Company ID: 128203

PRIMECALL, INC.

1520 Eastlake Avenue East, Second Floor

Seattle, WA 98102

BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

February 16, 1999

IN RE: CASE NUMBER: 98-00531

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 16, 1999 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:

- 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** 

Director

Director

#### **TENNESSEE REGULATORY AUTHORITY**

460 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243-0505

LYNN GREER, CHAIRMAN SARA KYLE, DIRECTOR MELVIN MALONE, DIRECTOR

# APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

SECTION A

#### **PART 1: General Information**

A.	Name of Applicant PRIMECALL, INC		
	Address 1520 Eastlake Avenue East, Second Floor City Seattle		
	State WA Zip Code 98102	Phone No. (800) 607-0486	

B. Owner, Partners, or Corporate Officers:

Ronald B. Fox - President
Ronald P. Erickson - Secretary/Treasurer

C. Name and telephone number of Tennessee Contact Person authorized to respond to Commission inquiries Monday through Friday.

Patrick D. Crocker EARLY, LENNON, PETERS & CROCKER, P.C. 900 Comerica Building Kalamazoo, MI 49007-4752 Telephone: (616) 381-8844

Fax: (616) 349-8525

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

(800) 607-0486	12 \$	128203	
(To be filled out by Company ID Numbe	TRA)	-00531	
Date Approved			
Evaluator			

E.	Check the type of telecommunication services you plan to provide in Tennessee.  X 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.
	Please see Exhibit A.
н.	List any states that you have been denied authority to provide service.
	Applicant has not been denied authority to operate in any state.
ı.	Areas in Tennessee to be served.
	Applicant will provide service in all equal access areas within Tennessee.
J.	What type of customers will the company serve?  a. BusinessX_  b. Residential  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 and PIF equal to or less than the dominant carriers price for similar services?
	Not Applicable
М.	Describe the type of services and prices that the Applicant will be offering in Tennessee on the Informational Tariff Form.
	Please see Exhibit B.

N.	What is the applicant's 10XXX or 800 access code?	
Ο.	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?	
	Sprint	
Q.	Will the applicant be utilizing the local telephone company's billing system or billing customers direct?	
	Applicant will utilize the local telephone company's billing system.	
R.	Describe briefly how the applicant plans to market their service in Tennessee If an independent telemarketer is going to be used state company name an address.	
	Applicant will market service in Tennessee using independent agents. Applicant has no independent agents in Tennessee at this time.	
S.	Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.	
	Written Letter of Agency	
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?	
	X_ YesNo	
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.	
	X_YesNo	
<u>PART</u>	II: Organization Structure	
Α.	Type of Organization	
	Individual CorporationX	
	Partnership Other (Explain on separate sheet)	

B. (1) Attach a copy of Articles of Incorporation and current by-laws.

Attached as Exhibit C

(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Attached as Exhibit D

#### **PART III: Financial Information**

Applicant attaches a copy of its most recent financial statements as Exhibit E.

#### 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), which includes a toll-free number consumers can call for service problems and refunds.

Not Applicable

#### 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 Public Service Commission's
   (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 TPSC Interexchange Reseller Rules and all other applicable Commission 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.

Company Name Date

President

Subscribed and sworn before me this 23rd day of Dacember, 1997

PRIMECALL, INC.

mary H. Felsinger

Notary Public

Country of King 3+4+eng washington Commission Expires 7.29.01



## STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF INCORPORATION

to

PRIMECALL, INC.

a Washington

Profit

corporation. Articles of incorporation were

filed for record is this office on the date indicated below.

U.B.I. Number:

601 671 768

Date:

November 20, 1995



Given under my hand and Seal of the State of Washington at Olympia, the State Capital.

Raiph Munro, Secretary of State

2-522702-6

601 671 768

STATE OF WASHINGTON

NOV 2 0 1995

RALPH MUNICU
SECRETARY OF STAT

## Articles of Incorporation of PrimeCall, Inc.

#### ARTICLE I.

NAME

The name of this corporation is PrimeCall, Inc.

#### ARTICLE II.

#### PURPOSES

This corporation is organized to engage in any business, trade or activity which may be conducted lawfully by a corporation organized under the Washington Business Corporation Act.

#### ARTICLE III.

#### SHARES

This corporation is authorized to issue 1,000,000 shares of common stock and each share shall have a par value of \$.01.

#### ARTICLE IV.

#### NO PREEMPTIVE RIGHTS

Except as may otherwise be provided by the Board of Directors, no preemptive rights shall exist with respect to shares of stock or securities convertible into shares of stock of this corporation.

#### ARTICLE V.

#### NO CUMULATIVE VOTING

At each election for directors, every shareholder entitled to vote at such election has the right to vote in person or by proxy the number of shares held by such shareholder for as many persons as there are directors to be elected. No cumulative voting for directors shall be permitted.

#### ARTICLE VI.

#### BYLAWS

The Board of Directors shall have the power to adopt, amend or repeal the Bylaws or adopt new Bylaws. Nothing herein shall deny the concurrent power of the shareholders to adopt, alter, amend or repeal the Bylaws.

