

Company ID: 00128061
American Telecommunication
2640-B Nolensville Rd.
Nashville, TN 37211

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

IN RE: CASE NUMBER: 97-07570

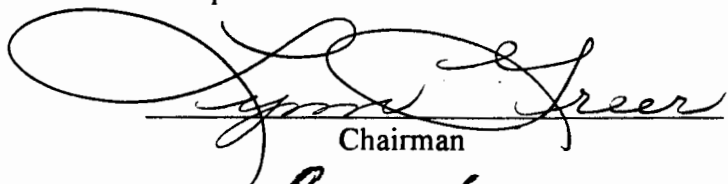
Application for Authority to Provide Operator Services and/or Resell
Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---ORDER---

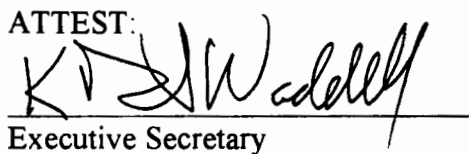
This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on February 3, 1998 and concluded that the 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.

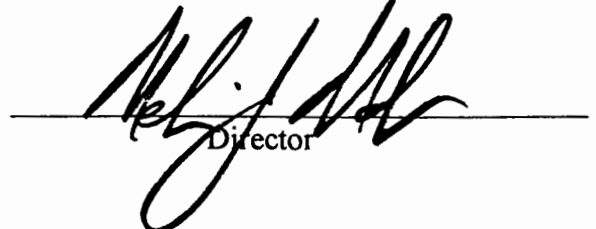
IT IS THEREFORE ORDERED:

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]

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SECTION A

Part 1: General Information

A. Name of Applicant American Bell Telecommunication
Address 2640-B Nolensville City Nashville
State TN Zip Code 37211 Phone No. (615) 726-1037

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Randal Murdaugh	828 Pope Rd	Madison	TN	38356

No listing
SO. 3/14/00

C. Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday.
Tammy Bailey (615) 726 1037 (615) 726-1037
Name Phone No. Fax No.

No listing
SO. 3/14/00

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1 800 236-7842

E. Check the type of telecommunication services you plan to provide in Tennessee.

☐ Resell Interexchange long distance services

☒ Resell Local Exchange 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.
Not providing operator services

G. List the state(s) you are authorized to operate in at this time. None

(To be filled out by TRA)
Company ID Number _____
Date Approved _____
Evaluator _____

128061

97-07570

H. List any states that you have been denied authority to provide service.

None

I. Areas in Tennessee to be served.

ALL Tennessee

J. What type of customers will the company serve?

a. Business _____

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 _____ 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 II¹.

N. What is the applicant's 10XXX or 800 access code? NA

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? Bellsouth

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? Billing Customer Direct From A.B.

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.

TV, Radio Newspaper, Billboard - no
independent Telemarketer will be used

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

Customer will come To Office at
2640 - B Nolensville Rd - Sign Contract

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 _____

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.

- 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

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.

IV. N A

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

Appendix II
Informational Tariff Sheet

Description of Service	Applicant proposed Price change to consumer	Dominant Carriers ⁴ Price for similar service
1. Call Waiting	\$ 5.00	3.00
2. Call forwarding	\$ 5.00	2.75
3. 3 way Calling	\$ 5.00	2.75
4. Unpublished Number	5.00	2.50
5. Speed Dial	\$ 5.00	2.20
6. Call Return	\$ 5.00	4.00
7. All Options Above	\$20.00	
8. Other Options	\$	
9. Local Svc, 800, 911	\$ 49.00	\$17.25
10. Caller I.D.	\$10.00	\$6.00
11. Caller I.D. Setup	\$10.00	\$6.00

⁴Dominant Carrier (South Central Bell or AT&T, whichever is appropriate). A copy of these companies' rates are found on Appendix V.

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 Regulatory Authority (TRA; formerly 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 TRA Interexchange 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.

American Bell 11-14-97
Company Name Date

Randal Munday Owner
Company Official Title

Subscribed and sworn
before me this 14 day
of Nov, 1997

Rebecca Anderson
Notary Public

My Commission Expires June 21, 1999

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