



2013 OCT -8 AM 11:08

October 7, 2013

TPA BASKET 55211
Via Overnight Delivery

Ms. Darlene K. Standley, Asst. Chief - Telecommunications
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

RE: Correct Solutions, LLC

Application for Authority to Provide Customer-Owned Coin/Coinless Operated Telephone Service

Dear Ms. Standley:

Enclosed for filing please find the original and thirteen (13) copies of the application for authority to provide customer-owned coin/coinless operated telephone service submitted on behalf of Correct Solutions, LLC.

A check in the amount of \$25.00 is enclosed to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3004 or via email to rnorton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton
Consultant to Correct Solutions, LLC

cc: Ryan Horvath - Correct Solutions, LLC
file: Correct Solutions, LLC - Tennessee - Payphone
tms: TNC1300

Enclosures
RN/lm

TENNESSEE REGULATORY AUTHORITY
460 James Robertson Parkway
Nashville, Tennessee 37243-0505
Telephone (615)741-2904, Toll Free 1-800-342-8359
Facsimile (615)741-2336

**APPLICATION FOR AUTHORITY TO PROVIDE
CUSTOMER-OWNED COIN (OR COINLESS) OPERATED
TELEPHONE SERVICE IN TENNESSEE
(TRA RULE 1220-04-02-.43 TO .54)**

Company ID Number _____ Docket Number _____
(To Be filled out by the TRA)

Part 1: General Information

Name of Applicant: Correct Solutions, LLC

Address: 192 Bastille Lane, Suite 200

State: LA Zip Code: 71270 Phone No: 318-232-1525
Fax No: 318-232-1501

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

Name: Kevin Sumrall Phone No: 318-232-1500

Address: 192 Bastille Lane, Suite 200

State: LA Zip Code: 71270

Mail the completed application and a check for \$25.00 to:

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505.

Should you have any questions please call **Dee Audrain at (615)741-2904, Ext. 173.**

Part II: Organization Structure

A. Type of Organization

- ☐ Individual ☒ Corporation
- ☐ Partnership ☐ Other (Explain on separate sheet)

B. If Partnership and/or Non-resident:

- (1) Attach a copy of Articles of Incorporation and current by-laws.
- (2) Attach copy of Certification of Authority issued by the Tennessee Secretary of State Showing corporation's authority to engage in business in Tennessee.
- (3) All others must have current business license.

Part III: Financial Information

Attach a current financial statement showing in detail corporation's financial condition for the previous year. If individual, send copy of latest IRS Income Tax Filing.

Part IV: Repair and Maintenance Information

A. Describe the Pay Phone instrument to be installed.

<u>Wintel</u>	<u>7010 SS</u>	<u>1DATE05BITC-254</u>
Manufacturer	Model Number	FCC Number
<u>1051 Bennett Dr. Suite 101</u>	<u>Longwood</u>	<u>Florida</u>
Manufacturer's Address	City	State
<u>Manufacturer</u>	<u>Model Number</u>	<u>FCC Number</u>
Manufacturer	Model Number	FCC Number
<u>Manufacturer's Address</u>	<u>City</u>	<u>State</u>
Manufacturer's Address	City	State

B. Maintenance of COCOT

(1) How do you intend to service and maintain COCOTS

- ☐ Personally
- ☐ Full time Technician
- ☐ Part Time Technician
- ☒ Service/repair contract with 3rd party

(2) Identify names and qualifications of the party/parties responsible for service and repair.

The company will contract with a third party vendor for repair and maintenance prior to installation at a Tennessee correctional facility.

Part V Display Card

- A. Attach a copy of the display card to be posted on the pay telephone. This card must contain all required information listed in the attached TRA Rule (1220-04-02-.49(f)
- B. Long Distance Carrier, Address, and 800 Number must be on the card.
- C. Company Name, Address & Phone Number with a place for your TRA ID Number.
- D. Information for using Long Distance, (0+Area Code + Number – within this Area Code and Outside this Area Code.
- E. Information for Collect Calls & Person-To-Person Calls and Station-To-Station Calls.
- F. Directory Assistance (Local Calling Area) Outside Calling Area (411 or 1+411)
- G. Emergency Help (Dial)
- H. Dial _____ for Refund (Or how you handle refunds)
- I. Free Calls – Toll Free 800 or 888 numbers, Repair Service. (This Instrument is serviced by: Name & Address and telephone number of Service Technician).

