

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: 00115314
Operator Service Co.
1624 Tenth St.
Lubbock, TX 79401

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

IN RE: CASE NUMBER: 95-03128


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



August 23, 1995

210 N. Park Ave.
P.O. Drawer 200
Winter Park, FL
32790-0200

Commission Secretary
Tennessee Public Service Commission
460 James Robertson Parkway
P.O. Box 3412
Nashville, Tennessee 37219-0412

Tel: 407-740-8575
Fax: 407-740-0613

Reference: Application of Operator Service Company

Dear Secretary:

Enclosed for filing is the application of Operator Service Company for a Certificate to Provide Resell Interexchange Telecommunications Services in the state of Tennessee. Also enclosed is a check for the amount of \$50.00 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.

Please contact me at (407) 740-8575 should you have any questions. Thank you for your assistance in this matter.

Sincerely,

Nanci Adler

Nanci Adler
Consultant to OSC

*5302 Ave. Q
79412*

cc: Kirk Smith, OSC
to file: OSC-TN
TMX TN95000

RECEIVED
CONSUMER SERVICES DIV.

AUG 29 1995

TN PUBLIC SERVICE COMM

TENNESSEE PUBLIC SERVICE COMMISSION
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

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: Operator Service Company
Address 1624 Tenth Street, Lubbock
State: Texas Zip Code: 79401 Phone No. (800)658-6041

B. Owner, Partners, or Corporate Officers

NAME	ADDRESS	CITY	STATE	ZIP CODE
Michael Smith	1624 Tenth Street	Lubbock	TX	79401-2607
J. Kirk Smith	1624 Tenth Street	Lubbock	TX	79401-2607

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

Name J. Kirk Smith
Tennessee Phone No. (800) 658-6041 Fax No. (806) 747-5047

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

(800) 658-6041

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

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

(To be filled out by PSC) 15314/95-3128
Company ID Number _____
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.

- 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.

See Appendix I.

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

Alabama	Louisiana	Pennsylvania
Arkansas	Maryland	Rhode Island
California	Massachusetts	South Carolina
Connecticut	Minnesota	South Dakota
Delaware	Mississippi	Texas
Florida	Missouri	Wisconsin
Georgia	Nebraska	Washington
Idaho	New Hampshire	West Virginia
Illinois	New Mexico	Wyoming
Indiana	New York	Nevada
Iowa	North Carolina	Arizona
Kansas	Ohio	New Jersey
Kentucky	Oregon	North Dakota

No certification required in MI, MT, OK, UT, or VA

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

None

- I. Areas in Tennessee to be served.

Entire State

- J. What type of customers will the company serve?

a. Business X

b. Residential X

c. Aggregators X

(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. A PIF is not charged for Tennessee aggregators.

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?

10XXX code: 10891

O. Does the applicant now have or plan to have any telecommunications facilities (e.g. switches, fiber lines) in Tennessee?

OSC does not have any telecommunications facilities in Tennessee nor does the company have any plans to install such facilities.

P. What facility-based network will the applicant be reselling?

Currently, OSC uses Allnet and MCI for its underlying transmission facilities.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²?

Calls will be billed through the LEC, although the company may institute direct billing at a future date.

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.

OSC markets its services through employee sales representatives and independent sales agents.

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

OSC obtains a written letter of agency from customers for all primary interexchange carrier change requests.

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

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.

- 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.

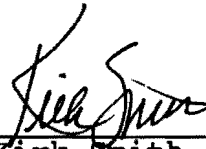
³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

Part V: Rule Compliance Agreement

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

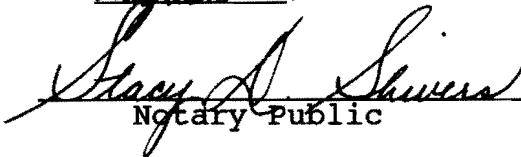
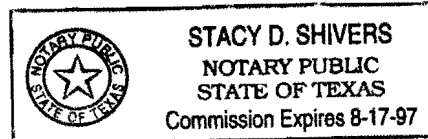
Operator Service Company

August 22, 1995



J. Kirk Smith, President

Subscribed and sworn
before me this 22nd day
of August, 1995.


Notary Public

seal

Secretary of State**Corporations Section**

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

DATE: 12/14/92
REQUEST NUMBER: 2605-1518
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 12/14/92 1157
EFFECTIVE DATE/TIME: 12/14/92 1157
CONTROL NUMBER: 0260169

TO:
PRENTICE HALL LEGAL & FINANCIAL SERVICE
400 N ST. PAUL
SUITE #401
DALLAS, TX 75201

RE:
OPERATOR SERVICE COMPANY
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: 12/14/92

FROM:
PRENTICE HALL LEGAL & FIN (DALLAS, TX)
400 N. ST. PAUL
SUITE #410
DALLAS, TX 75201-0000

RECEIVED: FEE TAX
 \$300.00 \$300.00
TOTAL PAYMENT: \$600.00
RECEIPT NUMBER: 00001499206
ACCOUNT NUMBER: 00034764



Bryant Millsaps

**BRYANT MILLSAPS
SECRETARY OF STATE**

FILED**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR**RECEIVED
STATE OF TENNESSEE

1997 DEC 14 AM 11:57

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 OPERATOR SERVICE COMPANY

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 Texas

3. The date of its incorporation is June 5, 1987 (must be month, day, and year), and the period of duration, if other than perpetual, is Perpetuity

4. The complete street address (including zip code) of its principal office is _____

1624 Tenth Street, Lubbock,	Texas	79401
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
c/o The Prentice-Hall Corporation System, Inc., Maclellan Building, Third Floor,
722 Chestnut Street, Chattanooga, Tennessee Hamilton 37402

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 R. Smith, CEO, 1624 Tenth Street, Lubbock, Texas 79401

Kirk Smith, President, 1624 Tenth Street, Lubbock, Texas 79401

Virgil Pettigrew, Director, 10748 St. Lazare, Dallas, Texas 75229