

# 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: 00121678  
Zenex Long Distance, Inc.  
3705 W. Memorial Rd.  
Ste. 101-Z  
Oklahoma City, OK 73134

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, Tennessee August 14, 1996

IN RE: CASE NUMBER: 96-00827 \*

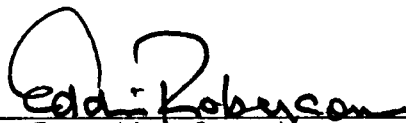
Application for Authority for Operator Services and/or Resell  
Telecommunications Service and/or Telecommunications Operator Services  
Services in Tennessee Pursuant to Rule 1220-4-2-.57.




---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at its regularly scheduled Commission Conference held on August 13, 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

# 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 Zenex Long Distance, Inc.  
Address 3705 W. Memorial, Ste. 101-Z, Oklahoma City  
State OK Zip Code 73134 Phone No. (405)749-9999

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
(SEE ATTACHED)				

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.  
Amy B. McFarland (800)890-2990 (405)749-9929  
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. 1-800-890-2990

E. Check the type of telecommunication services you plan to provide in Tennessee.  
☒ Resell Interexchange long distance services  
☒ Operator Services VIA WIL-TEL  
☒ Other (describe below) See Attached

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 96-827  
(SEE ATTACHED) 121678

(To be filled out by PSC)  
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.

none

I. Areas in Tennessee to be served.

entire state

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. \_\_\_\_\_ NO

⇒ L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes \_\_\_\_\_ No xxx

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? 1015999

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? Wil-Tel

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

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 will have no direct marketing sales in the state of Tennessee. However, Applicant may have direct marketing sales through independent organizations such as Strategic Telecom Systems (STS) and like organizations. See Attached Appendix G for brochures on STS.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Via EDE electronic CIC change request to Wil-Tel carrier services

<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 x 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 x No \_\_\_\_\_

**Part II: Organization Structure**

**A. Type of Organization**

\_\_\_\_\_ Individual          x 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.

**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.

N/A

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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.

Zenex Long Distance, Inc.  
Company Name

4/24/96  
Date

[Signature]  
Company Official

President  
Title

Subscribed and sworn  
before me this 24th day  
of April, 1996

Mary Elder  
Notary Public

seal

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF TRANSCRIPT

*I, the undersigned Secretary of State of the State of Oklahoma, do hereby certify that the annexed transcript has been compared with the record on file in my office of which it purports to be a copy, and that the same is full, true and correct copy of:*

CERTIFICATE OF INCORPORATION

AND

ALL AMENDMENTS THERETO

OF

ZENEX LONG DISTANCE, INC.

Formerly: CLEAR-LINE COMMUNICATIONS, INC.



*In testimony whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City this 27th, day of March, A.D. 1996.*

*Sam Cole*

Secretary of State

By:

*Karl Jones*

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

TELEPHONE CONTACT: (615) 741-0557  
FILE DATE/TIME: 02/05/96 1000  
EFFECTIVE DATE/TIME: 02/05/96 1000  
CONTROL NUMBER: 0307020

TO:  
ZENEX  
3705 W. MEMORIAL  
SUITE 101-Z  
OKLAHOMA CITY, OK 73134

RE:  
ZENEX LONG DISTANCE, 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: 02/06/96

FROM:  
ZENEX LONG DISTANCE INC  
601 N. KELLY  
SUITE 105  
EDMOND, OK 73003-0000

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

RECEIPT NUMBER: 00001906334  
ACCOUNT NUMBER: 00230788



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

SS-4458

(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: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.)

FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
6 FEB - 5 AM 10:00  
WILEY DARRIN  
SECRETARY OF STATE

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 ZENEX LONG DISTANCE, 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 OKLAHOMA

3. The date of its incorporation is 1/27/94 (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 \_\_\_\_\_

<u>3705 W. Memorial</u>	<u>Oklahoma City</u>	<u>OK/USA</u>	<u>73134</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>530 Gay St. Suite 600</u>	<u>Knoxville,</u>	<u>TN</u>	<u>Knox</u>	<u>75201</u>
Street	City/State	County	Zip Code	

The name of its registered agent at that office is

C T Corporation System

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