Attach a copy of the Display Card in this space.

For security reasons, display cards are not posted on phones available for use by inmates. The facility personnel have the necessary contact information for maintenance and repair.

Part VI **Registration Fee**

- A. The initial fee for COCOT registration will consist of the following:
 - * A one-time processing fee of \$25.00 per company (TCA §65-2-103)
- B. After the initial COCOT registration, the Tennessee Regulatory Authority must be notified by the 10th of the month, of all new COCOT additions. The fee for each new addition is \$10.00 (TCA 65-4-301). This fee will pay for processing the order. Attached is a copy of the required monthly report form.
- C. Failure to pay the required fees will result in the disconnection of your COCOT service. (TRA Rule 1220-04-02-.47)
- D. All correspondence must be mailed to:

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

Part VII **Rule Compliance Agreement**

- A. The customer Owned Coin or Coinless Operated Telephone (COCOT) authorization applicant, hereby, affirms the following:
- Has received, read and understands the TRA Rule 1220-04-02-.43 to .54
 - Understands the penalties for non-compliance, and all associated fees to provide COCOT service.
 - Will comply with TRA Rule 1220-04-02-.43 to .54 and all applicable state laws
 - Will submit to the TRA monthly reports indicating any COCOT additions accompanied with the proper fee
 - That all information provided in the attached COCOT registration document is true to the best of applicant's knowledge

Patricia A. Sample 10/1/13
Applicant Signature Date

Subscribed and sworn before me this 1st day of October, 2013.

Notary Public Sandra R. Long #0000

My Commission expires the 28 day of May, 2014.

[SEAL]

CORRECT SOLUTIONS, LLC

Attachment A

Articles of Incorporation and TN Certificate of Authority

State of Louisiana
Secretary of State



CORRECT SOLUTIONS, LLC

STATE OF LOUISIANA
ARTICLES OF ORGANIZATION
(R.S. 12:1301)

1. The name of this limited liability company is: **CORRECT SOLUTIONS, LLC**
2. This company is formed for the purpose of: engaging in any lawful activity for which limited liability companies may be formed
3. The duration of this limited liability company is (may be perpetual):
PERPETUAL
4. Other Provisions: I hereby certify that I am the organizer.
Electronic Signature: RYAN V. HORVATH on (2/13/2012)

LIMITED LIABILITY COMPANY INITIAL REPORT
(R.S. 12:1305 (E))

1. The name of this limited liability company: **CORRECT SOLUTIONS, LLC**
2. The location and municipal address, not a post office box only, of this limited liability company's registered office:

192 BASTILLE LANE
SUITE 200
RUSTON, LA 71270

3. The full name and municipal address of this limited liability company's registered agent(s) is/are:

RYAN V. HORVATH
192 BASTILLE LANE
SUITE 200
RUSTON, LA 71270

4. The name and municipal address of the managers or members

PATRICK H. TEMPLE

(Managing Member)

192 BASTILLE LANE

SUITE 200

RUSTON, LA 71270

WMC ENTERPRISES, LLC

(Member)

192 BASTILLE LANE

SUITE 200

RUSTON, LA 71270

KPL, LLC

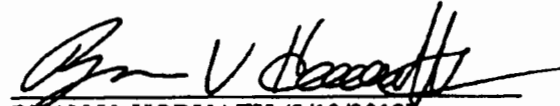
(Member)

192 BASTILLE LANE

SUITE 200

RUSTON, LA 71270

I hereby certify that I am the organizer.

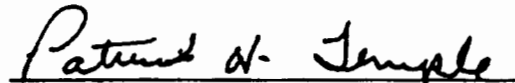


RYAN V. HORVATH (2/13/2012)

