

**TENNESSEE PUBLIC SERVICE COMMISSION**

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

JUL 20 1995 /pc

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

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: **AmeriVision Communications, Inc.**  
Address **8001 South I-35, Suite 101, Oklahoma City**  
State: **Oklahoma** Zip Code: **73149** Phone No. **(405) 366-7550**

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Tracy Freeny President	8001 South I-35, Suite 101	Oklahoma City	OK	73149
Carl Thompson Senior Vice President	8001 South I-35, Suite 101	Oklahoma City	OK	73149

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

Name: **Carl Thompson, Sr. Vice President**  
Tennessee Phone No. **(405) 366-7550** Fax No. **(405) 631-0277**

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

**(800) 800-7550**

95-2769  
(To be filled out by PSC)  
Company ID Number 112334  
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.

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.

**Response:** AmeriVision does not provide operator services to other carriers.

G. List the state(s) you are authorized to operate in at this time.

Alabama	Massachusetts	New Jersey
Arkansas	Maryland	Ohio
Georgia	Missouri	Pennsylvania
Idaho	Mississippi	South Carolina
Illinois	No. Carolina	South Dakota
Indiana	No. Dakota	West Virginia
Kentucky	Nebraska	Nevada
* California	* Florida	* Illinois
* Kansas	* Louisiana	* Minnesota
* New York	* Oregon	* Texas
* Washington	* Wisconsin	

\* These states have authority under the Company's wholly-owned subsidiary, Ameri-Tel Communications.

No certification required in Arizona, Colorado, Iowa, Michigan, Rhode Island, Oklahoma, Utah, Virginia and Vermont.

H. List any states that you have been denied authority to provide service.

**Response:** None

I. Areas in Tennessee to be served.

**Response:** Entire State

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

- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.

**Response:** AmeriVision will not submit customer PIC changes to the local exchange company unless it has the proper authorization to do so.

- 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)<sup>3</sup>, which includes a toll-free number consumers can call for service problems and refunds.

**Response:** Not applicable. AmeriVision currently does not provide operator services through aggregator locations.

### Part V: Rule Compliance Agreement

- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understand 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.

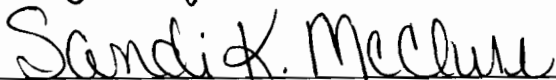
AmeriVision Communications, Inc.



Carl Thompson, Sr. Vice President

Date: July 14, 1995

Subscribed and sworn  
before me this 14th day  
of July, 1995



Notary Public

Nov. 15, 1995

SEAL

<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.

**Secretary of State****Corporations Section****James K. Polk Building, Suite 1800****Nashville, Tennessee 37243-0306**

DATE: 09/29/94

REQUEST NUMBER: 2897-0694

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 09/29/94 1141

EFFECTIVE DATE/TIME: 09/29/94 1141

CONTROL NUMBER: 0284468

TO:  
CAPITAL FILING SERVICE  
NO. 199  
214 OLD HICKORY BLVD  
NASHVILLE, TN 37221

RE:  
AMERIVISION COMMUNICATIONS, INC.  
APPLICATION FOR CERTIFICATE OF  
AUTHORITY - FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF  
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE  
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE  
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN  
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE  
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE  
ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS  
OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED  
AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION  
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR  
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF  
AUTHORITY - FOR PROFIT

ON DATE: 09/29/94

FROM:  
C T CORPORATION SYSTEM (ST. LOUIS, MO)  
906 OLIVE ST

ST. LOUIS, MO 63101-0000

	FEES	
RECEIVED:	\$300.00	\$300.00
TOTAL PAYMENT RECEIVED:		\$600.00

RECEIPT NUMBER: 00001701127  
ACCOUNT NUMBER: 00000015



RILEY C. DARNELL  
SECRETARY OF STATE