

BEFORE THE TENNESSEE REGULATORY AUTHORITY
October 24, 2000 Nashville, Tennessee

In Re: Alternate Communications Technology)
for Cancellation of Authority to Provide) Docket No. 97-01368
Resold Telecommunication) Co. ID: 126522
Services In Tennessee)

ORDER GRANTING CANCELLATION OF
AUTHORITY TO PROVIDE RESOLD TELECOMMUNICATION SERVICES

This matter is before the Tennessee Regulatory Authority (hereafter "Authority") upon the request of **Alternate Communications Technology** to cancel their authority to provide Resold Telecommunications services in Tennessee. This matter was considered by the Authority at a regularly scheduled Authority Conference held on October 24, 2000.

WHEREFORE, having considered the request of **Alternate Communications Technology** to cancel their authority, the Authority finds that such a cancellation should be granted.

IT IS THEREFORE ORDERED:

- 1) That the request of **Alternate Communications Technology** to cancel their authority to provide Resold Telecommunication services in Tennessee, Docket No. 97-01368 is hereby granted; and
- 2) That this docket is herewith closed.

ATTEST:


K. David Waddell


Chairman Sara Kyle


Director Lynn Greer


Director Melvin Malone

- H. List any states that you have been denied authority to provide service.
None
- I. Areas in Tennessee to be served.
All equal access exchanges within Tennessee
- J. What type of customers will the company serve?
a. Business ✓
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 Yes 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 II¹.
- N. What is the applicant's 10XXX or 800 access code? 405
- 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? MCI, One Call Communications/Opticom
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? Billing direct
- 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 mail or advertising. No telemarketing will be used.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Upon receiving an LOA from any customer, applicant (ACT) will contact the customer's respective local exchange carrier to initiate a PIC change. Without an LOA, activation of service will not be allowed.

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.

²A copy of a bill is required if the applicant is going to bill the customer direct.

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 Alternate Communications Technology, Inc.
Address 8900 Keystone Crossing, Suite 1090 ; Indianapolis
State IN Zip Code 46240 Phone No. (317) 575-9556

B. Owner, Partners, or Corporate Officer

President-
Secretary/
Treasurer-

NAME	ADDRESS	CITY	STATE	ZIP CODE
Michael A. Theis	8900 Keystone Crossing, Suite 1090	Indianapolis	IN	46240
C. Salen Herke	8900 Keystone Crossing, Suite 1070	Indianapolis	IN	46240

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

Ben Bickham (800) 798 - 9556 (317) 580 - 9529
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) 798-9556

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. ACT has authority to operate in all 50 states except Alaska, Hawaii, New Mexico, California (pending), Connecticut, South Dakota, Vermont, and Maine.

(To be filled out by PSC)

Company ID Number 126522

Date Approved _____

Evaluator _____

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 198709, Nashville, TN 37219-8709. 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.
Statewide services will be required.
- J. What type of customers will the company serve?
a. Business ✓
b. Residential ✓
c. Aggregators ✓
(e.g. Hotels, Payphones)
d. Other (specify) Jails and other correctional facilities
- 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. \$1.00
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes ✓ 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 II¹.
- N. What is the applicant's 10XXX or 800 access code? 405
- 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? MCI
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? ACT will utilize the Local Telephone Company's billing systems
- 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 mail, agents, producers
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. We will instruct consumer to fill out and sign a dated letter of authorization (LOA). We will submit LOA to the proper local exchange carrier for PIC processing.

¹ 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.

² 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)³, which includes a toll-free number consumers can call for service problems and refunds.

³It 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, affirm following:

- Has received, read, and understands the Tennessee Public Service Commission 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.

Alternate Communications Technology, Inc.
Company Name Date - 7/17/97

Michael A. Theis President
Company Official Title
Michael A. Theis

Subscribed and sworn
before me this 17th day
of July, 1997

Caren Wonne Stoll
Notary Public

seal

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION:

OF

ALTERNATE COMMUNICATIONS TECHNOLOGY, INC.

I, JOSEPH H. HOGSETT, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation, have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such Corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 28, 1989.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-eighth day of March , 1989

JOSEPH H. HOGSETT, Secretary of State

By _____
Deputy



ARTICLES OF INCORPORATION

State Form 4159 (R6 / 3-88)

Provided by: EVAN BAYH

89031179
Secretary of State
Room 155, State House
Indianapolis, Indiana 46204
(317) 232-6576
Indiana Code 23-1-21-2
FILING FEE \$90.00

INSTRUCTIONS: Use 8 1/2 x 11 inch white paper for inserts.
Filing requirements - Present original and one copy to the address in the upper right corner of this form.

