### HELEIN & ASSOCIATES, P. C.

ATTORNEYS AT LAW

8180 GREENSBORO DRIVE SUITE 700 MCLEAN, VA 22102

(703) 714-1300 (TELEPHONE) (703) 714-1330 (FACSIMILE)

WRITER'S DIRECT DIAL NUMBER:

(703) 714-1306

October 3, 1995

CONSTIMER SERVICES DIV.

OCT U 4 1995

TN PUBLIC SERVICE COMM

**VIA FEDERAL EXPRESS** 

Tennessee Public Service Commission 460 James Robertson Parkway P.O. Box 3412 Nashville, TN 37243-0506

Re: America's Tele-Network Corp.

Application for Certificate to Resell Interexchange

**Telecommunications Services In Tennessee** 

Ladies & Gentlemen:

On behalf of America's Tele-Network Corp. ("ATN"), we transmit herewith a completed application for a certificate to provide resale services in the State of Tennessee. Also enclosed herewith is a check in the amount of \$50.00 made payable to the Tennessee Public Service Commission, to cover the filing fee associated with this application.

Please date stamp and return the extra copy of this application in the self-addressed, postage pre-paid envelope provided.

Should there be any questions with respect to this application, please contact the undersigned. Thank you for your cooperation.

Respectfully Submitted,

harles H. Helei

**Enclosures** 



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]

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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.  NONE	
1.	Areas in Tennessee to be served.  ALL AREAS	
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. $\frac{N/A}{}$	
L.	Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? YesNo_ $_{\rm N/A}$	
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.  1+ Equal Access service at .29¢ flat rate, or at .27¢ peak and	
N.	What is the applicant's 10XXX or 800 access code? See Exhibit 4	.zrv off ak for eligible customers.
Ο.	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?NONE	Sub comera.
Ρ.	What facility-based network will the applicant be reselling? LDDS Worldcom	
Q.	Will the applicant be utilizing the local telephone company's billing system or billing customers direct <sup>2</sup> ? LEC 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.  SEE EXHIBIT 5	
S.	Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.	
	SEE EXHIBIT 5	

<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.

Τ.	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_XNo
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 $\underline{x}$ No $\underline{y}$
<u>Par</u>	t II: Organization Structure
A.	Type of Organization .
	Individualx_Corporation
	PartnershipOther (Explain on separate sheet)
В.	If partnership and/or Non-resident (1) Attach a copy of Articles of Incorporation and current by-laws. SEE EXHIBIT 6 (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. SEE EXHIBIT 8
<u>Par</u>	t 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 EXHIBIT 7
Par	t IV: Display Card
	ach a copy of the display card to be placed on the aggregators telephone which shows what trator services are to be provided. The card must contain all required information listed in

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

<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.

	SEE ATTACHMENT	
	Company Name	Date
		•,
	Company Official	Title
Subscribed and sworn pefore me this day of, 19	•	
Notary Public		

seal

#### STATE OF GEORGIA

#### COUNTY OF FULTON

John W. Little, being duly sworn, deposes and says: That he is the President of America's Tele-Network Corp.; that he has read the foregoing petition and knows the contents thereof, and that the same is true of his own knowledge except as to the matters therein stated upon information and belief; and as to those matters he believes them to be true; that he consents to the verified affidavit being used as evidence in this proceeding.

John W. Little

Subscribed and sworn to before me this the <u>day</u> of day of ...

Pullicial fin Button Notary Public

My commission expires:

Notary Public, Fulton County, Georgia My Commission Expires August 22, 1999

## Response to Part 1

#### EXHIBIT 2

Applicant America's Tele-Network Corp. ("ATN") operates on a switchless resale basis. Accordingly, ATN does not own or operate any facilities or equipment in the state. ATN therefore does not need to maintain, and will not maintain, any office in the state of Tennessee. ATN's Tennessee operations are conducted from its headquarters offices in Alpharetta, Georgia. Customers and/or the PSC may contact the Company at all times by dialing, toll-free, 1-800-842-1435. ATN's President, John W. Little, and Vice-President, Robert F. Schneberger, are in charge of its Tennessee operations.

Response to Part 1, Question G

#### EXHIBIT 3

ATN is authorized to operate in the following states.

New Jersey

Texas

Michigan

Ohio

Colorado

District of Columbia

Oklahoma

Utah

Virginia

Response to Part 1, Question N

#### EXHIBIT 4

ATN utilizes the 10XXX codes of its underlying carriers, as follows:

X - LDDS Worldcom

Response to Part 1, Questions R & S

#### EXHIBIT 5

Applicant America's Tele-Network Corp. ("ATN") markets its services by telemarketing followed by independent third party verification plus a follow-up welcome kit which includes a request for a signed Letter of Authorization ("LOA") from each customer. Applicant does not use independent sales agents. ATN complies with all state and federal rules and regulations concerning the marketing of telecommunications.

