

**TENNESSEE PUBLIC SERVICE COMMISSION**

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

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



Company ID: 00118428  
Americom Technologies, Inc.  
6080 Huntwick Terrace  
Suite 308  
Delray Beach, FL 33484

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION  
Nashville, Tennessee February 29, 1996

IN RE: CASE NUMBER: 95-03843

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.



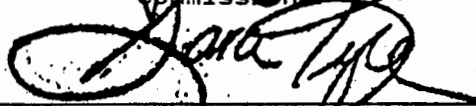
---ORDER---

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 February 20, 1996 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

Company ID: 118428  
**Americom Technologies, Inc. dba Network Utilization Services**  
6080 Huntwick Terrace, Suite 308  
Delray Beach, FL 33484

**BEFORE THE TENNESSEE REGULATORY AUTHORITY**

**March 25, 1997**

**Nashville, TN**

**IN RE:           Application for Authority to Provide Operator Services and/or Resell  
Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.**

**Case No. 95-03843**

**AMENDED AND RESTATED ORDER**

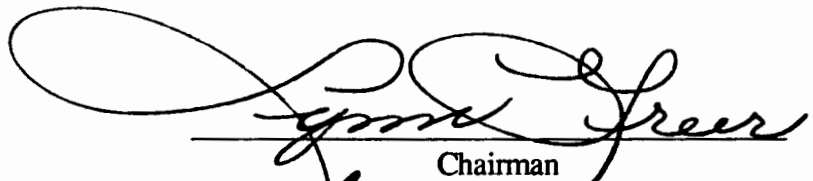
Whereas, the Tennessee Regulatory Authority ("Authority") issued in their Order dated February 29, 1996, which granted a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee to Americom Technologies, Inc. dba Network Utilization Services and, whereas, the Authority's February 29, 1996 Order omitted the Company's assumed name, this Order has been issued to correct that omission.


**THEREFORE**, it is ordered that the February 29, 1996 Order is amended and restated as follows:

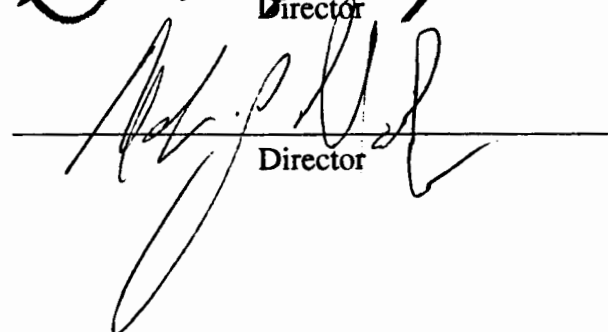
This matter is before the Tennessee Regulatory Authority ("Authority") upon the application of the above-mentioned company for certification as an operator service provider and/or reseller of telecommunications services in Tennessee. The Authority considered this application at its regularly scheduled Conference on February 20, 1996 and concluded that the applicant had met all the requirements for certification and should be authorized to provide the resell of telecommunications services and/or operator services on an intra-state basis.

**IT IS THEREFORE ORDERED:**

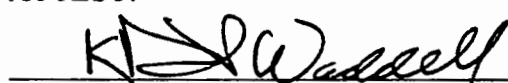
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as a telecommunications reseller and/or operator service provider for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with all applicable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

  
Chairman

  
Director

  
Director

ATTEST:

  
Executive Secretary

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

OCT 27 1995 / *oe*

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: Americom Technologies, Inc. d/b/a Network Utilization Services  
Address 6080 Huntwick Terrace, Suite 308 Delray Beach  
State: Florida Zip Code: 33484 Phone No. (800) 576-0320

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Irma Gross President	6080 Huntwick Terrace Suite #308	Delray Beach	FL	33484
Michelle Post Vice President	P.O. Box 446	Boston	MA	02199

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

Name Michelle Post  
Tennessee Phone No. (800) 576-0320 Fax No. (617) 247-2154

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

(800) 576-0320

(To be filled out by PSC)  
Company ID Number \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Evaluator \_\_\_\_\_

*118428*  
*95-3813*

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.

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

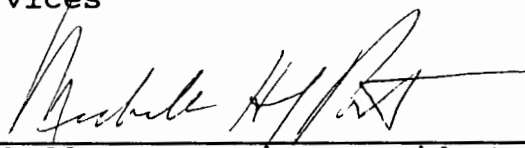
Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57,B)<sup>3</sup>, which includes a toll-free number consumers can call for service problems and refunds.

