

**TENNESSEE PUBLIC SERVICE COMMISSION**

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

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



Company ID: 00119726  
American Business Alliance, Inc.  
220 Division St.  
Kingston, PA 18704

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION  
Nashville, Tennessee March 22, 1996

IN RE: CASE NUMBER: 96-00074

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 March 5, 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

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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 American Business Alliance, Inc.  
Address 220 Division Street, Kingston  
State PA Zip Code 18704 Phone No. ( 717 ) 283 - 9247

B. Owner, Partners, or Corporate Officers

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
Ralph Arch	220 Division Street	Kingston	PA	18704
Sam Means	"	"	"	"
Doug Winslow	"	"	"	"
Kathy Tensel	"	"	"	"

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

N/A (See response to Item D) ( ) - ( ) -  
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. 1-800-466-7222

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

XXX 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.

G. List the state(s) you are authorized to operate in at this time. Applicant is in the process of obtaining authority to provide resold telecommunications services throughout the United States.

(To be filled out by PSC)  
Company ID Number 916-74  
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.  
None.
- I. Areas in Tennessee to be served.  
Applicant requests statewide authority.
- J. What type of customers will the company serve?  
a. Business X  
b. Residential X  
c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Pay phones)  
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.
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes XXX 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 II.<sup>1/</sup>
- N. What is the applicant's 10XXX or 800 access code? Not applicable.
- 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? Sprint, MCI, AT&T and WilTel.
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct?<sup>2/</sup> Applicant anticipates that it will utilize direct billing and an industry accepted billing and collection agency. ABA has not yet finalized a contract with a billing and collection agency.
- 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.  
  
Applicant's marketing program is not yet finalized; however, applicant expects that its initial marketing vehicles will include direct mail, limited print advertising, and telemarketing.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Applicant will obtain a Letter of Authorization or use an independent third party verifier before seeking to switch customer's long distance service.

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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.

- 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 XXX 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 XXX No \_\_\_\_\_

Part II: Organization Structure

A. Type of Organization

\_\_\_\_ Individual                      XXX 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. **See Exhibit 1.**

(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 2.**

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

**Not Applicable.**

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<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.

American Business Alliance, Inc.      January 15, 1996  
Company Name                                      Date

Please see attached verification  
Title

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires on \_\_\_\_\_

492154-86



FILED  
DEC 20 1995  
SECRETARY OF STATE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

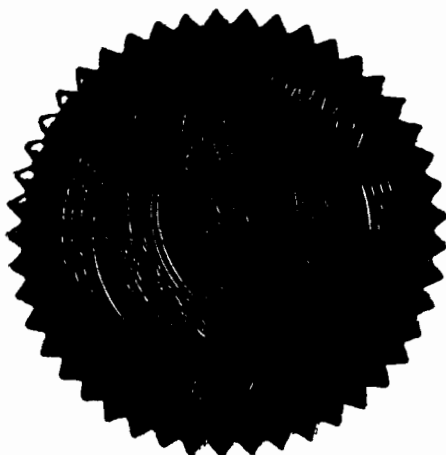
DECEMBER 11, 1995

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN BUSINESS ALLIANCE, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania  
and remains a subsisting corporation so far as the records of this office  
show, as of the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's  
Office to be affixed, the day  
and year above written.

A handwritten signature in ink, appearing to read "John H. Kane".

Secretary of the Commonwealth

CKEI

**Secretary of State**

**Corporations Section**

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

**Nashville, Tennessee 37243-0306**

DATE: 12/29/95  
REQUEST NUMBER: 3091-0265  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 12/28/95 0829  
EFFECTIVE DATE/TIME: 12/28/95 0829  
CONTROL NUMBER: 0304925

TO:  
HIO CORPORATE SERVICES INC.  
SUITE 501  
516 N CHARLES ST  
BALTIMORE, MD 21201

RE:  
AMERICAN BUSINESS ALLIANCE, 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: 12/28/95

FROM:  
HIO CORPORATE SERVICES  
516 N CHARLES ST  
SUITE 501  
BALTIMORE, MD 21201-0000

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

RECEIPT NUMBER: 00001883709  
ACCOUNT NUMBER: 00137567



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

AMERICAN BUSINESS ALLIANCE, 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 the fees set forth:

1. The name of the corporation is AMERICAN BUSINESS ALLIANCE, INC. 95 DEC 28 AM 8:29

If different, the name under which the certificate of authority is to be obtained is SECRETARY OF STATE

[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 PENNSYLVANIA

3. The date of its incorporation is 4/3/92 (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 \_\_\_\_\_

225 SOUTH CHURCH STREET, 2ND FLOOR WEST CHESTER PA 19380  
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 \_\_\_\_\_

258 HOWARD PLACE MEMPHIS TN DAVIDSON 37205  
Street City/State County Zip Code

The name of its registered agent at that office is \_\_\_\_\_

HIO CORPORATE SERVICES, INC.

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

SEE ATTACHED

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

SEE ATTACHED

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 \_\_\_\_\_

[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.]

12-19-95

Signature Date

Vice President

Signer's Capacity

AMERICAN BUSINESS ALLIANCE, INC.

Name of Corporation

Signature

Douglas K. Winslow

Name (typed or printed)



# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 08/23/96

REQUEST NUMBER: 3207-1329

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 08/22/96 0931

EFFECTIVE DATE/TIME:

CONTROL NUMBER: 0304925

TO:

HIQ CORPORATE SERVICES, INC

% ROXANNE MONIODIS

516 N CHARLES/S-501

BALTIMORE, MD 21201

RE:

COMMERCIAL PHONE GROUP, INC.

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: 08/22/96

FROM:

HIQ CORPORATE SERVICES

516 N CHARLES ST

SUITE 501

BALTIMORE, MD 21201-0000

RECEIVED: FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002000667

ACCOUNT NUMBER: 00137567



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

FILED

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

Pursuant to 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:

1. The true name of the corporation is AMERICAN BUSINESS ALLIANCE, INC.
2. The state or country of incorporation is PENNSYLVANIA
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  
COMMERCIAL PHONE GROUP, INC.

[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.]

8/15/96  
Signature Date

Vice-President  
Signer's Capacity

AMERICAN BUSINESS ALLIANCE, INC.  
Name of Corporation

[Signature]  
Signature

Douglas K. Winston  
Name (typed or printed)