ARTICLES OF INCORPORATION OF

(Indicate the appropriate act)

The undersigned desiring to form a corporation (herein after referred to as "Corporation") pursuant to the

☒ Indiana Business Corporation Law

☐ Indiana Professional Corporation Act 1983

As amended, executes the following Articles of Incorporation:

APPROVED
AND
FILED
IND. SECRETARY OF STATE

ARTICLE I NAME

Name of Corporation

ALTERNATE COMMUNICATIONS TECHNOLOGY, INC.

(The name must contain the word "Corporation," "Incorporated," "Limited," "Company" or an abbreviation of one of those words.)

ARTICLE II REGISTERED OFFICE AND AGENT

(The street address of the corporation's initial registered office in Indiana and the name of its initial registered agent at that office is:)

Name of Agent

H. WILLIAM ORR

Street Address of Registered Office

8802 N. MERIDIAN, #200 INDIANAPOLIS, IN

ZIP Code

46260

ARTICLE III AUTHORIZED SHARES

Number of shares:

1000

If there is more than one class of shares, shares with rights and preferences, list such information on "Exhibit A."

ARTICLE IV INCORPORATORS

(The name(s) and address(es) of the incorporator(s) of the corporation:)

NAME	NUMBER and STREET OR BUILDING	CITY	STATE	ZIP CODE
H. WILLIAM ORR	8802 N. MERIDIAN	INDIANAPOLIS	IN	46260
WARREN MONTGOMERY	8802 N. MERIDIAN	INDIANAPOLIS	IN	46260

In Witness Whereof, the undersigned being all the incorporators of said corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true,

this 28th day of MARCH 1989.

Signature

H. William Orr

Printed Name

H. WILLIAM ORR

Signature

Warren Montgomery

Printed Name

WARREN MONTGOMERY

Signature

This instrument was prepared by (Name)

H. WILLIAM ORR

Address (Street, Number, City and State)

9233 West Point Dr., Indianapolis, IN

ZIP Code

46260



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87)

Approved by State Board of Accounts 1987

Provided by: EVAN BAYH

Secretary of State of Indiana

155 State House

Indianapolis, Indiana 46204

(317) 232-6576


1989031179

INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State Indiana Code 23-15-1-1

Fee for filing with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired.

APPROVED
AND
FILED
IND. SECRETARY OF ST.

1. Name of Corporation Alternate Communications Technology, Inc.	2. Date of Incorporation / Admission March 28, 1989
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 8802 N. Meridian St. Suite 103 Indianapolis, IN 46260	
4. Assumed Business Name(s) ACT	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 8802 N. Meridian St. Suite 103 Indianapolis, IN 46260	
6. Signature 	Name Printed H. William Orr pres.

STATE OF Indiana

SS:

COUNTY OF Marion

Subscribed and sworn or attested to before me, this 22 day of October, 1991

Notary Public


Rhoda Hancock

My Notarial Commission Expires:

Oct. 13, 1993
Hamilton

My County of Residence is:

RECEIVED
CORPORATIONS DIV.
91 NOV 1 P 1:41
JOHN H. HOSEETT

I, _____, Recorder of _____ County,

State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my

office on the _____ day of _____

19 _____

Recorder Signature

RECEIVED FOR RECORD
91 OCT 30 AM 8:44
JOHN H. ROEMER
MARION COUNTY RECORDER

This Instrument was prepared by
Barbara Greene

JUL 13 1992

MICROFILMED

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 06/02/97

REQUEST NUMBER: 3345-1889

TELEPHONE CONTACT: (615) 741-0537

FILE DATE/TIME: 05/28/97 0923

EFFECTIVE DATE/TIME: 05/28/97 0923

CONTROL NUMBER: 0331806

TO:

ALTERNATE COMM TECH INC

PO BOX 40189

INDIANAPOLIS, IN 46240-0189

RE:

ALTERNATE COMMUNICATIONS TECHNOLOGY, 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: 05/29/97

FROM:
ALTERNATIVE COMMUNICATIONS TECHNOLOGY, I
PO BOX 40189

INDIANAPOLIS, IN 46240-0189

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

RECEIPT NUMBER: 00002140034
ACCOUNT NUMBER: 00262570



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE