

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
September 28, 1999 Nashville, Tennessee

In Re: Fifth Coast Communications, LLC  
for Cancellation of Authority to Provide ) Docket No. 98-00077  
Resold Telecommunication ) Co. ID: 128099  
Services In Tennessee )

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ORDER GRANTING CANCELLATION OF  
AUTHORITY TO PROVIDE RESOLD TELECOMMUNICATION SERVICES


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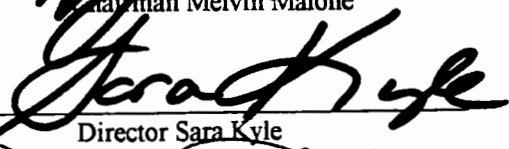
This matter is before the Tennessee Regulatory Authority (hereafter "Authority") upon the request Fifth Coast Communications, LLC of to cancel their authority to provide Resold Telecommunications services in Tennessee. This matter was considered by the Authority at a regularly scheduled Authority Conference held on September 28, 1999.

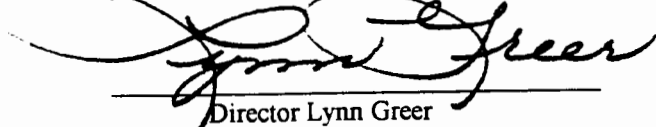
WHEREFORE, having considered the request of Fifth Coast Communications, LLC to cancel their authority, the Authority finds that such a cancellation should be granted.

IT IS THEREFORE ORDERED:

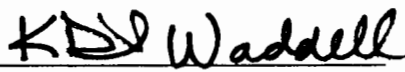
- 1) That the request of Fifth Coast Communications, LLC to cancel their authority to provide Resold Telecommunication services in Tennessee, Docket No. 98-00077 is hereby granted; and
- 2) That this docket is herewith closed.

  
Chairman Melvin Malone

  
Director Sara Kyle

  
Director Lynn Greer

ATTEST:

  
K. David Waddell

Company ID: 00128099

Fifth Coast Communications, LLC  
209 10th Avenue South, Suite 535  
Nashville, TN 37203

BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

July 7, 1998

IN RE: CASE NUMBER: 98-00077

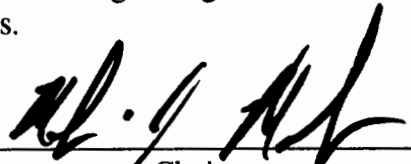
Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---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 July 7, 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.

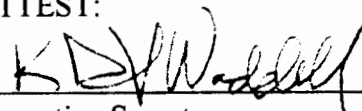
IT IS THEREFORE ORDERED:

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]

98-00077

### SECTION A

#### Part 1: General Information

A. Name of Applicant Fifth Coast Communications, LLC  
Address 209 10th Avenue South, Suite 535 City Nashville  
State TN Zip Code 37203 Phone No. (615) 777-0055

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Kirk Manz, Ste. 535,	209 10th Ave S.	Nashville	TN	37203
Robert Woodward,	2951 Honolulu Ave., Suite C,	La Crescenta,	CA	91214
Dan W. Cook, IV	P.O. Box 4375	Jackson	WY	83001
Doug Pfeiffer,	3390 Peachtree Rd., Ste 900,	Atlanta	GA	30326

C. Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday.  
Kirk Manz (615) 777-0055 (615) 777-0058  
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. 800-494-9054

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.

G. List the state(s) you are authorized to operate in at this time.  
Fifth Coast is not certified currently in any state

(To be filled out by TRA)  
Company ID Number 128099  
Date Approved \_\_\_\_\_  
Evaluator \_\_\_\_\_

- H. List any states that you have been denied authority to provide service.  
Fifth Coast has not been denied certification by any state
- I. Areas in Tennessee to be served.  
Fifth Coast intends to service residential and business customers statewide
- 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? 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 will the applicant be reselling? Fifth Coast is currently negotiating with several facilities based networks to determine which underlying network it will resell.
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? Fifth Coast intends to LEC bill initially, then subsequently direct bill.
- 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.  
Fifth Coast intends to market its services by utilizing point of purchase displays to promote its program's features and benefits while facilitating the authorization of a signed letter of agency.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Fifth Coast intends to verify each obtained letter of agency prior to instituting a PIC request. All new customers will receive a fulfillment package welcoming them to its program.
- 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 \_\_\_\_\_

\*Call Blocking will be performed by the facilities based network that Fifth Coast will resell.