Not applicable. The company currently does not provide operator services through aggregator locations.

Part V: Rule Compliance Agreement

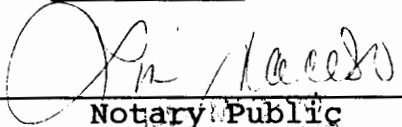
- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understand the Tennessee Public Service Commission's (TPSC) interexchange Reseller Rules and Regulations, (Appendix III)
  - Understands the penalties for non-compliance, and 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.

Americom Technologies, Inc.  
d/b/a Network Utilization  
Services

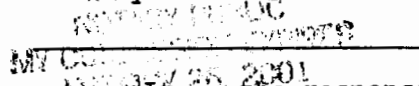
  
Michelle Post, Vice President

Date: 10/24/95

Subscribed and sworn  
before me this 24th day  
of October, 1995

  
Notary Public

SEAL

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

- 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.

Service is sold primarily through telemarketing. The company uses the telemarketing services of MGI Comm Inc.

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

The Company complies with the FCC's rules and regulations for obtaining authorization to change a customers' primary interexchange carrier. The company sends an information package to prospective customers which clearly identifies the company and explains the PIC change process.

- 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 ☒ 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 ☒ No ☐

## Part II: Organization Structure

- A. Type of Organization

☐ Individual ☒ 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.

J. What type of customers will the company serve?

a. Business X

b. Residential X

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.

Not applicable; company does not provide operator assisted services.

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 \_\_\_\_\_ Americom Technologies, Inc. provides 1+ and 800 services which are competitive with AT&T's MTS rates, but not directly comparable, since they are not mileage sensitive. Specific rates are provided in Attachment II.

M. 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?

Not applicable; company is a switchless reseller and does not have an access code. Access to the service is via presubscribed lines to the underlying carrier.

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

No. All routing, switching and transmission functions are handled by the company's designated underlying carrier.

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

The AT&T network. In the future, the company may use other underlying carriers.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>?

Customers will be billed by AT&T's bill manager system.

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<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.

SECRETARY OF STATE



CORPORATE CHARTER

I, DEAN HELLER, Secretary of State of the State of Nevada, do hereby certify that **AMERICOM TECHNOLOGIES, INC.** did on the **TWENTY-FIRST** day of **FEBRUARY, 1995** file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this **TWENTY-FIRST** day of **FEBRUARY, 1995**.



*Dean Heller*

Secretary of State

By

*Colleen Weir-Jacobsen*  
Certification Clerk



**STATE OF NEVADA**  
**Secretary of State**

I hereby certify that this is a  
true and complete copy of  
the document as filed in this  
office.

FEB 21 '95

*Dean Heller*

**DEAN HELLER**  
**Secretary of State**

By *[Signature]*

*Articles of Incorporation*

(PURSUANT TO NRS 78)

STATE OF NEVADA

Filing fee  
Receipt #



STATE OF NEVADA  
Secretary of State

FEB 21 1995  
2809-95  
DEAN HELLER SECRETARY OF STATE  
*Dean Heller*

No. \_\_\_\_\_  
(For filing office use)

(For filing office use)

IMPORTANT: Read instructions on reverse side before completing this form.

TYPE OR PRINT (BLACK INK ONLY)

1. NAME OF CORPORATION: Americom Technologies, Inc.  
2. RESIDENT AGENT: (designated resident agent and his STREET ADDRESS in Nevada where process may be served)

Name of Resident Agent: Corporation Service Company

Street Address: 530 S. Fourth Street Las Vegas 89101  
Street No. Street Name City Zip

3. SHARES: (number of shares the corporation is authorized to issue)  
Number of shares with par value: 1000 Par value: \$1.00 Number of shares without par value: \_\_\_\_\_

4. GOVERNING BOARD: shall be styled as (check one): X Directors        Trustees  
The FIRST BOARD OF DIRECTORS shall consist of 1 members and the names and addresses are as follows:

Name	Address	City/State/Zip
<u>Mitchell Post</u>	<u>326 Commonwealth Ave</u>	<u>Boston MA 02115</u>
Name	Address	City/State/Zip

Name	Address	City/State/Zip
------	---------	----------------

5. PURPOSE (optional- see reverse side): The purpose of the corporation shall be:  
Providing Long Distance Phone Services

6. NRS 78.037: States that the articles of incorporation may also contain a provision eliminating or limiting the personal liability of a director or officer of the corporation or its stockholders for damages for breach of fiduciary duty as a director or officer except acts or omissions which include misconduct or fraud. Do you want this provision to be part of your articles? Please check one of the following: YES X NO \_\_\_\_\_

7. OTHER MATTERS: This form includes the minimal statutory requirements to incorporate under NRS 78. You may attach additional information noted on separate pages. But, if any of the additional information is contradictory to this form it cannot be filed and will be returned to you for correction. Number of pages attached 0.