In response to Question S, the following are the procedures that ATN uses to switch a customer's preferred interexchange service:

ATN does not switch any customer to ATN's interexchange service without independent third party verification of a telemarketed sale and further confirms such sale by attempting to obtain a signed LOA from that customer for its records maintained at ATN's headquarters in Alpharetta, Georgia. The Verifications and/or LOA that ATN use contain all required information under FCC and applicable state regulations.

ATN's procedures provide full protection against unauthorized switching of a user's interexchange carrier. ATN does not submit a PIC change order to a local exchange carrier unless it has received proper verification. ATN's policy also is to follow-up each verification with a written confirmation letter to the customer, accompanied by a "welcome package" that describes ATN's

services and requests return of a signed LOA. This package also provides the customer with a toll-free telephone number which can be used to reach ATN with any questions that the customer may have about ATN's service, or to simply decline the switch to ATN from the customer's current interexchange carrier. In this way, not only are all customers fully informed about ATN and its services, but consumers also are provided with an opportunity to change their mind and remain with their current long distance carrier.

#### EXHIBIT 6

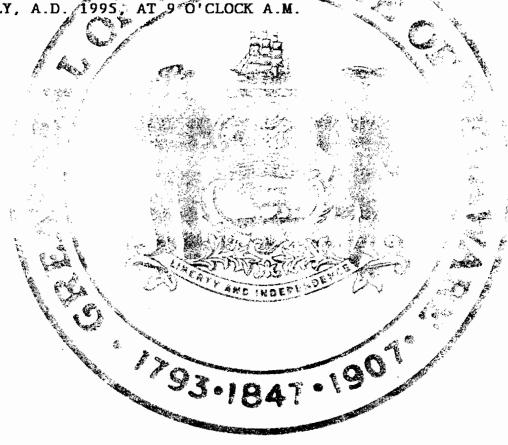
#### ARTICLES OF INCORPORATION

### State of Delaware

## Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "AMERICA'S
TELE-NETWORK CORP.", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY
OF JULY, A.D. 1995, AT 9 O'CLOCK A.M.





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

25553 8100

\_ 76017

08-09-95

## STATE of DELAWARE CERTIFICATE of INCORPORATION A STOCK CORPORATION

County of New Castle Zip Code The Registered Agent is charge thereof is Corporation Service Company THIRD: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.  FOURTH: The amount of the total authorized capital stock of this corporation is Dollars (\$		13 Centre	Road	Street, in the	ne City of _	Wilmingto	on
THIRD: The purpose of the corporation is to engage in any lawful act or activity for which corations may be organized under the General Corporation Law of Delaware.  FOURTH: The amount of the total authorized capital stock of this corporation is One-Thousand Dollars (\$\frac{1000.00}{0.01}) concentration in the Dollars (\$\frac{1000.00}{0.01}) concentration is One-Thousand Dollars (\$\frac{1000.00}{0.01}) concentration in the Dollars (\$\frac{1000.00}{0.01	County of _	New Cas	t <u>le</u>	Zip Code_	19805	. The Regis	tered Agent in
THIRD: The purpose of the corporation is to engage in any lawful act or activity for which corations may be organized under the General Corporation Law of Delaware.  FOURTH: The amount of the total authorized capital stock of this corporation is One-Thousand Dollars (\$\frac{1000.00}{0.01}) of the into Shares of Shares of Dollars (\$\frac{1000.00}{0.01}) of the incorporator are as follows:  Name R.F. Schneberger  Mailing Address San Antonio, TX Zip Code 78230  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this 11th	charge there	of isc	orporation	Service Compan	у		
rations may be organized under the General Corporation Law of Delaware.  FOURTH: The amount of the total authorized capital stock of this corporation is One-Thousand Dollars (\$\frac{1000.00}{0.01}) of the Dollars (\$\frac{1000.00}{0.01}) of the Dollars (\$\frac{1000.00}{0.01}) of the Incorporator are as follows:  Name R.F. Schneberger  Mailing Address San Antonio, TX Zip Code 78230  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this \( \frac{17th}{17th} \)		·					
rations may be organized under the General Corporation Law of Delaware.  FOURTH: The amount of the total authorized capital stock of this corporation is One-Thousand Dollars (\$\frac{1000.00}{0.01}) of the Indonesia of Dollars (\$\frac{1000.00}{0.01}) of the Indonesia of the incorporator are as follows:  Name R.F. Schneberger  Mailing Address San Antonio, TX Zip Code 78230  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this \( \frac{17th}{17th} \)		· · · ·					
FOURTH: The amount of the total authorized capital stock of this corporation is  One-Thousand  Dollars (\$\frac{1000.00}{0.01}) condition  into Shares of Service no/100 Dollars (\$\frac{5}{0.01}) condition  FIFTH: The name and mailing address of the incorporator are as follows:  Name R.F. Schneberger  Name 4909 Woodstone, \$\frac{4802}{0.01}  Mailing Address San Antonio, TX Zip Code 78230  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this 17th	THIRD: The	purpose of t	he corporation	is to engage in a	ny lawful a	ct or activity	for which come
One-Thousand  Too,000  Shares of	rations may	be organized	l under the Ge	neral Corporation	Law of De	laware.	
Dollars (\$	FOURTH: Th	e amount of	the total author	orized capital stoc	k of this co	rporation is	
FIFTH: The name and mailing address of the incorporator are as follows:    Name	On	e-Thousand		•	Dollars	(\$ 1000.0	00 ) divid
PIFTH: The name and mailing address of the incorporator are as follows:    Name	into	0,000	charge of	zero & no/100	Dollar	0.01	) each
Name	III.O		51121 C3 01			(4——	
Mailing Address  San Antonio, TX  Zip Code  7823C  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this  Inly  95							
Mailing Address  San Antonio, TX  Zip Code  78230  I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this  Inly  95			ومحملة لمومونان	aftha incomposite			
I, THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this    17th   95			ailing address of R.F. Schnel	of the incorporato perger	r are as foll		
I, THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this    17th   95		name and ma Name	R.F. Schnel	of the incorporato perger	r are as foll	ows: 	
Delaware, do make, file and record this Certificate, and do certify that the facts herein stated true, and I have accordingly hereunto set my hand this		name and ma Name	ailing address of R.F. Schnel	of the incorporato perger Woodstone, #8	r are as foll	ows: 	7823C
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STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AM 07/18/1995 950160517 - 2525553 Secretary of State
Corporations Section

