

# TENNESSEE REGULATORY AUTHORITY

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

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



DAVID WADDELL, EXECUTIVE SECRETARY

Company ID: 00123602  
STA Telecommunications Corp.  
10300 N. Central Expressway  
Suite 350  
Dallas, TX 75231

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, Tennessee April 1, 1997

IN RE: CASE NUMBER: 96-01270

Application for Authority to Provide Operator Services and/or Resell  
Telecommunications 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 telecommunications / operator service provider in Tennessee. The TRA considered this application at a Conference held on March 18, 1997 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

IT IS THEREFORE ORDERED:

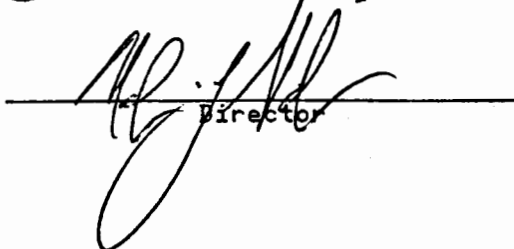
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with all applicable state laws and TRA rules and regulations.
3. That this order shall be retained as proof of certification with this Authority, and may be used to obtain appropriately tariffed service and billing arrangements from Authority authorized telecommunications service providers.

  
Chairman

  
Director

ATTEST:

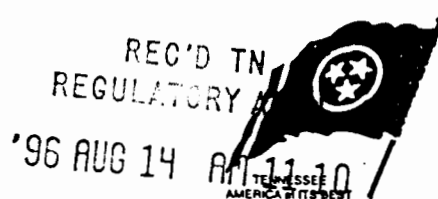
  
Executive Secretary

  
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 STA Telecommunications Corp.  
Address 10300 N. Central Expressway, Suite 350, Dallas  
State TX Zip Code 75231 Phone No. (214) 365-9800

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Gerard R. Engel	same as above	Dallas	TX	75231

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.  
Jarrold Harper (214) 365-9800 (214) 365-9600  
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) 365-9801

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. \_\_\_\_\_

(To be filled out by PSC)  
Company ID Number 123462  
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.

STA intends to provide service throughout the state of Tennessee.

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. n/a

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

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 available at this time

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? STA intends to resell the network of facilities-based carriers such as AT&T, MCI, Sprint and LDDS WorldCom.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? Subscribers to STA's switched service will be billed via the LEC. Dedicated service customers will be billed directly by STA.

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.

STA intends to utilize the service of independent agents and marketing partners to market its Tennessee intrastate service; however, specific marketing companies have not been identified at this time.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Customers will execute a written proposal with STA for the transfer of 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 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 \_\_\_\_\_. Operator assisted service will not be offered.

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. - 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. - 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.

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.

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:

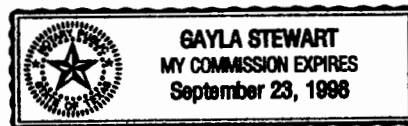
- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TPSC Interexchange Reseller Rules 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.

STA Telecommunications Corp. 7/29/96  
Company Name Date

GR Engel President  
Company Official Title  
Gerard R. Engel, President

Subscribed and sworn  
before me this 29<sup>th</sup> day  
of July, 1996

Gayla Stewart  
Notary Public



seal

# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 06/17/96

REQUEST NUMBER: 3182-1729

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 06/13/96 1036

EFFECTIVE DATE/TIME: 06/13/96 1036

CONTROL NUMBER: 0313617

TO:

WIGGINS & VILLACORTA, PA  
PO DRAWER 1657

TALLAHASSEE, FL 32302

RE:

STA TELECOMMUNICATIONS CORP.  
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: 06/17/96

FROM:  
WIGGINS & VILLACORTA, P.A.  
P.O. DRAWER 1657

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

TALLAHESSEE, FL 32302-0000

RECEIPT NUMBER: 00001975364  
ACCOUNT NUMBER: 00156523



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE