

Company ID: 128235  
Tennessee Telephone Service  
201 Skyline Drive  
Dickson, TN 37055

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN November 3, 1998

IN RE: CASE NUMBER: 97-00639

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 at a Conference held on November 3, 1998 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 REGULATORY AUTHORITY



Lynn Greer, Chairman  
Sara Kyle, Director  
Melvin Malone, Director

460 James Robertson Parkway  
Nashville, Tennessee 37243-0505

## APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

**VOUCHER NO.** 777-101214  
**CD#** 906 **SRC.** 281.03  
**AMT. REC.** 50.00  
**DEPOSIT DATE** 8/21/98

### SECTION A

#### Part 1: General Information

A. Name of Applicant Tennessee Telephone Service  
Address 201 Skyline Drive City Dickson  
State IN Zip Code 37055 Phone No. (615) 446-7128

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Bart Howard	201 Skyline Drive	Dickson	IN	37055

C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.  
Russel French (615) 446-7128 (615) 446-2111  
Name Phone No. Fax No.

Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.  
Russel French (615) 446-7128 ext. 123 (615) 446-2111  
Name 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. 1-800-397-2128

E. Check the type of telecommunication services you plan to provide in Tennessee.  
☐ Resell Interexchange long distance services  
☐ Operator Services  
☒ Resell local services  
☐ Other (describe) \_\_\_\_\_

(To be filled out by TRA)

Company ID Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Evaluator \_\_\_\_\_

128235  
98-0069  
97

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O. Box 198907, Nashville, TN 37219-8907. Should you have any questions, call (615) 741-7489, ext. 163.

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) that the applicant is authorized to operate in at this time. NONE

For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant.

H. List any states that the applicant has been denied authority to provide service.  
NONE

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant.

I. Areas in Tennessee to be served.  
All Bell South Areas (State Wide)

J. What type of customers will the applicant serve?  
a. Business \_\_\_\_\_  
b. Residential X \_\_\_\_\_  
c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Payphones)  
d. Other (specify) \_\_\_\_\_

K. Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its 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 X

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, if applicable? N/A

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(s) will the applicant be reselling? Bell South

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly?<sup>2</sup> Billing Customer Directly

<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 directly.

- 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.  
News paper advertising
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- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. Signed letter of Authorization from customer
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- 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 Authority 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

X 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

If applicable, 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 Reseller or Operator Service Provider applicant, hereby, affirms the following:

- Has received, read, and understands the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TRA Reseller Rules and all other applicable Authority 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.

<u>Tennessee Telephone Service</u>	
<u>8-17-98</u>	
Company Name	Date
<u>Bart Howard</u>	<u>owner</u>
Company Official	Title

Subscribed and sworn  
before me this 17 day  
of August, 1998

Shirley J. Givens  
Notary Public

seal

## RECEIPTS:

RETAIL \$ \_\_\_\_\_  
 RETAIL RATE 1/10 of 1%  
 WHOLESALE \$ \_\_\_\_\_  
 WHOLESALE RATE 1/40 of 1%  
 EXPIRES 03-31-1999  
 PERSONAL PROP TAX NO. \_\_\_\_\_

Date Issued: 10-20-1998

GROSS RECEIPTS TAX \_\_\_\_\_  
 LESS CREDITS \_\_\_\_\_  
 LESS PERSONAL PROP TAX \_\_\_\_\_  
 NET TAX \_\_\_\_\_  
 PENALTY \_\_\_\_\_  
 INTEREST \_\_\_\_\_  
 RECORDING FEE 5.00  
 ADVANCE MIN. LICENSE 15.00  
 PERALTY \_\_\_\_\_  
 INTEREST \_\_\_\_\_  
 WARRANT COST \_\_\_\_\_  
 MISC. COST \_\_\_\_\_  
 TOTAL RECEIVED 20.00

DETACH THIS PORTION FOR CONFIDENTIAL FILE

FOLD OR TEAR AT PERFORATION

011510

CITY OF DICKSON, TENNESSEE  
 MINIMUM CITY BUSINESS LICENSE AND GROSS RECEIPTS TAX REPORT

POST AT LOCATION OF BUSINESS	ACCOUNT NUMBER	
	ISSUE DATE	EXP RATION DATE
	10-20-1998	03-31-1999

TENNESSEE TELEPHONE SERVICE  
 C/O BART HOWARD  
 201 SKYLINE DRIVE  
 DICKSON, TN  
 37055

Bus. Address: 201 SKYLINE DRIVE  
 DICKSON, TN

New License  
 Class 2

CLASS \_\_\_\_\_ SALES TAX NO. \_\_\_\_\_

TAX PERIOD BEGINS 04-01-1997 ENDS 03-31-1998

AUTHORIZED OFFICIAL BY PEGGY MASON *CB*

THIS IS YOUR OFFICIAL NOTICE THAT IF GROSS RECEIPTS TAX IS NOT PAID WITHIN 60 DAYS FROM ABOVE EXPIRATION DATE, A DISTRESS WARRANT MAY BE ISSUED TO SATISFY THE TAX DEBT. FURTHER NOTIFICATION OF EXPIRATION IS NOT REQUIRED BY LAW. PLEASE MAKE NOTE OF THESE DATES IF PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.  
 THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.

-POST AT LOCATION OF BUSINESS-

If Business Closes, Moves or Changes Owners, Notify this Office.