<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 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

\_\_\_\_\_ Individual      \_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership      x Other (Explain on separate sheet)  
(Limited Liability Company)

### 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 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.

Fifth Coast Communication 12/16/97  
Company Name Date  
Karl R. Maury CEO  
Company Official Title

Subscribed and sworn  
before me this 16 day  
of Dec., 1997

Bandra J. Abernathy  
Notary Public

My Commission Ex

seal

**Secretary of State**

**Corporations Section**

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

DATE: 04/01/96  
REQUEST NUMBER: 3150-2112  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 04/01/96 1426  
EFFECTIVE DATE/TIME: 04/01/96 1426  
CONTROL NUMBER: 0309912

TO:  
KIMAN CORPORATION  
1805 HAYES STREET  
NASHVILLE, TN 37203

RE:  
THIRD COAST COMMUNICATIONS, L.L.C.  
ARTICLES OF ORGANIZATION -  
LIMITED LIABILITY COMPANY

CONGRATULATIONS UPON THE FORMATION OF THE LIMITED LIABILITY IN THE STATE OF TENNESSEE WHICH IS EFFECTIVE AS INDICATED ABOVE.

A LIMITED LIABILITY COMPANY ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER CLERK IN THE COUNTY WHEREIN A LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF ORGANIZATION -  
LIMITED LIABILITY COMPANY

ON DATE: 04/01/96

FROM:  
KIMAN CORPORATION  
24 MUSIC SQUARE WEST  
NASHVILLE, TN 37203-0000

RECEIVED:      FEES      \$0.00  
\$300.00      \$0.00  
TOTAL PAYMENT RECEIVED:      \$300.00  
RECEIPT NUMBER: 0000194093  
ACCOUNT NUMBER: 00200452



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

3150 2112

FILED

ARTICLES OF ORGANIZATION  
OF

THIRD COAST COMMUNICATIONS, L.L.C.

90 APR -1 PM 2:26  
RILEY DANKS  
SECRETARY OF STATE

The undersigned, acting as the organizer of a limited liability company ("LLC") under the Tennessee Limited Liability Company Act, Tennessee Code Annotated, Section 48-205-101, hereby adopts the following Articles of Organization for such LLC:

1. The name of the LLC is Third Coast Communications, L.L.C.
2. The street address and zip code of the initial registered office of the LLC shall be 1805 Hayes Street, Suite 200, Nashville, Davidson County, Tennessee, 37203. The name of the LLC's initial registered agent at its initial registered office is Kirk Manz.
3. The name and address of the organizer are G. Michael Yopp, Tuke Yopp & Sweeney, NationsBank Plaza, Suite 1100, 414 Union Street, Nashville, Tennessee 37219.
4. No members are personally liable for all of the debts, obligations and liabilities of the LLC.
5. The LLC will be board-managed.
6. The number of members at the date of filing of the articles is four (4).
7. The existence of the LLC is to begin on the date upon which these Articles of Organization are filed by the Tennessee Secretary of State.
8. The street address and zip code of the principal executive office of the LLC are 1805 Hayes Street, Suite 200, Nashville, Davidson County, Tennessee, 37203. The principal executive office is located in Davidson County.
9. The LLC shall not have the power to expel a member.
10. The duration of the LLC shall be perpetual.
11. The members do not have preemptive rights.

Dated: April 1, 1996

  
G. Michael Yopp, Organizer



-3:24:5 10/15/2013

RECEIVED  
FILED  
SECRETARY OF STATE APPLICATION FOR REGISTRATION  
OF  
96 NOV 20 PM 3:20 ASSUMED NAME

RILEY DARNELL  
SECRETARY OF STATE  
Pursuant to the provisions of Section 48-207-101(d) of the  
Tennessee Limited Liability Company Act, the undersigned limited  
liability company hereby submits this application:

1. The true name of the LLC is: Fifth Coast Communications,  
L.L.C.
2. The state or country of organization is: Tennessee.
3. The LLC intends to transact business in Tennessee under  
an assumed name.
4. The assumed name the LLC proposes to use is: Fifth Coast  
Marketing.

Date: November 19, 1996

FIFTH COAST COMMUNICATIONS, L.L.C.

By: 

Title: Chief Manager