Company ID: 128225

Golden Financial and Communication Systems, LLC

6389 Quail Hollow, Suite 201

Memphis, TN 38120

### BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

November 3, 1998

IN RE: CASE NUMBER: 98-00616

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 November 3, 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:

- 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.

hairman

Director

ATTEST:

2.

**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 IRULE 1220-4-2-.571

		[								
D 4	· Oanaal lafaa	•	ECTION A							
<u> Рап 1</u>	: General Infor	mation								
Α.	Name of Appl	icant GOLDEN FINANC	CIAL AND COMMUNI	CATION SYS	STEMS, LLC					
	Address 63	89 Quail Hollow, St	lite 201	City_	Memphis					
	State TN	Zip Code 38120	_Phone No. (901)	682 <b>-</b> 5668						
B.	Owner, Partne	ers, or Corporate Office	er							
	NAME	ADDRESS	CITY	STATE	ZIP CODE					
Dalph	D. Golden	6389 Quail Hollow		TN	38120					
Ralpo	i.D. Golden	10389 QUALL HOLLOW	Menpus	- IN -	38120					
		<u> </u>								
	<del></del>		<del> </del>	<del></del>						
C.	Name and tel	ephone number of con	tact person author	ized to respo	ond to					
		iries regarding compa								
	Ralph D.	Golden (90	01) 682-5668		1) 682-5721					
	Name		Phone No.		Fax No.					
		Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.								
				-	1 ) (00					
	Ralph D	Golden (90	) <u>1) 682-5668</u> Phone No.		)1 ) 682 - 5721 Fax No.	<del></del>				
	name		PHONE NO.		rax NO.					
D.	List a toll-free	telephone number tha	at consumers can o	all to report	service problem	ıs				
U.		st refunds or adjustmen		•	501 1100 problem					
	ana/or roque	trorarras or aujustino.								
E.	Check the type of telecommunication services you plan to provide in Tennessee.									
	Resell Interexchange long distance services									
	Operator	Services								
	xxx Resell loc	cal services								
	Other (de	scribe)				98.006				
			<u>7</u> 8.006							
					ed out by TRA)	178778				
					ID Number					
				Date App Evaluator	roved					
				Evaluator		_				

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O. Box 198907, Nashville, TN 37219-8907. Should you have any questions, call (615)741-7489, ext. 163.

F.	reseller carriers you serve in Tennessee. Provide the above information on Appendix I.  N/A
G.	List the state(s) that the applicant is authorized to operate in at this time. None
	For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.
	If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant.
H.	List any states that the applicant has been denied authority to provide service.  None
	If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant.
I.	Areas in Tennessee to be served.  Local service only in all areas of Tennessee
J.	What type of customers will the applicant serve?  a. Businessxxx  b. Residentialxxx  c. Aggregators     (e.g. Hotels, Payphones)  d. Other (specify)
K.	Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. $N/A$
L.	Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? YesNo_xxx
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> .
N.	What is the applicant's 10XXX or 800 access code, if applicable?N/A
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(s) will the applicant be reselling? <u>Southern Bell</u>
Q.	Will the applicant be utilizing the local telephone company's billing system or billing customers directly <sup>2</sup> ? Billing customers direct in advance.  Customers must prepay for services. Receipt to customers for payment. Billing for prepayment is under consideration.

<sup>&</sup>lt;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 directly.

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.  Applicant will market through advertising in media: applicant will advertise							
	and market to that segment of the population whose services have been terminated or can't obtain services because of credit or other financial							
	reasons; Applicant will service only those residences/businesses wherein old							
	service has been totally disconnected. This is a general guideline and does							
	not preclude other means or customers.							
S.	Describe the procedures the applicant will use to switch a consumer's preferred							
interexchange service, if applicable. Applicant will not be switching preferred exchange service through this company. The Applicate will negotiate dir								
	exchange service through this company. The Applicatn will negotiate directly							
	with the chosen carrier for inter-exchange service.							
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 ××× 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 carner's tariffed							
	rates. Yes xxx No							
Part II:	Organization Structure							
Α.	Type of Organization							
	IndividualCorporation							
<u> </u>	Partnership <u>LLC</u> 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							

If applicable, 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.

<sup>&</sup>lt;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.

