

Company ID: 124918  
The Phonco, Inc. d.b.a. Network Service Long Distance  
1 Neshaminy Interplex, Suite 105  
Trevose, PA 19053

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN January 8, 1997

IN RE: CASE NUMBER: 96-01608

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

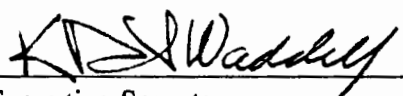
---ORDER---


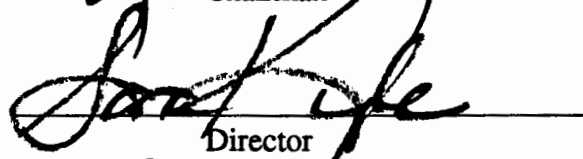

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application as a Conference held on January 7, 1997, and concluded that the 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.

ATTEST:

  
Executive Secretary

  
Chairman  
  
Director  
  
Director

# TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN

STEVE HEWLETT, COMMISSIONER

MARK 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]

976-016008  
124918

### SECTION A

#### Part 1: General Information

A. Name of Applicant The Phonco, Inc. d/b/a Network Services Long Distance  
Address 1 Neshaminy Interplex, Suite 105, Trevose  
State PA Zip Code 19053 Phone No. (215) 244 4334

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Gregory Luff	1 Neshaminy Interplex	Trevose	PA	19053
David Gross	1 Neshaminy Interplex	Trevose	PA	19053

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

Gregory Luff (215) 244 4334 (215) 244- 4176  
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. 800-608-0577

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. AL, CO, DE, FL, GA, IA, MA,  
MO, MD, MT, NC, NJ, NE, PA, TX, and VA.

(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.  
The 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 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? None

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? AT&T

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? Applicant will bill customers using AT&T Bill Manager Service

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 intends to market its services in Tennessee through its sales department. Applicant will not open a sales office in this State.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. All customers are required to execute a letter of agency authorizing Applicant to switch their 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 ☒ 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 ☒ No ☐

## Part II: Organization Structure

### A. Type of Organization

☐ Individual ☒ 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.

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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.

The Phonco, Inc. d/b/a Network Services  
Long Distance

Company Name

Date

Company Official

Title

Subscribed and sworn  
before me this 10<sup>th</sup> day  
of Nov, 1996

Kelly A. McMullen  
Notary Public

seal

# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 12/16/96

REQUEST NUMBER: 3252-3587

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 12/13/96 1137

EFFECTIVE DATE/TIME: 12/13/96 1137

CONTROL NUMBER: 0322091

TO:  
LANCE STEINHART ATTY  
1100 ABERNATHY RD, NE  
SUITE 1112  
ATLANTA, GA 30328

RE:  
THE PHONCO, 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: 12/13/96

FROM:  
THE PHONCO, INC.  
1 NESHAMINY INTERPLX  
TREVISOE, PA 19053-0000

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

RECEIPT NUMBER: 00002041019  
ACCOUNT NUMBER: 00250173



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

RECEIVED  
SECRETARY OF STATE

96 DEC 13 AM 11:37

RILEY DARNELL  
SECRETARY OF STATE



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

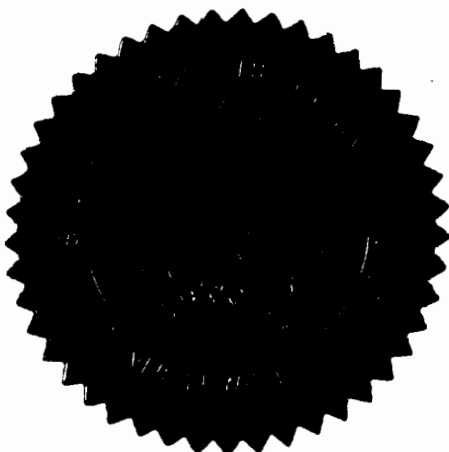
DECEMBER 03, 1996

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

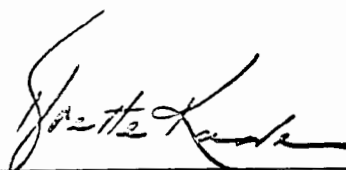
I DO HEREBY CERTIFY THAT,

THE PHONCO, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania  
and remains a subsisting corporation so far as the records of this office  
show, as of the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's  
Office to be affixed, the day  
and year above written.

  
Secretary of the Commonwealth

CFEN

FILED  
RECEIVED  
SECRETARY OF STATE  
96 DEC 13 AM 11:37

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

The Phonco, 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 The Phonco, 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 Pennsylvania

3. The date of its incorporation is February 13, 1995 (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 \_\_\_\_\_

<u>1 Neshaminy Interplex, Suite 105</u>	<u>Trevose,</u>	<u>Pennsylvania</u>	<u>19053</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 Street</u>	<u>Knoxville, Tennessee</u>	<u>37902</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.)

<u>Gregory E. Luff</u>	<u>1 Neshaminy Interplex, Suite 105</u>	<u>Trevose, Pennsylvania</u>	<u>19053</u>
<u>David Gross</u>	<u>1 Neshaminy Interplex, Suite 105</u>	<u>Trevose, Pennsylvania</u>	<u>19053</u>

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

<u>Gregory E. Luff</u>	<u>1 Neshaminy Interplex, Suite 105</u>	<u>Trevose, Pennsylvania</u>	<u>19053</u>
<u>David Gross</u>	<u>1 Neshaminy Interplex, Suite 105</u>	<u>Trevose, Pennsylvania</u>	<u>19053</u>

8. The corporation is a corporation for profit.