

# 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]

98-00078

### SECTION A

#### Part 1: General Information

A. Name of Applicant Bluegrass Telecom LLC  
Address 2902 Ring Road City Elizabethtown  
State Kentucky Zip Code 42701 Phone No. (602) 769-0339

B. Owner, Partners, or Corporate Officer  
See Appendix I.

NAME	ADDRESS	CITY	STATE	ZIP CODE

C. Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday.  
Tom Rowland (615) 666-2151 (615) 666-6772  
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. 1-800-928-2355

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. The applicant will not provide operator services at this time.  
List the state(s) you are authorized to operate in at this time. The applicant is not authorized to operate in any state at this time. Authority is pending in Kentucky.

(To be filled out by TRA)  
Company ID Number 128100  
Date Approved \_\_\_\_\_  
Evaluator \_\_\_\_\_

H. List any states that you have been denied authority to provide service.  
The applicant has never been denied authority to operate in any state.

I. Areas in Tennessee to be served.  
The applicant will provide service throughout the state of Tennessee where facilities are available and where it can do so profitably.

J. What type of customers will the company serve?

- a. Business xx
- b. Residential xx
- 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. \_\_\_\_\_

At this time the applicant does not allow a PIF.

L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes \_\_\_\_\_ No \_\_\_\_\_

See Appendix I.

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>.

See Appendix I.

N. What is the applicant's 10XXX or 800 access code? 1015696 and 1015996

O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? The applicant does not plan to have any telecommunication facilities in the state of Tennessee.

P. What facility-based network will the applicant be reselling? The applicant will resale the facilities-based network of Cincinnati Bell Long Distance.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? The applicant currently plans to use the billing services of the local telephone company.

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.

See Appendix I.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. \_\_\_\_\_

See Appendix I.

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 \_\_\_\_\_

The applicant will honor any call blocking that the consumer has subscribed to with thier local telephone company.

<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 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 xx No \_\_\_\_\_

## Part II: Organization Structure

### A. Type of Organization

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

\_\_\_\_\_ Partnership          \_\_\_\_\_ Other (Explain on separate sheet)

See Appendix III

### 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.

See Appendix IV.

## 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.

The applicant does not provide operator services and will not serve pay phones at this time.

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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.

**Appendix I**  
Application for Certificate  
to Provide Resell Telecommunication  
Services in Tennessee

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**Part I: General Information**

**B. Owner, Partners, or Corporate Officers.**

The Members of Bluegrass Telecom LLC are set forth below.

Brandenburg Cellular Corporation  
332 Broadway  
Brandenburg, Kentucky 40108

Cellular Division of Logan Telephone Cooperative, Inc.  
103 E. Main Street  
Auburn, Kentucky 42206

North Central Communications, Inc.  
204 W. Locust Street  
Lafayette, Tennessee 37083

Cumberland Cellular, Inc.  
Highway 127  
P.O. Box 80  
Jamestown, Kentucky 42629

South Central Telephone Cooperative Corp., Inc.  
1399 Happy Valley Road  
Glasgow, Kentucky 42141

**L. Are your prices intrastate services plus any PIF equal to or less than the dominant carriers price for similar services?**

The applicant will charge rates competitive with those charged by other carriers operating in the state. It will not provide its own operator services at this time.

**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.**

The applicant is not providing operator services at this time. It will utilize the services of an underlying provider(s) certified to do so in the state of Tennessee.

**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.**

The applicant plans to market its services through a marketing agreement with the local telephone company(s) in whose territory(ies) it provides services, through direct mail pieces, and through an independent telemarketing firm specializing in long distance sales. The name and address of that telemarketing firm is:

Midwest TeleMark International Inc.  
P.O. Box 430  
Molhall, ND 58761  
1-800-356-7762

**S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.**

The applicant will use several procedures for switching a consumer's preferred interexchange carrier depending on the method used by the applicant and/or consumer to complete the sale.

Through its arrangements with the local telephone company(s) in whose territory(ies) it provides service(s), the applicant will accept new customers on a customer-initiated basis (i.e., the customer contacts the local service provider and requests service from the applicant). In those instances, the applicant will defer to whatever procedures are used by the local service provider for the handling of such sales.

In all other cases the applicant will accept orders directly from consumers and place "carrier-initiated" PIC change orders with the consumer's local service provider on the consumer's behalf. Such orders will not be placed by the applicant without independent verification of the consumer's intent to change service to that of the applicant. Such verification can include either a written card signed by the consumer authorizing the switch in service, independent verification of the consumer's intent to change service, or voice recording of the consumer indicating authorization to change service. These procedures will be updated and modified as required by state and federal carrier change requirements.

In no instance will the applicant permit its employees or contractors to change a consumer's service provider without authorization by the consumer.



**John Y. Brown III**  
**Secretary of State**

**Certificate of Existence**

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**BLUEGRASS TELECOM LLC**

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 19, 1997.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12<sup>th</sup> day of February, 1998.

*John Y. Brown, III*

JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky