

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN
STEVE HEWLETT, COMMISSIONER
SARA KYLE, COMMISSIONER

PAUL ALLEN, EXECUTIVE DIRECTOR



APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

SECTION A

Part 1: General Information

A. Name of Applicant Network Long Distance, Inc.
Address 3844 Convention Street, Baton Rouge
State LA Zip Code 70806 Phone No. (504) 343-3125

B. Owner, Partners, or Corporate Officer

| NAME | ADDRESS | CITY | STATE | ZIP CODE |
|--------------|-----------------|-------------|-------|----------|
| Mike M. Ross | 3844 Convention | Baton Rouge | LA | 70806 |
| Marc Becker | 3844 Convention | Baton Rouge | LA | 70806 |
| | | | | |
| | | | | |

President
Sec/Treas

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.

David Rosenfeld (800) 349-1111 (800) 349-3579
Name Tennessee Phone No. Fax No.

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1-800-777-4755

E. Check the type of telecommunication services you plan to provide in Tennessee.

☒ Resell Interexchange long distance services
☐ Operator Services
☐ Other (describe below) _____

F. 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.
N/A

G. List the state(s) you are authorized to operate in at this time. AL, AZ, AR, CA, CT,
DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, MD, MA, MN, MS, MO, MT,
NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TX, VT, WA,
WV, WI, WY
(To be filled out by PSC) Company ID Number 112013/15/2659
Date Approved _____
Evaluator _____

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615) 741-3939.

- H. List any states that you have been denied authority to provide service.
None
- I. Areas in Tennessee to be served.
Statewide
- J. What type of customers will the company serve?
a. Business X
b. Residential X
c. Aggregators _____
(e.g. Hotels, Payphones)
d. Other (specify) _____
- K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount. No
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes X No _____
- M. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II¹.
- N. What is the applicant's 10XXX or 800 access code? 10765
- O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No
- P. What facility-based network will the applicant be reselling? Allnet Communications Services, Inc. and/or WilTel Communications, Inc.
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? direct customer billing
- R. Describe briefly how the applicant plans to market their services in Tennessee? If an independent telemarketer is going to be used, state company name and address.
The company will use existing sales force and some independent agents.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Customer required to sign a Letter of Agency prior to being switched.

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.

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

- T. 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 _____
- U. Applicant gives permission to the local telephone company to provide the Commission 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 II: Organization Structure

A. Type of Organization

_____ Individual X 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 a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Part III: Financial Information

- A. Attach a current financial statement showing 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.

Part IV: Display Card

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57, B)³, which includes a toll-free number consumers can call for service problems and refunds.

³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

Part V: Rule Compliance Agreement

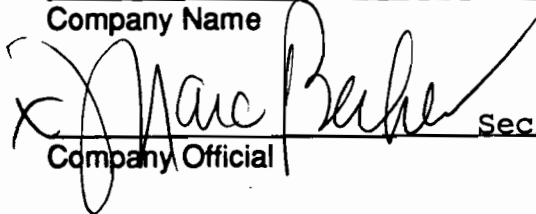
A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:

- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV),
- That all information provided in the attached registration document is true to the best of my knowledge.

Network Long Distance, Inc.

Company Name

Date

 Secretary

Company Official

Title

Subscribed and sworn
before me this 21 day
of June 1995



Notary Public

seal

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 01/14/1993
REQUEST NUMBER: 2625-1779

CHARTER/QUALIFICATION DATE: 09/24/1992
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0257600
JURISDICTION: DELAWARE

TO:
LEON NOWALSKY
MONICA R. BORNE
3900 N CAUSEWAY BLVD
METAIRIE, LA 70002

REQUESTED BY:
LEON NOWALSKY
MONICA R. BORNE
3900 N CAUSEWAY BLVD
METAIRIE, LA 70002

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"NETWORK LONG DISTANCE, INC."

WAS INCORPORATED OR QUALIFIED TO DO BUSINESS IN THE STATE OF TENNESSEE ON THE
ABOVE DATE, AND THAT THE ATTACHED DOCUMENT(S) WAS/WERE FILED IN OFFICE ON THE
DATE(S) AS BELOW INDICATED:

| REFERENCE NUMBER | DATE FILED | FILING TYPE | FILING ACTION |
|---------------------|------------|-------------|-------------------------------------|
| 2555-1456 | 09/24/1992 | QUAL-PROFIT | NAM DLR STK PRN OFC AGT INC MAL FYC |

FOR REQUEST FOR COPIES

ON DATE:

FEE

TAX

FROM:

RECEIVED: \$0.00 \$0.00

TOTAL PAYMENT: \$0.00

RECEIPT NUMBER:
ACCOUNT NUMBER:



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR
STATE OF TENNESSEE
NETWORK LONG DISTANCE, INC.

92 SEP 24
To the Secretary of State of the State of Tennessee:
SECRETARY OF STATE
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 Network Long Distance, Inc.

If different, the name under which the certificate of authority is to be obtained is _____

[NOTE: 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 an assumed corporate name, an application must be filed pursuant to Section 48-14-101(d).]

2. The state or country under whose law it is incorporated is Delaware

3. The date of its incorporation is 11/24/87 (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>3844 Convention Street, Baton Rouge, Louisiana</u> | <u>70806</u> |
| Street | City State/Country Zip Code |

| | | |
|--|-----------------|-----------------|
| <u>5. The complete street address (including the county and the zip code) of its registered office in this state is</u> <u>c/o The Prentice-Hall Corporation System, Inc., Maclellan Building, Third Floor,</u> <u>722 Chestnut Street, Chattanooga, Tennessee</u> | <u>Hamilton</u> | <u>37402</u> |
| Street | City/State | County Zip Code |

The name of its registered agent at that office is
The Prentice-Hall Corporation System, Inc.

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

Michael M. Ross, President, 3844 Convention St., Baton Rouge, LA 70806
Marc I. Becker, V-President, 3844 Convention St., Baton Rouge, LA 70806
Joseph M. Edelman, M.D., V-Pres., 3844 Convention St., Baton Rouge, LA 70806

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)

Michael M. Ross, 3844 Convention St., Baton Rouge, LA 70806
Marc I. Becker, 3844 Convention St., Baton Rouge, LA 70806
Joseph M. Edelman, 3844 Convention St., Baton Rouge, LA 70806

8. The corporation is a corporation for profit.

9. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is
_____, 19____ (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 one (1) month prior to the date the application is filed in this state.]

09/18/92
Signature Date
VICE PRESIDENT
Signer's Capacity

Network Long Distance, Inc.
Name of Corporation
Marc Becker
Signature
MARC BECKER
Name Typed or Printed

RECEIVED
STATE OF TENNESSEE
92 SEP 24 AM 10 23
BRYANT MILLSAPS
SECRETARY OF STATE

State of Delaware



Office of Secretary of State

I, MICHAEL RATCHFORD, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY NETWORK LONG DISTANCE, INC. IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

* * * * *



752244183

Michael Ratchford

Michael Ratchford, Secretary of State

AUTHENTICATION: *3575834

DATE: 08/31/1992