#### ARTICLE VII.

#### REGISTERED OFFICE AND AGENT

The name of the initial registered agent of this corporation and the address of its initial registered office are as follows:

Kinne F. Hawes 701 Fifth Avenue, Suite 3200 Seattle, WA 98104-7026

#### ARTICLE VIII.

#### INCORPORATOR

The name and address of the incorporator are as follows:

Name

<u>Address</u>

Kinne F. Hawes

701 Fifth Avenue, Suite 3200 Seattle, WA 98104-7026

#### ARTICLE IX.

The number of Directors of this corporation shall be determined in the manner set forth in the Bylaws and may be increased or decreased from time to time in the manner provided therein.

The undersigned person, of the age of eighteen years or more, as incorporator of this corporation under the Washington Business Corporation Act, adopts these Articles of Incorporation.

Dated: November 77, 1995

Kinne F. Hawes, Incorporator

#### CONSENT TO SERVE AS REGISTERED AGENT

I, Kinne F. Hawes, hereby consent to serve as Registered Agent in the State of Washington for PrimeCall, Inc. I understand that as agent for the corporation, it will be my responsibility to receive service of process in the name of the corporation; to forward all mail to the corporation; and to immediately notify the office of the Secretary of State in the event of my resignation, or of any changes in the registered office address of the corporation for which I am agent.

Dated: November /7, 1995

Kinne F. Hawes Registered Agent

& Staves

701 Fifth Avenue, Suite 3200 Seattle, WA 98104-7026 Registered Office Address

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## STATE of WASHINGTON



I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF REINSTATEMENT

to

#### PRIMECALL, INC.

a Washington Profit corporation.

An Application for Reinstatement was approved and filed for record in this office as of the date indicated below.

UBI Number: 601 671 768

Date: June 24, 1996



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



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STATE of WASHINGTON



### SECRETARY of STATE

STATE OF WASHINGTON

RECEIVED-SEA
JUN 27 1996

JUN 27 1996

VANDEBERG, JOHNSON & CANDARA

JUN 24 1996

## APPLICATION FOR REINSTATEMENT OF A DOMESTIC (WASHINGTON) CORPORATION

RALPH MUNRO SECRETARY OF STATE

RCW 23B.14.220

Pursuant to RCW 23B.14.220 of the Washington Business Corporation Act, the undersigned corporation applies for reinstatement and state the following:

1) The corporate name on the date of administrative dissolution was: PRIMECALL, INC. 2) The date of administrative dissolution was: June 10, 1996 3) The corporate name listed above meets the requirements of RCW 23B.04010. If the corporate name no longer meets these requirements, articles of amendment are included with the reinstatement application. The following is an explanation to show that the grounds for administrative 4) dissolution either did not exist or has been eliminated. (Check one or more of the following statements): X The license fees are hereby lendered. The annual report (list of officers/directors) has been completed and is X hereby submitted for filing. There registered agent and/or registered office address in Washington has been designated on the corporate reinstatement report. (If the registered agent is other that the agent at the time of dissolution, the written consent of the new registered agent must appear in the space provided.)

Signature of Officer or Chairman of Board of Directors

Date

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# 

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	PRIMECALL, INC.	CTI - RECEIV	<u> </u>
o the Secretary of State of the State	of Tennesses:	NA SS MAL SE	
•		Sunt 22 Ail	10: 05
Pursuant to the provisions of Sectionation hereby applies for a certificate use sets forth:	on 48-25-103 of the Tennessee e of authority to transact busi	Business Corporation Act, the under ness in the State of Terrapage, and for	signed cor that pur SIATE
The name of the corporation is	PRINEC	ALL. INC.	
different, the name under which the	certificate of authority is to	be obtained is	
NOTE: The Secretary of State of the Sion for profit if its name does not comporation Act. If obtaining a certificate sursuant to Section 48-14-101(d).]	ply with the requirements of S	ection 48-14-101 of the Tennesses Bu	siness Cor-
. The state or country under whose l	aw it is incorporated is WAS	SHINGTON	
The date of its incorporation is	11/20/95 PERPETUAL	(must be month, day, and year), and	the period
4. The complete street address (includ	ing zip code) of its principal	office is 1520 EASTLAKE AVENU	E, EAST
ND FL., SEATTLE, WA 98102			
Street	City	State/Country Zip Co	de
5. The complete street address (includ	ing the county and the zip o	ode) of its registered office in this su	ate is
230 FOURTH AVENUE NORTH, 31	RD FL., NASHVILLE. TN	37219	
Street	City/State	County Zip Co	de
The name of its registered agent at	that office is		
JOSEPH MARTIN, JR.			
if necessary.)  SEE ATTACHED SHEET			
<ol> <li>The names and complete business ( separate sheet if necessary.)</li> </ol>	addresses (including zip code)	of its current board of directors are	: (Attac
SEE ATTACHED SHEET			
8. The corporation is a corporation f	or profit.		
9. If the document is not to be effect			ite/time is
[NOTE: A delayed effective date shall of State.]	is(date), not be later than the 90th day a	fter the date this document is filed by the	he Secretar
[NOTE: This application must be acc authenticated by the Secretary of Stat under whose law it is incorporated. The the application is filed in this state.]	e or other official having cus	tody of corporate records in the state	or count
12-16-97		PRIMECALL. INC.	
Signature Date	Name	of Corporation	
Pres		FDA	
Signer's Capacity	Signat		
		Kunden B For	
ACC)	Nama	(tuned or printed)	