8. SIGNATURES OF INCORPORATORS: The names and addresses of each of the incorporators signing the articles: (signatures must be notarized)

Name (print)	Address	City/State/Zip
<u>Nancy Dubc</u>	<u>24 Smoke St</u>	<u>Nottingham MA 03290</u>
Name (print)	Address	City/State/Zip

Signature	Signature
-----------	-----------

Name (print)	Subscribed and sworn to before me on _____
--------------	--

Address	City/State/Zip
---------	----------------

Signature	Notary Public
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9. CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF RESIDENT AGENT

1. \_\_\_\_\_ hereby accept appointment as Resident Agent for the above named corporation

Signature of Resident Agent \_\_\_\_\_ Date \_\_\_\_\_

(affix notary stamp or seal) Feb 21 1995  
Joseph D. [Signature]  
Notary Public  
State of MASS  
County of Suffolk

SS-4

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

2-24-95  
EIN 65-0557264  
OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.) <i>American Technologies Inc</i>	
2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name <i>c/o Irma Gross</i>
4a Mailing address (street address) (room, apt., or suite no.) <i>6080 Huntwick Terrace #308</i>	5a Address of business (See instructions.)
4b City, state, and ZIP code <i>Delray FL 33484</i>	5b City, state, and ZIP code
6 County and state where principal business is located <i>Broward, Florida</i>	
7 Name of principal officer, grantor, or general partner (See instructions.) <i>Irma Gross, President</i>	
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Individual SSN <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Federal government/military If nonprofit organization enter GEN (if applicable) <input type="checkbox"/> Estate <input type="checkbox"/> Plan administrator SSN <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church controlled organization	
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated	State <i>Nevada</i>
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Changed type of organization (specify) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Other (specify)	
10 Date business started or acquired (Mo., day, year) (See instructions.) <i>Jan 30, 1995</i>	11 Enter closing month of accounting year. (See instructions.) <i>December</i>
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <i>None</i>	
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." <i>0</i>	
14 Principal activity (See instructions.) <i>Long Distance Communication</i>	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application. True name Trade name	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete	
Name and title (Please type or print clearly.) <i>Irma Gross, President</i>	
Signature <i>Irma Gross</i>	
Date <i>2-22-95</i>	
Note: Do not write below this line. For official use only.	
Please leave blank	
Geo. Ind. Class Size Reason for applying	

**Secretary of State**

**Corporations Section**

**James K. Polk Building, Suite 1800**

**Nashville, Tennessee 37243-0306**

BOOK 9632 PG 342

DATE: 03/30/95  
REQUEST NUMBER: 2987-1120  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 03/30/95 1040  
EFFECTIVE DATE/TIME: 03/30/95 1040  
CONTROL NUMBER: 0292720

TO:  
UNISEARCH INC.  
475 W. UNIVERSITY AVE  
#103  
ST. PAUL, MN 55103

RE:  
AMERICOM TECHNOLOGIES, 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.

1,7012

IDENTIFY & REFERENCE

PICK-UP

15 MAR 31 AM 8:25

DAVIDSON COUNTY, TN

FOR: APPLICATION FOR CERTIFICATE OF  
AUTHORITY - FOR PROFIT

ON DATE: 03/30/95

FROM:  
UNISEARCH, INC. (MN)  
475 W. UNIVERSITY AV  
#103  
ST. PAUL, MN 55103-0000

RECEIVED: FEES \$300.00 \$300.00

TOTAL PAYMENT RECEIVED: \$600.00

RECEIPT NUMBER: 00001781  
ACCOUNT NUMBER: 00202444

*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE



RECEIVED

5.00

FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

BOOK 9632, 343

Americom Technologies, 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:

