

Company ID: 128207

First Call USA, Inc.
5030 Champion Boulevard, Suite 6403
Boca Raton, FL 33496

BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

March 16, 1999

IN RE: CASE NUMBER: 98-00547

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 March 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.

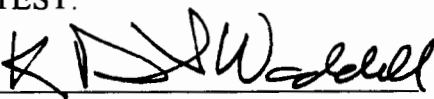
IT IS THEREFORE ORDERED:

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]

SECTION A

Part 1: General Information

A. Name of Applicant: **First Call USA, Inc.**
Address: **5030 Champion Boulevard, Suite 6403** City: **Boca Raton** ✓
State: **Florida** Zip Code: **33496** Phone No. **(561) 495-1101** ✓

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Brett Kaye, President	5030 Champion Boulevard, Suite 6403	Boca Raton	FL	33496 ✓

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

Name: **Brett Kaye** Phone No. **(561) 495-1101** Fax No. **(561) 495-8440** ✓

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 888-371-2052 ✓

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. **N/A**

G. List the state(s) you are authorized to operate in at this time. First Call USA is a new company and is preparing filings for certification in various states.

(To be filled out by TRA)

Company ID Number 128207

Date Approved 98-00547

Evaluator _____

- H. List any 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 _____
b. Residential _____
c. Aggregators X
(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 II¹
- N. What is the applicant's 10XXX or 800 access code? Not Applicable
- 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? TresCom USA, Inc. ✓
- Q. Will the applicant be utilizing the local telephone company's billing system or billing Customers direct²?
First Call will utilize the local telephone company bill to bill for its services. ✓
- 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.
First Call will directly market its services to aggregator locations throughout Tennessee. ✓
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.
First Call initially only plans to offer service to aggregator locations and will not PIC a customer to its service. ✓

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

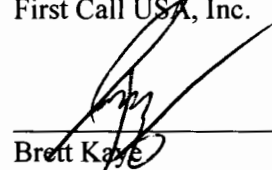
Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57,B)³, which includes a toll-free number consumers can call for service problems and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

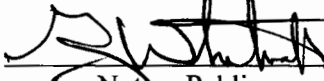
- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understands the Tennessee Regulatory Authority (TRA; formerly TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
 - Understands the penalties for non-compliance, 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.

First Call USA, Inc.


Brett Kaye
President

Date:  7/22/98

Subscribed and sworn
before me this 22 day of July, 1998


Notary Public



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

DATE: 06/18/98
 REQUEST NUMBER: 3524-2393
 TELEPHONE CONTACT: (615) 741-0537
 FILE DATE/TIME: 06/18/98 0922
 EFFECTIVE DATE/TIME: 06/18/98 0922
 CONTROL NUMBER: 0352834

TO:
 FIRST CALL USA INCORPORATED
 5030 CHAMPION BLVD
 SUITE 6403
 BOCA RATON, FL 33496

RE:
 FIRST CALL USA, INCORPORATED
 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: 06/18/98

FROM:
 MARTIN WEST
 1926 SW. 94TH AVE.
 MIRAMAR, FL 33025-0000

	FEE	
RECEIVED:	\$600.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$600.00

RECEIPT NUMBER: 00002327843
 ACCOUNT NUMBER: 00288649



Riley C. Darnell

RILEY C. DARNELL
 SECRETARY OF STATE