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 Name of Applicant: American Nortel Communications, Inc. A. 7201 E. Camelback, Suite 320 Scottsdale Address: City: State: Arizona Zip Code: 85251 Phone No. (602) 945-1266 Owner, Partners, or Corporate Officer B. **ADDRESS** CITY STATE ZIP CODE NAME Scottsdale 85251 William P. Williams, President 7201 E. Camelback, Suite 320 AR C. Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday. Name: William P. Williams (Linda Boyd) Phone No. (602) 945-1266 Fax No. (602) 945-1909 D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. <u>888-371-2052</u> Check the type of telecommunication services you plan to provide in Tennessee. E. x Resell Interexchange long distance services ___Resell Local Exchange services Operator Services Other (describe below)_____ If providing operator services, list company name, address and contact person for all reseller carriers you F. serve in Tennessee. Provide the above information on Appendix I. List the state(s) you are authorized to operate in at this time. American Nortel is a new company and G. is preparing filings for certification in all jurisdictions. Certification is pending in

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

Areas in Tennessee to be served. Entire State
What type of Customers will the company serve? a. Business X b. Residential X c. Aggregators (e.g. Hotels, Payphones) d. Other (specify)
Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over you network? If yes, specify amount. Not Applicable
Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes_X_ No
Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II ¹
What is the applicant's 10XXX or 800 access code?
Does the applicant now have or plan to have any telecommunications facilities (e.g. switches, fiber line in Tennessee?No
What facility-based network will the applicant be reselling? WilTel
Will the applicant be utilizing the local telephone company's billing system or billing Customers direct Customers will be billed directly.
Describe briefly how the applicant plans to market their services in Tennessee. If an independe telemarketer is going to be used, state company name and address. American Nortel intends to market through agents and print advertising
Describe the procedures the applicant will use to switch a consumer's preferred interexchange service
American Nortel obtains a written letter of agency from its Customers and submits PIC changes to to LEC from these letters of agency.

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.

Т.	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 II	I: 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.

American Nortel Communications, Inc.

William P. Williams

President

Date:

Subscribed and sworn

before me this 8 lw day of 1000, 1998

Notary Public

OFFICIAL SEAL
KATE SHUMATE
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
My Comm. Expires Feb. 13, 1998

SEAL

State of Wyoming



OFFICE OF THE SECRETARY OF STATE

United States of America, State of Wyoming	ss
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I, KATHY KARPAN, Secretary of State of the State of Wyoming, do hereby certify

a corporation originally organized under the laws of the state or nation of BRITISE COLUMBIA, did on FEBRUARY 9, 1993 apply for a Certificate of Registration and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that

AMERICAN NORTEL COMMUNICATIONS INC.

has renounced its original state of incorporation, and is now incorporated under the laws of the state of Wyoming, in accordance with W.S. 17-16-1710.



IN TESTIMONY WHEREOF, I have hereunto set my hand ar	nd
affixed the Great Seal of the State of Wyoming. Done	at
Cheyenne, the Capital, this day	of
FEBRUARY A.D. 19 93	
Secretary of State By Junel Lastrol	

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 05/12/98 REQUEST NUMBER: 3511-1364 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 05/12/98 1056 EFFECTIVE DATE/TIME: 05/12/98 1056 CONTROL NUMBER: 0350724

TO: AMERICAN NORTEL COMMUNICATIONS INC 7201 E CAMELBACK STE 320 SCOTTSDALE, AZ 85251

RE:
AMERICAN NORTEL COMMUNICATIONS 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: 05/12/98

FROM: C T CORPORATION SYSTEM (PHOENIX, AZ.) 3225 NO. CENTRAL AVE RECEIVED: \$300.00

\$300.00

TOTAL PAYMENT RECEIVED:

\$600.00

RECEIPT NUMBER: 00002310482 ACCOUNT NUMBER: 00000001

AGRICULTURE DE 17785

PHOENIX, AZ 85012-0000

RILEY C. DARNELL SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

3'511 生医后体 American Nortel Communications Inc. To the Secretary of State of the State of Tennessee: Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth: ECRETARY OF STATE 1. The name of the corporation is American Nortel Communications Inc. If different, the name under which the certificate of authority is to be obtained is _ [NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. If obtaining a certificate of authority under an assumed corporate name, an application must be filed pursuant to Section 48-14-101(d).] 2. The state or country under whose law it is incorporated is Wyoming 3. The date of its incorporation is February 9, 1993 (must be month, day, and year), and the period of duration, if other than perpetual, is 4. The complete street address (including zip code) of its principal office is _ 7201 E. Camelback, Ste. 320, Scottsdale, Arizona 85251 Zip Code State/Country Street 5. The complete street address (including the county and the zip code) of its registered office in this state is c/o C T Corporation System, 530 Gay Street, Knoxville, Tennessee, County of Knox 37902 City/State Zip Code Street County The name of its registered agent at that office is C T Corporation System 6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.) William P. Williams, 7201 E. Camelback, Ste. 320, Scottsdale, Arizona CEO, President Camelback, Ste. 320, Scottsdale, Arizona 85251, Secretary Eva Williams 7201 E.

