

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: 00114513
The Furst Group, Inc.
459 Oakshade Rd.
Shamong, NJ 08088

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION
Nashville, Tennessee September 12, 1995

IN RE: CASE NUMBER: 95-03011

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.

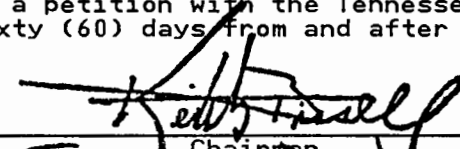


---ORDER---

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 September 7, 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 telecommunications 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 comply 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 telecommunications 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


Chairman

Commissioner

Commissioner

January 9, 2001

Nashville, Tennessee

The Furst Group, Inc.

for Cancellation of Authority to Provide

Resold Telecommunication

Services In Tennessee

ORDER GRANTING CANCELLATION OF

This matter is before the Tennessee **The Furst Group, Inc.** to cancel their authority to provide Resold Telecommunications services in Tennessee. This matter was considered by the Authority at a regularly scheduled Authority Conference held on January 9, 2001.

WHEREFORE, having considered the request of **The Furst Group, Inc.** to cancel their authority, the Authority finds that such a cancellation should be granted.

IT IS THEREFORE ORDERED: **The Furst Group, Inc.** to cancel their authority to provide Resold Telecommunication services in Tennessee, Docket No. 95-03011, is hereby granted; and

- 2) That this docket is herewith closed.

Chairman Sara Kyle

~~Director~~ Lynn Green

Director Melvin Malone

ATTEST:

K. David Waddell

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

AUG 16 1995/pc

KEITH BISSELL, CHAIRMAN
EVE 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 The Furst Group, Inc.

Address 459 Oakshade Road, Shamong

State NJ Zip Code 08088 Phone No. (609) 268-8000

B. Owner, Partners, or Corporate Officer

	NAME	ADDRESS	CITY	STATE	ZIP CODE
(Pres.)	John Streep	13 Shadow Lake Dr.	Indian Mills	NJ	08088
(V.P.)	James Kaylor	3961 Grand River Dr.	Grand Rapids,	MI	49505
(CFO)	Jeffrey Bockol	295 St. David Ct.,	Mt. Laurel	NJ	08054
(Treas.)	Wayne Phipps	12 Summit Ct.,	Marlton,	NJ	08053

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

Jill Papenhausen (800) 818-4736 (609) 268-8713

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. 800 818-4736

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

☒ Resell Interexchange long distance services

☐ Operator Services

☒ Other (describe below) Debit Card

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, AK, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, MD, MA, MI, MN, MS, MO, MT, NE, NJ, NY, LA, ND, OH, OK, OR, SC, PA, TX, UT, VA, WA, WV and WY. (Note: certain of these states have no applicable certification requirements.)

(To be filled out by PSC)

Company ID Number 114513/15/3011

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.
Wisconsin
- I. Areas in Tennessee to be served.
The entire state.
- J. What type of customers will the company serve?
a. Business X
b. Residential _____
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. N/A
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes N/A 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.
See Appendix 2.
- N. What is the applicant's 10XXX or 800 access code? TFG has no 10XXX code; the code of AT&T, as the underlying carrier, is "10732."
- 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? AT&T and Sprint
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? TFG will use AT&T's Bill Manager Service.
- 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.
TFG intends to rely on internal/employee telemarketers.
TFG internal telemarketers will initiate calls to customer prospect lists and, using prepared scripts, will attempt to sell the benefits, including reduced rates, of using its service.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. TFG will place a sales call; if a tentative commitment is made by the customer, the sale will be followed up with a third party oral verification; if verification is affirmative, this will be followed by the mailing of a "welcome kit," including a customer "denial card;" a final call from TFG further verifies the sale. Once the sale is confirmed, the account is turned over to the underlying carrier which, in turn, "PICs" the customer to its service via the LEC.

¹ 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.

² 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 tarified 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.
See, attached Appendix 3.

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. N/A

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.

The Furst Group, Inc.

Company Name

Date

Company Official

Title

Subscribed and sworn
before me this 15th day
of Aug., 1995

Kathleen A. Carlin
Notary Public

KATHLEEN A. CARLIN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 8, 1998

seal

Secretary of State

Corporations Section

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

DATE: 10/07/92
REQUEST NUMBER: 2553-1277
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 10/06/92 1056
EFFECTIVE DATE/TIME: 10/06/92 1056
CONTROL NUMBER: 0258010

TO:
C T CORPORATION SYSTEM
ATTN: MARILYN LIZZIO
1025 VERMONT AVE NW
WASHINGTON, DC 20005

RE:
THE FURST GROUP, 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: 10/06/92

FROM:
C T CORPORATION SYSTEM (DC/VERMONT AVE)
1025 VERMONT AVE NW
SUITE 400
WASHINGTON, DC 20005-0000

RECEIVED: FEE \$300.00 TAX \$300.00
TOTAL PAYMENT: \$600.00

RECEIPT NUMBER: 00001413587
ACCOUNT NUMBER: 00070922



Bryant Millsaps

BRYANT MILLSAPS
SECRETARY OF STATE

FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR
THE FURST GROUP, INC.

To the Secretary of State of the State of Tennessee:

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:

THE FURST GROUP, INC.

1. The name of the corporation is _____

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 New Jersey

3. The date of its incorporation is November 16, 1989 (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 _____

Furst Commerce Center	Vincentown	New Jersey	08088
459 Oakshade Road			
Street	City	State/Country	Zip Code

5. The complete street address (including the county and the zip code) of its registered office in this state is

530 Gay Street,	Knoxville, Tennessee	County of Knox	37902
Street	City/State	County	Zip Code

The name of its registered agent at that office is

C T CORPORATION SYSTEM

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

See Attached Rider

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

See Attached Rider

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



THE FURST GROUP, INC.

I, the Secretary of State of the State of New Jersey, DO
HEREBY CERTIFY that the records of this office show that the
charter of the above-named corporation was filed in this office
on the 16th day of November A.D. 1989.

I FURTHER CERTIFY, that so far as the records of this
office show, said corporation has never been dissolved by
action of its stockholders, nor has its charter been voided for
non-payment of State taxes by Proclamation and now continues as
an existing corporation within the State of New Jersey. At the