
	CTC has provided Inmate Telephone Services to the following states for the past 24 years: Louisiana, Texas, Arkansas, Oklahoma, Tennessee, Kansas, Mississippi, Kentucky, Alabama and North Carolina.
	For the above states, list the number and types of complaint(s) filed against applicant, the complaint(s)' current status. Provide this information on a separate attachment, if necessary. NONE
	AND THE RESIDENCE OF THE PARTY
	If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.
D.	List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)
	NONE
E	Areas in Tennessee to be served. Statewide
F	What type of customers will the applicant serve? a. Business b. Residential c. Aggregators (e.g. Hotels, Payphones) d. Other (specify) Government
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
Н	Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes <u>o</u> No <u>o</u>
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 ¹ .
J	What is the applicant's 10XXX or 800 access code, if applicable? NONE
K	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? NO

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

Whose facility-based network(s) will	Vhose facility-based network(s) will the applicant be reselling?						
NONE	NONE						
		VANCOUS AND A VARIABLE OF					
Will the applicant be utilizing the local customers directly ² ? NO	al telepho	ne company	s billin	g system or t	oilling		
Describe briefly how the applicant pl	ans to ma	arket their se	vices i	in Tennessee	?		
CTC currently markets our service	es for the	e state of Te	nnes	see through	the use		
of Trade shows and Sales Repre	sentative	S					
If independent telemarketers are to liphone number and federal taxpayer N/A			conta	ct person, ad	ddress		
COMPANY NAME CONTACT ADDRES	SS	CITY	ST	ZIP	PHONE		
COMPANY NAME CONTACT ADDRES	SS	CITY	\$T_	ZIP	PHONE		
COMPANY NAME CONTACT ADDRES	SS	CITY	ST	ZIP	PHONE		
COMPANY NAME CONTACT ADDRES	SS	CITY	ST	ZIP	PHONE		
Describe the methods and procedure preferred interexchange service, and interexchange service. Use additional company guidelines, attach copies.	to preve	nt unauthoriz	ed sw	itching of a c	onsumer's		
City Tele Coin is providing access	s to our e	equipment b	y inma	ates housed	in		
detention facilities. Inmates will husing an established dial out patt switching are not functions of our	em. "Dia	l around" ar	id othe				
Applicant has the ability and agrees	to honor	the form of c	all bloc	king that the			
consumer has subscribed to with the	eir local te	lephone com	pany.	Yes o N	lo <u> C </u>		
Applicant gives permission to the local a periodic sample of the reseller's in	cal telepho	one company	to pro	ovide the Auth	nority		
a periodic sample of the reseller's in audit the reseller's rates to assure the rates. Yes O No O	ey are at	or below the	domir	nant carrier's	tariffed		

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

Part III: Organization Structure

A.	Applic	ant's organizational structure				
	V	_Corporation				
		Publicly Traded Co	rporation			
		Subsidiary of a Put	olicly Trade	ed Corporation		
		Limited Liability Co	orporation	Attach a copy of the articles of organization and operating agreement along with amendments.		
		Other Form of Cor	poration			
		List type S Corporation Attach a copy of the charter, bylaws		(Example S Corporation)		
		Association		oy of the charter, bylaws and/or certificate of incorporation f Authorization from Tennessee Secretary of State		
		Joint Stock Association	_	by of the charter, bylaws and/or certificate of incorporation. f Authorization from Tennessee Secretary of State.		
		Trust	_	y of the trust agreement and Letter of Authorization from ecretary of State.		
		_Individual	Attach a cop State	oy of the Letter of Authorization from Tennessee Secretary o		
SECT	ION (a)	-(g) is to be completed if ap	plicant is	a Corporation Association or Trust		
	(a)	The date and state of format	ion/incorpo	oration: 06/18/86, State of Louisiana		
		(1) Parent Company, if appl				
	(b)	Attach a certificate of good s incorporated/formed.	tanding fro	om the state in which the applicant was		
				thority issued by Tennessee Secretary of State age in business in Tennessee.		
	(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 pub	blicly traded on any stock exchange.				
	(e)		key sharel	and criminal convictions of every current nolder of the applicant for the ten-year on.		
	(f)	If applicable, attach a copy of thereto:	of the instru	ment creating the trust and all amendments		
B.		Proprietorship				
		Partnership				

	-	General	Attach a copy of the pa	artnership agreeme	nt along with any ame	ndments.
	-	Limited	Attach a copy of the c		partnership and the pa	ırtnership
	_	Other (E	xplain on separate	e sheet)		
All of t	he abov	ve will be require	d to submit a valid	business licens	se.	
	(a)		e and date of the aions services in th		lifications to provid	le
	(b)	proprietorship, o	e, social security r or all partners iden FIONAL PAGES A	tifying the perce	entage of ownersh	
C.	Numb	er of employees:	60 .			
	Emplo	yer Identification	Number (E.I.N.)	72-1073513		
Part I\	/: Finaı	ncial Information				
A.	Addres	ss where busines	ss records are kept	t:4501	Marlena Street	
Bossie	ar City		LA	71111	street (318)746	1114
CI			STATE	ZIP CODE	PHONE N	
B.	statem financi or 106	nents for the immial condition, included filed by your	nediately preceding uding balance she	g three-year pe et and income s previous year.	eriod. Provide in o statement, or a co	ted audited financia detail the applicant's py of IRS form 1120 ble, a copy of you
	(1)	Fiscal year end:	Month Decemb	per	Day 31	
	(2)	Date of most re	cent audited, unco	nsolidated fina	ncial statement of	Applicant:
	(3)	If applicable, na	me and address o	f independent of	certified public acc	ountant:
		N/A				
	(4)	Period covered	by financial staten	nent attached:	2009	I +
C.	Does t	the applicant curr	ently have an inte	rnal auditor and	l/or internal audit	orogram? <u>NO</u>
	If so, N	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.					

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.
В.	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?
	6 Voc O 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	City Tele Coin Company, Inc.
BY:	Duel Theen
	Gerald L. Juneau
	PRINTED NAME
ATTES	President & CEO Title ST: EMPERDAMON
	OFFICE MANAGER
	of <u>Juve</u> . <u>20/0</u> before me, a Notary Public
application, being duly sworn	n(s) named in, and who executed the foregoing according to law, deposes and says that the statements in the above application are true and correct to the best lief. Notany Public MOTARY CHOLIC ESSIET FLOOR LIFE Seal