1. The name of the corporation is Americom Technologies, Inc.

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 Nevada

3. The date of its incorporation is 02/21/95 (must be month, day, and year), and the period of duration, if other than perpetual, is perpetual

4. The complete street address (including zip code) of its principal office is 6080 Huntwick Terrace #308

Street	City	State/Country	Zip Code
Bldg. 127	Delray	FL	33484

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

Street	City/State	County	Zip Code
306 Gay Street, Suite 200, Nashville, TN,	Davidson,		37201

The name of its registered agent at that office is

Corporation Service Company

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

President-Irma Gross 6080 Huntwick Terrace #308 Bldg. 127 Delray FL 33484

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

Director-Irma Gross 6080 Huntwick Terrace #308 Bldg. 127 Delray, FL 33484

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 authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than one (1) month prior to the date the application is filed in this state.]

Signature Date

President

Signer's Capacity

Americom Technologies, Inc.

Name of Corporation

Signature

Irma Gross

Name (typed or printed)

Filing Fee: \$200.00



SS-4431 (Rev. 8/89)

FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

BOOK 9632 PG 343

Americom Technologies, 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:

1. The name of the corporation is Americom Technologies, Inc.

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 Nevada

3. The date of its incorporation is 02/21/95 (must be month, day, and year), and the period of duration, if other than perpetual, is perpetual

4. The complete street address (including zip code) of its principal office is 6080 Huntwick Terrace #308

<u>Bldg. 127</u>	<u>Delray</u>	<u>FL</u>	<u>33484</u>
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

<u>306 Gay Street, Suite 200, Nashville, TN,</u>	<u>Davidson,</u>	<u>37201</u>
Street	City/State	County Zip Code

The name of its registered agent at that office is

Corporation Service Company

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

President-Irma Gross 6080 Huntwick Terrace #308 Bldg. 127 Delray FL 33484

FILED

3004 1-811

RECEIVED  
STATE OF TENNESSEE

APPROVED 27 APR 10 24  
RILEY DARRIE  
SECRETARY OF STATE

48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is American Technologies, Inc.
2. The state or country of incorporation is Nevada
3. The corporation intends to transact business in Tennessee under an assumed corporate name.
4. The assumed corporate name the corporation proposes to use is Network Utilization Services

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

Signature Date

4/17/95  
President  
Signer's Capacity

American Technologies, Inc.

Name of Corporation

Irma Gross  
Signature

Irma Gross  
Name (typed or printed)



Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 04/27/95  
REQUEST NUMBER: 3004-1811  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 04/27/95 1024  
EFFECTIVE DATE/TIME:  
CONTROL NUMBER: 0292720

TO:  
TSIO

P.O. BOX 120598

NASHVILLE, TN 37212

RE:

NETWORK UTILIZATION SERVICES  
ASSUMED NAME REGISTRATION

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME  
REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS  
INDICATED ABOVE.

THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO  
(2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5)  
YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.

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

-----  
FOR: ASSUMED NAME REGISTRATION

ON DATE: 04/27/95

FROM:

TSIO (BOX 120598)  
P. O. BOX 120598

NASHVILLE, TN 37212-0000

RECEIVED: FEES

TOTAL PAYMENT RECEIVED: \$ 20.00

RECEIPT NUMBER: 00001801023  
ACCOUNT NUMBER: 00000499



SS-4458

*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE



# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 04/27/95

REQUEST NUMBER: 3004-1811

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 04/27/95 1024

EFFECTIVE DATE/TIME:

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P. O. BOX 120598

NASHVILLE, TN 37212-0000

RECEIVED: FEES  
~~\$100.00~~ ~~\$100.00~~  
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RECEIPT NUMBER: 00001801023  
ACCOUNT NUMBER: 00000499



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

**FILED**

RECEIVED  
STATE OF TENNESSEE

APR 27 AM 10:24

Under the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

RILEY DARRIN  
SECRETARY OF STATE

1. The true name of the corporation is \_\_\_\_\_  
Americom Technologies, Inc.
2. The state or country of incorporation is Nevada
3. The corporation intends to transact business in Tennessee under an assumed corporate name.
4. The assumed corporate name the corporation proposes to use is  
Network Utilization Services

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

4/17/95  
Signature Date

President  
Signer's Capacity

Americom Technologies, Inc.

Name of Corporation

Irma Gross  
Signature

Irma Gross  
Name (typed or printed)

