

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: 00124899 Least Cost Routing, Inc. 2944 Heather Trail Clearwater, FL 34621

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

IN RE: CASE NUMBER: 96-01603

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 November 26, 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 telecommuications reseller and/or an operator service provider for state-wide service in Tennessee as specified in it 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 telecommuications 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

Din

ATTEST.

Executive Secretary

irector

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN STEVE HEWLETT, COMMISSIONER SARA KYLE, COMMISSIONER

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: Least Cost Routing, Inc. d/b/a

Least Cost Routing for Small Businesses, Inc.

Address 2944 Heather Trail, Clearwater

State: Florida ____ Zip Code: <u>34621</u> Phone No.(813)797-7858

B. Owner, Partners, or Corporate Officer

| NAME | ADDRESS | CITY | STATE | ZIP CODE |
|--|--------------------|------------|-------|----------|
| Herb Zerden,President | 2944 Heather Trail | Clearwater | FL | 34621 |
| Patrick Clouden, Vice President / Secretary | 2944 Heather Trail | Clearwater | FL | 34621 |
| | | | | |
| | | | | |

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

Name:

Herb Zerden, President

Phone No. (813) 797-7858

Fax No. (813) 797-9121

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

1-800-780-7858

| (To | be | fille | d | out | by | PSC) | |
|---------------|------|-------|-----|------|----|------|--|
| Comp | pany | ID N | Ιuπ | nber | | | |
| 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.

| Check the type of Tennessee. | f telecommunicat | tion services you plan to provide in |
|-------------------------------------|---|---|
| Operator Se | | distance services |
| contact person in Provide the above | for all reseller | s, list company name, address and r carriers you serve in Tennessee. on Appendix I. |
| Not Applicable. List the state(s | s) you are autho | orized to operate in at this time. |
| Arkansas | Montana | |
| Kansas | Utah | |
| Missouri | Virginia | |
| New York | California | |
| Oregon | | |
| Texas | | |
| Washington | | |
| Colorado | | |
| D.C | | |
| Iowa | | |
| Michigan | | |
| List any states service. None | that you have | been denied authority to provide |
| Areas in Tenness | see to be served | 1. |
| Entire State | | |
| b. Reside c. Aggreg (e.g. | essX entialX gators . Hotels, Paypho | |
| | C | (To be filled out by PSC) Company ID Number Date Approved |

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.

| т. | 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_XNo |
| 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. |
| | YesX No |
| <u>Part</u> | II: Organization Structure |
| Α. | Type of Organization |
| | Individual X Corporation |
| | Partnership Other (Explain on separate sheet) |
| В. | If partnership and/or Non-resident |

- (1) Attach a copy of Articles of Incorporation and current by-
- Attach a copy of Certification of Authority issued by (2) Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Part III: Financial Information

Attach a current financial statement showing in detail the Α. 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. card must contain all required information listed in the attached Rule (1220-4-2-.57,B)³, which includes a toll-free number consumers can call for service problems and refunds.

Not applicable - Least Cost Routing for Small Businesses, Inc. does not offer operator services.

³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

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 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 ${\rm II}^1$
- N. What is the applicant's 10XXX or 800 access code? n/a
- O. Does the applicant now have or plan to have any telecommunications facilities (e.g. switches, fiber lines) in Tennessee?

The Company's underlying carrier provides all aspects of call completion, including switching, routing and termination of calls.

- P. What facility-based network will the applicant be reselling?
 BTI and/or GTE.
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²?

99% of the billing will be LEC billed through Southern Bell.

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.

Direct marketing: mail, telemarketing, direct sales.

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

The company will adhere to prescribed FCC procedures for PIC changes, including signed LOA's and confirmed telemarketing sales.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

 $^{^{2}\}text{A}$ copy of a bill is required if the applicant is going to bill the customer direct.

Part V: Rule Compliance Agreement

- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understand 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.

Least Cost Routing, Inc. d/b/a
Least Cost Routing for Small Businesses, Inc.

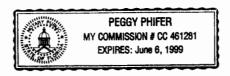
Herb Zerden, President

Date

Subscribed and sworn before me this of 1994

Notary Public

seal



Secretary of State
Corporations Section

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

DATE: 10/07/96 REQUEST NUMBER: 3225-0400 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 10/07/96 0955 EFFECTIVE DATE/TIME: 10/07/96 0955 CONTROL NUMBER: 0318885

TO: CORP GUARANTEE & TRUST CO 117 S 17TH ST SUITE 701 PHILADELPHIA, PA 19103-5090

RE: LEAST COST ROUTING, 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

FROM: CORPORATION GUARANTEE & TRUST CO 117 S. 17TH ST SUITE 701 PHILADELPHIA, PA 19103-0000 ON DATE: 10/07/96

FEES

\$300.00 s300.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$600.00

RECEIPT NUMBER: 00002017087 ACCOUNT NUMBER: 00073224

Rely C Darnell

RILEY C. DARNELL SECRETARY OF STATE

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

DATE: 10/07/96 REQUEST NUMBER: 3225-0403 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 10/07/96 0955 EFFECTIVE DATE/TIME: CONTROL NUMBER: 0318885

CORP GUARANTEE & TRUST CO 117 S 17TH ST SUITE 701 PHILADELPHIA, PA 19103-5090

RE: LEAST COST ROUTING FOR SMALL BUSINESSES, INC. ASSUMED NAME REGISTRATION

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO (2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5) YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: ASSUMED NAME REGISTRATION

ON DATE: 10/07/96

FROM: CORPORATION GUARANTEE & TRUST CO 117 S. 17TH ST SUITE 701 PHILADELPHIA, PA 19103-0000

FEES RECEIVED. \$15.00 \$10.00 TOTAL PAYMENT RECEIVED: \$25.00

RECEIPT NUMBER, 00002017098 ACCOUNT NUMBER, 00073224

RILEY C. DARNELL SECRETARY OF STATE