

Company ID: 128113

Custom Network Solutions, Inc.
311 W. 43rd Street, Suite 1405
New York, NY 10036

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN December 15, 1998

IN RE: CASE NUMBER: 98-00124

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

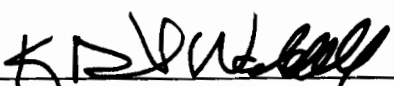
---ORDER---




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 December 15, 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.

ATTEST:


Executive Secretary


Chairman

Director

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]

SECTION A

Part 1: General Information

A. Name of Applicant: **Custom Network Solutions, Inc.**
Address: **311 W. 43rd Street, Suite 1405** City: **New York**
State: **New York** Zip Code: **10036** Phone No. **(212) 245-2202**

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
John Sullivan, President	311 W. 43rd Street, Suite 1405	New York	NY	10036
Marc Rozar, Executive Vice President	311 W. 43rd Street, Suite 1405	New York	NY	10036
Frank Casatelli, Secretary/Treasurer	311 W. 43rd Street, Suite 1405	New York	NY	10036

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

Name: **Marc Rozar** Phone No. **(212) 245-2202** Fax No. **(212) 245-2221**

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 800-809-0663

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 Applicable.

G. List the state(s) you are authorized to operate in at this time. California, Connecticut, Florida, Georgia,

Illinois, Indiana, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Ohio,

South Carolina, and Texas

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

98-00124
128113



210 N. Park Ave.
P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

February 17, 1998

Commission Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
P.O. Box 3412
Nashville, Tennessee 37219-0412

RE: Application of Custom Network Solutions, Inc.

Dear Secretary:

Enclosed for filing is the application of Custom Network Solutions, Inc. for a Certificate to Provide Resale Interexchange Telecommunications Services in the state of Tennessee and the Company's Small and Minority-Owned Telecommunications Business Participation Plan. Also enclosed is a check for the amount of \$50.00 to cover the filing fee.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided.

Please contact me at (407) 740-8575 should you have any questions. Thank you for your assistance in this matter.

Sincerely,

Monique Byrnes
Consultant to
Custom Network Solutions, Inc.

MB/sp

cc: M. Rozar - CNS
file: CNS - TN
tms: tmi9800

- H. List all states that you have been denied authority to provide service.
None
- I. Areas in Tennessee to be served.
Entire State
- 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. Not Applicable
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes _____ No _____ Not Applicable
- 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? None
- O. Does the applicant now have or plan to have any telecommunications facilities (e.g. switches, fiber lines) in Tennessee? No
- P. What facility-based network will the applicant be reselling? WilTel
- Q. Will the applicant be utilizing the local telephone company's billing system or billing Customers direct²?
Customers will be billed utilizing the billing services of Interconnect Services Group ("ICG")
- 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 company does not plan to actively market in the state of Tennessee. The company markets its services primarily in the northeast, and seeks authority in order to provide service to customers with locations in Tennessee.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.
CNS obtains a written letter of agency from its Customers and submits PIC changes to the LEC from these letters of agency. Customers may also contact the LEC directly to switch to CNS.

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 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 X No

Part II: Organization Structure

A. Type of Organization

 Individual X 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

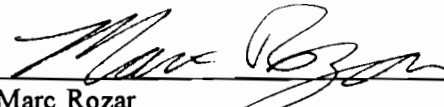
Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57,B)³, which includes a toll-free number consumers can call for service problems and 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, 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.

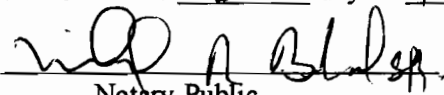
Custom Network Solutions, Inc.


Marc Rozar
Executive Vice President

Date: February 6, 1998

Michael R. Blasl
Notary Public, State of N.Y.
No. 01BL5029888
Qualified in Westchester County
Commission Expires June 27, 1998

Subscribed and sworn
before me this 6th day of February, 1998


Notary Public

SEAL