Registered Agent

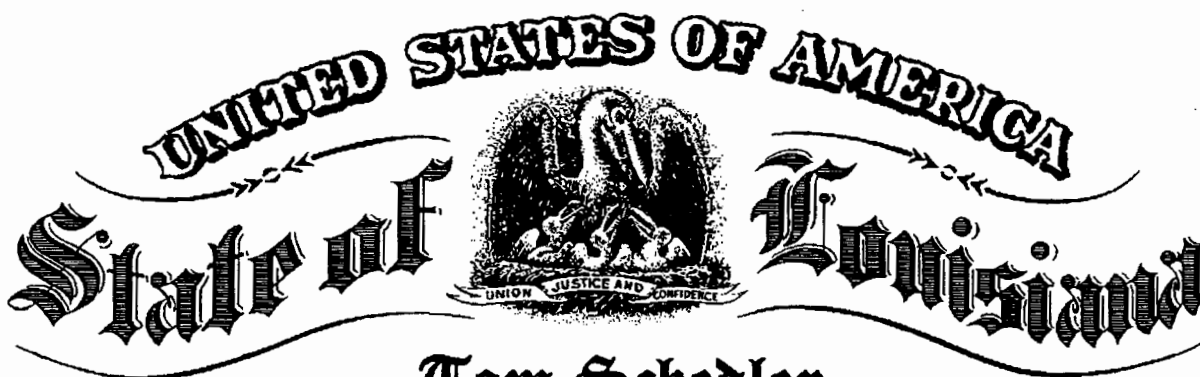


COPY


PATRICK H TEMPLE
Managing Member


WMC ENTERPRISES, LLC
Member


KPL, LLC
Member



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

CORRECT SOLUTIONS, LLC

A limited liability company domiciled in RUSTON, LOUISIANA,

Filed charter and qualified to do business in this State on February 13, 2012,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 17, 2013

Secretary of State

Web 40746025K



Certificate ID: 10400878#UAR93

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov

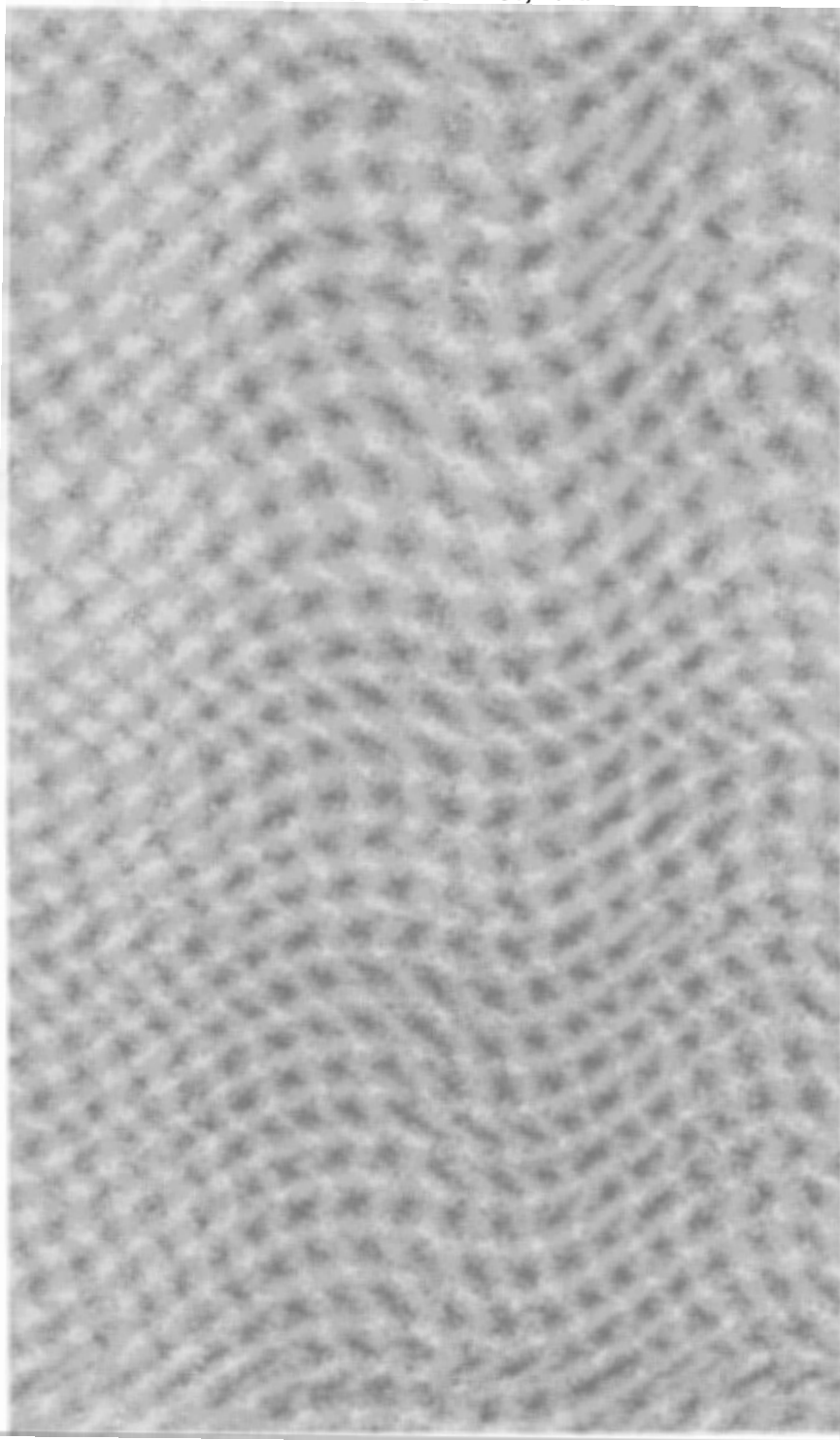
CORRECT SOLUTIONS, LLC

Attachment B
Financial Information

The Company's Financial Information is being filed under separate cover and marked as confidential

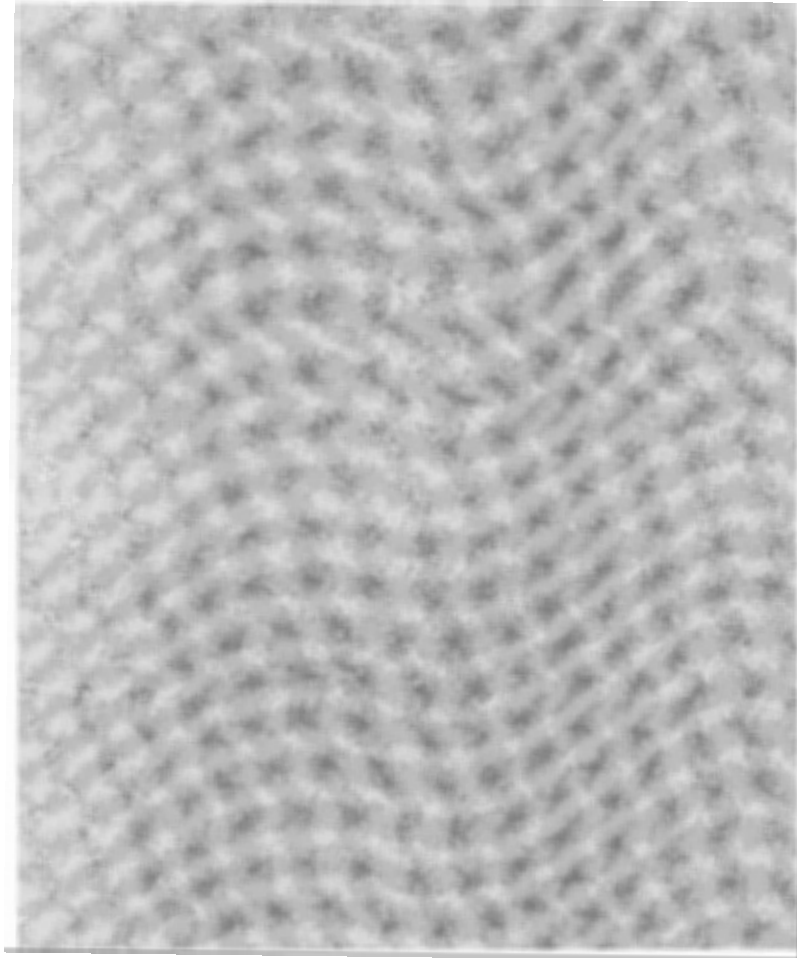
3:12 PM
02/11/13
Accrual Basis

CORRECT SOLUTIONS, LLC
Balance Sheet
As of December 31, 2012



3:10 PM
02/11/13
Accrual Basis

CORRECT SOLUTIONS, LLC
Profit & Loss
December 2012



10/03/13

CORRECT SOLUTIONS, LLC

Profit & Loss

A grayscale image showing a dense, repeating pattern of small, dark, irregular shapes on a lighter background, resembling a textured surface or a microscopic view of a material. The pattern is uniform across the entire frame, with no discernible text or other features.

CORRECT SOLUTIONS, LLC
Balance Sheet
As of July 31, 2013