State of Wyoming



OFFICE OF THE SECRETARY OF STATE

United States of America, State of Wyoming

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I, KATHY KARPAN, Secretary of State of the State of Wyoming, do hereby certify

a corporation originally organized under the laws of the state or nation of BRITISE COLUMBIA, did on FEBRUARY 9, 1993 apply for a Certificate of Registration and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that

AMERICAN NORTEL COMMUNICATIONS INC.

has renounced its original state of incorporation, and is now incorporated under the laws of the state of Wyoming, in accordance with W.S. 17-16-1710.



IN TESTIMONY WHEREOF, I have hereunto se	et my hand and
affixed the Great Seal of the State of Wyo	ming. Done at
Cheyenne, the Capital, thisNINTH	day of
FEBRUARY	A.D. 19 _93
Section of State By Quell Lastic	,

FILED

279676 (Use of this form is mandatory in the sense the exact information and exact format be used.} AYOMING SECRETARY OF STATE

The Capital Cheyenne, WY 32002-0020

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STATE OF WYOMING APPLICATION FOR CERTIFICATE OF REGISTRATION AND ARTICLES OF CONTINUANCE

Pursuant to W.S. 17-16-1710 of the Wyoming Business Corporation Act. the undersigned-hereby submits the following Articles of Continuance:

	i.	The name of the corporation is: American NorTel Communications Inc.
	<u>2.</u>	It is incorporated under the laws of British Columbia
•	3.	The date of its incorporation is: May 17, 1979 and the period of its duration is: perpetual as long as the Company is in good
: :tsucTuB_/	with 1 4.	espect to filing annual reports with the British Columbia Registrar of Companies. The address of its principal office in the state under the laws of which it is incorporated is:
•••••		#2200-885 W Georgie Street, Vancouver, B.C. CANADA V6C 3E8
	5.	The mailing address where correspondence and annual reports can be sent:
· .~		136 East South Temple Sre. 2150 Salt Jake City. UT 84111
	ó.	The physical address of its registered office in Wyoming and name of its registered agent at that address is:
		(The agent must be an individual who resides in this state, a domestic corporation or a not-for-profit domestic corporation or a foreign corporation or not-for-profit foreign-corporation authorized to transact business in this-state.)
	7.	The purpose or purposes of the corporation which it proposes to pursue in the transaction of business in this state. - Any leaful business for which a corporationary be formed under the
	•	Wyraring Business-Corporation Act.

11.

5	Tae	names, and	respective	addresses	CI IIS	officers an	d disectors	ate:
V -		*** — 1 · · · · · · · · · · · · · · · · · ·		. 47:			+ +	

Office		Name .	.Address			
President Kenneth I). Rogers	333W_3500	S. Bountiful.	ur		
Vice-President/_						
Secretary William I	H. Rogers,	Eagle Gut	e. Şalt Lake C	ity, UT		
Treasurer_John H. I	Picken	Northeli	fe Dr. Salt Lak	e City, UT		
Director Kenneth Director William Director John H.	H. Rogers	Eagle Gat) S, Bounciful. Se. Sait Lake Se Dr , Sait La	City, UI		
The aggregate num authority to issue, it value and series, if	emized by cl	asses, par va	wnership units the of shares, si	which it has the nares without par		
Shares 50,000,000 C 50,000,000 F	referred A referred B per- of issued	N/A Unlimited Unlimited shares or o	Par Value per S None None None ther ownership to value and series	units itemized by		
Number of Shares	Class	Series	Par Value per S	hare .		
1,532,972	Common Preferred A	N/A One	None None	•		
The corporation accepts the Constitution of the this state in compliance with the requirements of article 10, section 5 of the Wyoming constitution.						
PLEASE SEE ADDENDUM A FOR ADDITIONAL INFORMATION PERMUTTED PURSUANT TO 8 17-16-1710 (c) (x111)						
Dated February	<u>3</u> 19 <u>9</u>	<u>3</u> .	-47			
		By	REANIAL D. ROG PRESIDENT	rŠ		