

**TENNESSEE PUBLIC SERVICE COMMISSION**

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

STEVE HEWLETT, CHAIRMAN  
SARA KYLE, COMMISSIONER  
MELVIN J. MALONE, COMMISSIONER



Company ID: 00119978  
First National Services Corp. (FNCS)  
122nd. St.  
Carmel, IN 46032

201

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION  
Nashville, Tennessee June 26, 1996

IN RE: CASE NUMBER: 96-00213

Application for Authority for Operator Services and/or Resell  
Telecommunications Service and/or Telecommunications Operator Services  
Services in Tennessee Pursuant to Rule 1220-4-2-.57.

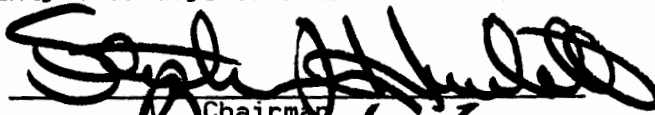
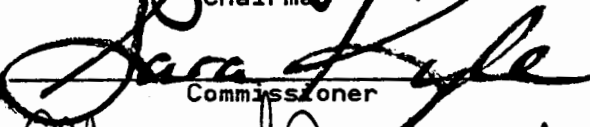
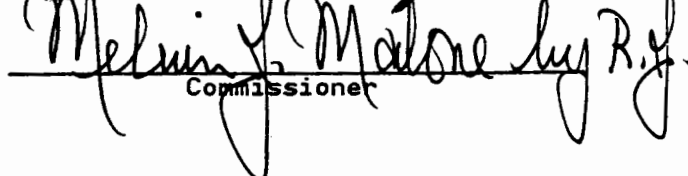
---ORDER---

This matter is before the Tennessee Public Service Commission upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The Commission considered this application at its regularly scheduled Commission Conference held on June 25, 1996 and concluded that the applicant has met all the requirements for certification and should be authorized to provide the resell of 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 a 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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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 First National Services Corp. (FNSC)  
Address 801 East 122nd Street, Carmel  
State Indiana Zip Code 46032 Phone No. (812) 429-1845

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Gerald Besing	801 E. 122nd St.	Carmel	IN	46032

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

Gerald Besing (812) 429-1845 (812) 429-1538  
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) 678-4881

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

☒ 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. None

(To be filled out by PSC) 11/9/98/196-213  
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.

H. List any states that you have been denied authority to provide service.  
N/A

I. Areas in Tennessee to be served.  
All areas in Tennessee.

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

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 II<sup>1</sup>.

N. What is the applicant's 10XXX or 800 access code? N/A

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? Wiltel, Qwest, MCI,  
the local exchange companies

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? FNSC's residential and business customers will be billed directly by FNSC. (A sample bill is attached as Exhibit A.) All operator services calls will be billed by the LEC.

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.

FNSC will use its own sales force to market its services in Tennessee.  
Independent agents will not be used.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. FNSC will abide by the new federal regulations when changing a consumer's preferred interexchange service.

<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 ☒ 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. (Exhibit B)

(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. (Exhibit C)

**Part III: Financial Information** (Exhibit D)

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** (Exhibit E)

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.

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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.

First National Services Corp. 2/6/96  
Company Name Date

*Shirley Boring* Secretary  
Company Official Title

Subscribed and sworn  
before me this 6<sup>th</sup> day  
of Jan, 1996

*Damara J Wilson*  
Notary Public

My commission expires  
October 26, 1998.

seal

**EXHIBIT  
B**

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

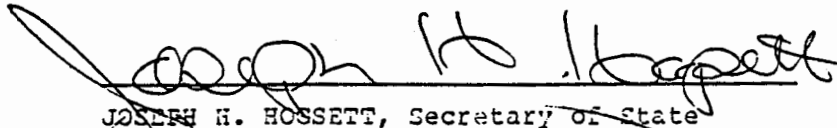
OF

FIRST NATIONAL SERVICES CORP.

I, JOSEPH H. HOGSETT, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

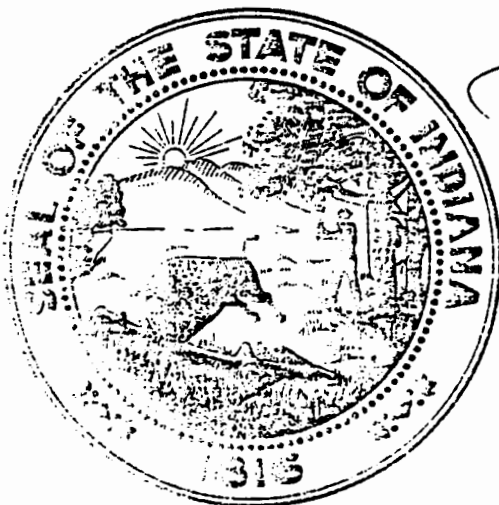
NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin July 28, 1994.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-eighth day of July, 1994

  
JOSEPH H. HOGSETT, Secretary of State

BY 

Deputy





# ARTICLES OF INCORPORATION

State Form 4159 (R6 / 3-88)

Provided by: EVAN BAYH

Secretary of State  
Room 155, State House  
Indianapolis, Indiana 46204  
(317) 232-6576  
Indiana Code 23-1-21-2  
FILING FEE \$90.00

**INSTRUCTIONS:** Use 8 1/2 x 11 inch white paper for inserts.  
Filing requirements - Present original and  
one copy to the address in the upper right  
corner of this form.

## ARTICLES OF INCORPORATION OF First National Services Corp.

(Indicate the appropriate act)

The undersigned desiring to form a corporation (herein after referred to as "Corporation") pursuant to the provisions of:

☒ Indiana Business Corporation Law

☐ Indiana Professional Corporation Act 1983

As amended, executes the following Articles of Incorporation:

### ARTICLE I NAME

Name of Corporation

First National Services Corp.

(The name must contain the word "Corporation," "Incorporated," "Limited," "Company" or an abbreviation of one of those words.)

### ARTICLE II REGISTERED OFFICE AND AGENT

(The street address of the corporation's initial registered office in Indiana and the name of its initial registered agent at that office is:)

Name of Agent

Jeffrey R. Kinney

Street Address of Registered Office

7th Floor, Hulman Building, 20-24 N.W. Fourth Street, Evansville, IN

ZIP Code

47708

### ARTICLE III AUTHORIZED SHARES

Number of shares: 100,000

If there is more than one class of shares, shares with rights and preferences, list such information on "Exhibit A."

### ARTICLE IV INCORPORATORS

(The name(s) and address(es) of the incorporator(s) of the corporation:)

NAME	NUMBER and STREET OR BUILDING	CITY	STATE	ZIP CODE
Jeffrey R. Kinney	7th Floor, Hulman Bldg. 20-24 N.W. Fourth St.  (SEE ARTICLE 5 ATTACHED)	Evansville	IN	47708

In Witness Whereof, the undersigned being all the incorporators of said corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true,

this 27th day of July 19 94

Signature

Printed Name

Jeffrey R. Kinney

Signature

Printed Name

Signature

Printed Name

This instrument was prepared by (Name)

Jeffrey R. Kinney

Address (Street, Number, City and State)

7th Floor, Hulman Bldg., 20-24 N.W. Fourth Street, Evansville, IN

ZIP Code

47708