

TENNESSEE REGULATORY AUTHORITY

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

H. LYNN GREER, JR., DIRECTOR
SARA KYLE, DIRECTOR
MELVIN J. MALONE, DIRECTOR



Company ID: 00120125
Amer-I-Net Services, Corp.
300 Corporate Center Dr.
Manalapan, NJ 07726

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, Tennessee August 27, 1996

IN RE: CASE NUMBER: 96-00231

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.

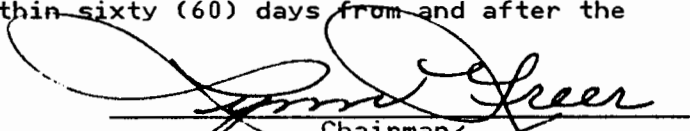

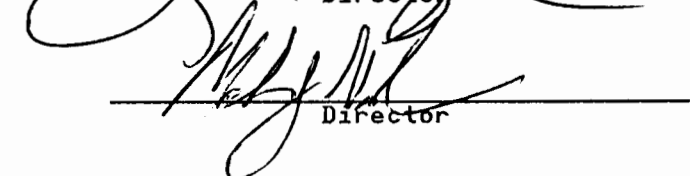
---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller of telecommunication operator service provider in Tennessee. The TRA considered this application at its regularly scheduled Commission Conference held on August 28, 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 TRA 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 TRA'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 TRA'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 Secretary


Chairman

Director

Director

AUG-14-96 WED 2:00 PM

P. 2

RECEIVED APPLICATION FOR CERTIFICATE OF AUTHORITY FOR
STATE OF TENNESSEE

91 JAN 30 AM 9:29

Amer-I-Net Services, Corp.

To the Secretary 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 Amer-I-Net Services, Corp.

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 Delaware3. The date of its incorporation is November 8, 1990, and the period of duration, if other than perpetual, is _____4. The complete street address (including zip code) of its principal office is 131 White Oak Lane - Suite 7200, Old Bridge, NJ 08857

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

Chris Rucker, 5214 Maryland Way, Suite 403, Brentwood, TN 37027

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

See Schedule I

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

See Schedule II

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.]

January 29, 1991

Signature Date

President

Signer's Capacity

Amer-I-Net Services, Corp.

Name of Corporation

Doug Savery

Signature

Name (typed or printed)

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

**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 Amer-I-Net Services, Corp.
Address 300 Corporate Center Drive, Manalapan
State New Jersey **Zip Code** 07726 **Phone No.** (800) 927-6527

B. Corporate Officers:

Ronald Polli President
Robert Knox Secretary
Ronald Polli Treasurer

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

 Patrick D. Crocker
EARLY, LENNON, PETERS & CROCKER, P.C.
900 Comerica Building
Kalamazoo, MI 49007-4752
(616) 381-8844

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

1-800-972-6527

(To be filled out by PSC) Company ID Number _____

Date Approved _____

Evaluator _____

EXECUTIVE DIRECTOR
120125/96-231
96 FEB 13 PM 3 36
REC'D TN. PUBLIC
SERVICE COMM.

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.

Not Applicable

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

Please see Exhibit A.

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

Applicant has not been denied authority to operate in any state.

I. Areas in Tennessee to be served.

Applicant will provide service in all equal access areas within Tennessee.

J. What type of customers will the company serve?

a. Business ☒

b. Residential ☒

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

L. Are your prices for intrastate services plus and PIF equal to or less than the dominant carriers price for similar services?

Not Applicable

M. Describe the type of services and prices that Applicant will be offering in Tennessee on the International Tariff found in Appendix II.

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

Applicant's will utilize the underlying Carrier's Carrier identification code

- 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?**

Applicant will utilize the underlying networks provided by Wiltel, Inc.

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

Applicant will bill customers directly.

- R. Describe briefly how the applicant plans to market their service in Tennessee? If an independent telemarketer is going to be used state company name and address.**

Applicant will market services through independent agents.

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

Applicant will confirm the order to change long distance services by following one of the four confirmation procedures established by the FCC. Applicant will primarily rely upon a signed Letter of Agency.

- 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?**

 X 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.**

 X Yes No

PART II: Organization Structure

- A. Type of Organization**

Individual _____ Corporation X

Partnership _____ Other (Explain on separate sheet) _____

B. (1) Attach a copy of Articles of Incorporation and current by-laws.

Please see 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.

Please see Exhibit C.

PART III: Financial Information

Applicant attaches a copy of its most recent financial statements as Exhibit D.

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), which includes a toll-free number consumers can call for service problems and refunds.

Not Applicable

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.

Amer-I-Net Services, Corp.

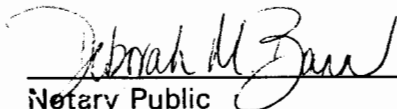
Date



Ronald Polli

President

Subscribed and sworn before me this 1st day of FEBRUARY 1996.



Notary Public

DEBORAH M. BANN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Sept. 19, 1999



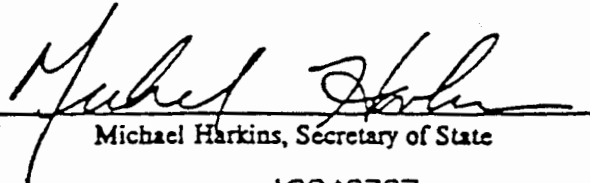
Office of Secretary of State

I, MICHAEL HARKINS, 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 AMER-I-NET SERVICES, CORP. FILED IN THIS OFFICE ON THE EIGHTH DAY OF NOVEMBER, A.D. 1990, AT 9 O'CLOCK A.M.

1 1 1 1 1 1 1 1 1 1



903125019


Michael Harkins, Secretary of State

AUTHENTICATION: 12849797

DATE: 11/09/1990



CERTIFICATE OF INCORPORATION
A STOCK CORPORATION

- FIRST: The name of this Corporation is Amer-I-Net Services, Corp.
- SECOND: Its Registered Office in the State of Delaware is to be located at Suite 212, Bank of DE Bldg
State & Lockerman Streets Street, in the City of Dover
County of Kent Zip Code 19901. The Registered Agent in charge
thereof is Agents for Delaware Corporations, Inc.
- 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
seventy thousand Dollars: \$ 70,000, divided
into Seven Million shares, of .01¢ Dollars: \$.01¢ each
- FIFTH: The name and mailing address of the incorporator are as follows:
Name Karin R. Bartlett
Mailing Address P.O. BOX 841
Dover, DE Zip Code 19901
- 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 are true, and I have accordingly
hereunto set my hand this 7th day of November, A.D. 19 90.

Karin R. Bartlett

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 09:00 AM 11/08/1990
903125019 - 2246089