

**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: 00121900  
Norlight, Inc.  
275 N. Corporate Dr.  
Brookfield, WI 53045

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, Tennessee August 13, 1996

IN RE: CASE NUMBER: 96-00890,

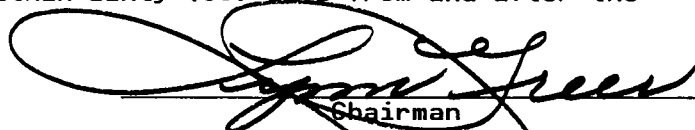
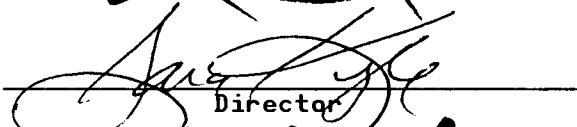

Application for Authority for Operator Services and/or Resell  
Telecommunications Service and/or Telecommunications Operator Services  
Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---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.

  
Chairman  
  
Director  
  
Director

\_\_\_\_\_  
Executive Secretary

# 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 NORLIGHT, INC.  
Address 275 N. CORPORATE DRIVE BROOKFIELD  
State WI Zip Code 53045 Phone No. (414) 792-9700

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
MRC TELECOM- MUNICATIONS	275 N. CORP. DR.	BROOKFIELD	WI	53045

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.  
MICHAEL TURNBULL (800) 809-4340 ( ) -    
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. 1-800-998-9824

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. COLORADO, ILLINOIS, IOWA, MICHIGAN, MINNESOTA, NEW JERSEY, NORTH DAKOTA, UTAH AND WISCONSIN AND MISSOURI

(To be filled out by PSC)  
Company ID Number 672121900  
Date Approved 8 JUL 96  
Evaluator WILLIAM J. COOPER

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.  
NORLIGHT'S SERVICES WILL BE AVAILABLE ON AN ORIGINATING OR TERMINATING BASIS, FROM ALL POINTS IN THE STATE OF TENNESSEE.
- J. What type of customers will the company serve?  
a. Business X  
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. 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? 10912
- 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? \_\_\_\_\_  
WILLTEL a/k/a LDDS
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? DIRECT - NORLIGHT WILL BILL ITS CUSTOMERS
- 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.  
NORLIGHT WILL BE MARKETING ITS SERVICES TO BUSINESS AND INSTITUTIONAL CUSTOMERS THROUGHOUT TENNESSEE BY MEANS OF ITS OWN SALES FORCE.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.  
A LETTER OF AGENCY WILL BE SIGNED BY THE CUSTOMER BEFORE ANY CHANGE OF CARRIER IS MADE.

<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. - Attached as Exhibit A.

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

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. - Attached as Exhibit C.

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 TO NORLIGHT.**

NorLight, Inc. Tariff - Attached as Exhibit D.

<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.

NorLight, Inc.

Company Name

Date

Company Official

Title

Subscribed and sworn  
before me this 6 day  
of May, 1996

Maureen A. Lynch  
Notary Public

seal

# United States of America

STATE OF WISCONSIN

OFFICE OF THE  
SECRETARY OF STATE

SS.

**To All to Whom These Presents Shall Come, Greeting:**

I, DOUGLAS La FOLLETTE, Secretary of State of the State of Wisconsin and Keeper of the Great Seal thereof, do hereby certify that the annexed copy has been compared by me with the record on file in this Office and that the same is a true copy thereof, and of the whole of such record; and that I am the legal custodian of such record, and that this certification is in due form.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the Great  
Seal of the State.



*Douglas La Follette*  
DOUGLAS La FOLLETTE  
Secretary of State

BY: *Patricia Weber*

DATE: APR 2 1996

Corporation Division  
FORM 38

3 1 4 7 12 15 16

*United States of America*  
State of Wisconsin

OFFICE OF THE SECRETARY OF STATE

*To All to Whom These Presents Shall Come, Greeting:*

I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that

NORLIGHT, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is OCTOBER 8, 1991.

I further certify that said corporation has, during its most recently completed report year, filed with this office an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my official  
seal, at Madison, on MARCH 25, 1996.



*Douglas La Follette*

DOUGLAS LA FOLLETTE  
Secretary of State

BY: *Patricia Weber*

*The above certificate contains the statements prescribed by the Wisconsin Business Corporation Law for a certificate of status. Under current law, the status of a corporation is not described in terms of "good" or "bad" standing.*

# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 04/01/96  
REQUEST NUMBER: 3147-2513  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 03/28/96 0953  
EFFECTIVE DATE/TIME: 03/28/96 0953  
CONTROL NUMBER: 0309859

TO:  
SCHATZ PAQUIN LOCKRIDGE ETL  
& JOYCE M CHARLES  
100 WASHINGTON AVE S  
MINNEAPOLIS, MN 55401

RE:  
NORLIGHT, 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: 03/28/96

FROM:  
SCHATZ PAQUIN LOCKRIDGE ET AL  
2200 WASHINGTON SQ.  
100 WASHINGTON AVE.S  
MINNEAPOLIS, MN 55401-0000

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

RECEIPT NUMBER: 00001938347  
ACCOUNT NUMBER: 00231481

*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE





# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

**FILED**

NorLight, 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 NorLight, 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 Wisconsin

3. The date of its incorporation is October 8, 1991 (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 \_\_\_\_\_

275 North Corporate Drive,	Brookfield	WI	53045
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

530 Gay Street	Knoxville, TN	Knox	37902
Street	City/State	County	Zip Code

The name of its registered agent at that office is

CT 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.

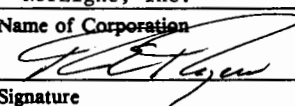
9. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is

\_\_\_\_\_, 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.]

March 21, 1996  
Signature Date  
Vice President  
Signer's Capacity

NorLight, Inc.  
Name of Corporation  
  
Signature  
Robert E. Rogers  
Name (typed or printed)