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

DATE: 10/20/95 REQUEST NUMBER: 3068-0029 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 10/20/95 0959 EFFECTIVE DATE/TIME: 10/20/95 0959 CONTROL NUMBER: 0301904

TO: HELEIN AND ASSOCIATES % JANE HELEIN S700 8180 GREENSBORO DR. MCLEAN, VA 22102

RE:
AMERICA'S TELE-NETWORK CORP.
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

ON DATE: 10/20/95

AUTHORITY - FOR PROFIT

RECEIVED:

FEES \$300.00

\$300.00

AMERICA'S TELE-NETWORK CORP. 720 HEMBREE PLACE

TOTAL PAYMENT RECEIVED:

\$600.00

ALPHARETTA, GA 30076-0000

RECEIPT NUMBER: 0000186132. ACCOUNT NUMBER: 00225085

GRICUTURE 17796

FROM:

RILEY C. DARNELL SECRETARY OF STATE

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

ゅにわ	AMERICAS TELE-NETWORK CORP.
التاليا	AMERICA'S TELE-NETWORK CORT.
Lolong Seci	retary of State of the State of Tennessee:
Pursua	the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned creby applies for a certificate of authority to transact business in the State of Tennessee, and for that p
I. The nam	ne of the corporation is America's Tele-Network Corp.
If different	t, the name under which the certificate of authority is to be obtained is
	Same As Above.
tion for proporation A	he Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation of the Tennessee Business Coact. If obtaining a certificate of authority under an assumed corporate name, an application must be for Section 48-14-101(d).]
2. The sta	te or country under whose law it is incorporated is <u>Delaware</u>
	of its incorporation is
3. The date	petual and the period of duration, if other than perpetual
	•
4. The cor	mplete street address (including zip code) of its principal office is 720 Hembree Place,
	Alpharetta, Georgia 30076
	mplete street address (including zip code) of its registered office in this state and the name of its regist hat office is Corporation Service Company,  306 Gay Street, Suite 200, Nashville, TN 37201
6. The nai	mes and complete business addresses (including zip code) of its current officers are: (Attach separate ry.)
	гу.)
	гу.)

STACHMENT OF STATE

Mr. John W. Little, President 720 Hembree Place Alpharetta, GA 30076

Mr. Robert F. Schneberger, Vice-President 720 Hembree Place Alpharetta, GA 30076

Mr. John W. Little, Secretary & Treasurer 720 Hembree Place Alpharetta, GA 30076

Mr. John W. Little, Director 720 Hembree Place Alpharetta, GA 30076

## State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICA'S TELE-NETWORK CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS VALLEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF

Edward J. Freel, Secretary of State

AUTHENTICATION:

7642090 DATE:

09-15-95

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