### 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

Company ID: 00112281 CommuniGroup of Jackson, Inc. P.O. Box 940 Jackson, MS 39205

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION Nashville, Tennessee August 23, 1995

IN RE: CASE NUMBER: 95-02751

Application for Authority for Operator Services and/or Resell Interexchange (Long Distance) Telecommunications Service and/or Telecommunications Operator Services in Tennessee Pursuant to Rule 1220-4-2-.57.
---ORDER---

This matter is before the Tennessee Public Service Commission upon the application of the above-mentioned company for certification as a long distance/interexchange reseller or telecommunication operator service provider in Tennessee. The Commission considered this application at its regularly scheduled Commission Conference held on August 22, 1995 and concluded that the applicant has met all the requirements for certification and should be authorized to provide the resell of interexchange telecommunications service and/or an operator service on an intrastate basis.

#### IT IS THEREFORE ORDERED:

- 1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an interexchange telecommuications reseller and/or an operator service provider for state-wide service in Tennessee as specified in its application on file with the Commission.
- 2. That said company shall complly with all applicable Commission rules and regulations.
- 3. That this order shall be retained as proof of certification with this Commission, and may be used to obtain appropriately tariffed access service and billing arrangements from Commission authorized telecommuications service providers.
- 4. That any party aggrieved with the Commission's decision in this matter may file a Petition for Reconsideration with the Commission within ten (10) days from and after the date of this Order.

5. That any Party aggrieved with the Commission's decision in this matter has the right of judicial review by filing a petition with the Tennessee Court of Appeals, Middle Section within sixty (60) days from and after the date of this Order.

Executive Director

Commissioner

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

			SECTION A			
art 1	: General Info	rmation				
	Name of App	licant CommuniGro	up, Inc.		·	
	State MS	Zip Code 3920		53-9118		
	Otate	2ip 000 <u>8_ 3720</u>	<u> </u>	<u> </u>	<u>-</u>	
•	Owner, Partn	ers, or Corporate O	fficer			
	NAME	ADDRESS	CITY	STATE	ZIP CODE	
Jose	ph Fail	P. O. Box 940	Jackson	MS	39205	
R <u>obe</u>	rt Chafin	P. O. Box 940	Jackson	MS	39205	
	. <u> </u>					
	Name		( 601) 353-9118 Tennessee Phone No.	(	601) 353 - 9118 Fax No.	
<b>)</b> .	List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1-800-748-9090					
	Check the type of telecommunication services you plan to provide in Tennessee.					
			company name, addressee. Provide the ab			
à.	List the state(s) you are authorized to operate in at this time. Mississippi, Louisana, Alabama, Arkansas					

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.

Н.	List any states that you have been denied authority to provide service.
i.	Areas in Tennessee to be served.  Entire State
J.	What type of customers will the company serve?  a. Businessx_  b. Residentialx_  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
М.	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> .
N.	What is the applicant's 10XXX or 800 access code? 885 and 268
Ο.	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?no
Р.	What facility-based network will the applicant be reselling? AT&T, MCI, South Central_Bell
Q.	Will the applicant be utilizing the local telephone company's billing system or billing customers direct <sup>2</sup> ?Both :
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.  Company will use direct sales force
S.	Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Applicant will sign subscription agreement; contains credit infromation, lines PIC'd. Customer retains copy of signed agreement. with CommuniGroup.
	mene: with community out.

<sup>&</sup>lt;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 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 $\underline{\hspace{0.1cm} \times\hspace{0.1cm}}$ No $\underline{\hspace{0.1cm}}$				
<u>Pa</u>	rt II: Organization Structure				
A.	Type of Organization				
_	IndividualxCorporation				
	PartnershipOther (Explain on separate sheet)				
B.	<ul> <li>If partnership and/or Non-resident</li> <li>(1) Attach a copy of Articles of Incorporation and current by-laws.</li> <li>(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.</li> </ul>				
Pa	rt 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)<sup>3</sup>, which includes a toll-free number consumers can call for service problems and refunds.

N/A

<sup>&</sup>lt;sup>3</sup>It 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.

Company Name

Data

Company Name

^

Company Official

Title

Subscribed and swom before me this 17th day

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NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE

MY COMMISSION EXPIRES: March 9, 1997 BONDED THRU HEIDEN-MARCHETTI, INC. seal