### Part V: Rule Compliance Agreement

- A. The Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understands the Tennessee Regulatory Authority's (TRA)
   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 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.

   GOLDEN FINANCIAL AND COMMUNICATION SYSTEMS, LLC

Company Name

Date

ompany Official

Title

Subscribed and sworn before me this 1 day

of (luc, 1998

Notary Public

My Carl. Expires: 5 23.2000

seal

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

TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 06/17/98 1011 EFFECTIVE DATE/TIME: 06/17/98 1011 CONTROL NUMBER: 0340213

TO: RALPH D GOLDEN ATTY 6389 QUAIL HOLLOW STE. 201 MĒMPHĪŠ, TN 38120

RE: GOLDEN FINANCIAL AND COMMUNICATION SERVICES, LLC ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY

ON DATE: 06/17/98

RALPH D GOLDEN (6389 QUAIL HOLLOW) 6389 QUAIL HOLLOW SUITE 201 MEMPHIS, TN 38120-0000

FEES \$10.00 RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$10.00

RECEIPT NUMBER: 00002327276 ACCOUNT NUMBER: 00001753



RILEY C. DARNELL SECRETARY OF STATE

### FILEU

# AMENDMENT TO THE ARTICLES OF ORGANIZATION OF PAY DAY CHECK ADVANCE SYSTEMS, LLC

Pursuant to the provisions of Section 48-209-104 of the Tennessee Limited Liability Companies, the undersigned Limited Liability Company adopts the following Amendment to its Articles of Organization:

- The name of Limited Liability Company is PAY DAY CHECK ADVANCE SYSTEMS, LLC.
  - 2. The Amendment adopted is:

Paragraph 1 of the original Articles of Organization is deleted and the following is inserted:

- The name of the Limited Liability Company is GOLDEN FINANCIAL AND COMMUNICATION SERVICES, LLC.
- 3. The Amendment was duly adopted at a meeting of the members on June 9, 1998.
- 4. The Amendment is to be effective upon being filed with the Secretary of State.

DATED this day of June, 1998.

PAY DAY CHECK ADVANCE SYSTEMS, LLC

ix: / aga

RALPH D. GOLDEN, Chief Manager

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

DATE: 11/06/97
REQUEST NUMBER: 3406-2671
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 11/04/97 1041
EFFECTIVE DATE/TIME: 11/04/97 1041
CONTROL NUMBER: 0340213

TO: GOLDEN & MARTIN 6389 QUAIL HOLLOW SUITE 201

RE: PAYDAY CHECK ADVANCE SYSTEMS, LLC ARTICLES OF ORGANIZATION -LIMITED LIABILITY COMPANY

CONGRATULATIONS UPON THE FORMATION OF THE LIMITED LIABILITY COMPANY IN THE STATE OF TENNESSEE WHICH IS EFFECTIVE AS INDICATED ABOVE.

A LIMITED LIABILITY COMPANY ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

FROM:
RALPH D. GOLDEN
6389 QUAIL HOLLOW
SUITE 201
MEMPHIS, TN 38120-0000

ON DATE: 11/04/97

RECEIVED:

FEES \$300.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$300.00

RECEIPT NUMBER: 00002202335 ACCOUNT NUMBER: 00272075

RILEY C. DARNELL SECRETARY OF STATE

# FILE D ARTICLES OF ORGANIZATION PAYDAY CHECK ADVANCE SYSTEMS, LLC

The undersigned Organizer hereby adopts the following Articles of Organization for PAYDAY CHECK ADVANCE SYSTEMS, LLC, and states as follows:

- 1. The name of the Limited Liability Company is Payday Check Advance Systems, LLC.
- 2. The name of the registered agent and street address, county and zip code of the registered agent's office are Ralph D. Golden, 6389 Quail Hollow, Suite 201, Memphis, Shelby County, Tennessee 38120.
- 3. The name and address of the organizer of the Limited Liability Company are Ralph D. Golden, 6389 Quail Hollow, Suite 201, Memphis, Shelby County, Tennessee 38120.
- 4. At the date and time of formation, there are two (2) or more members of the Limited Liability Company.
  - 5. The Limited Liability Company will be member-managed.
- 6. The street address, county and zip code of the principal executive office of the Limited Liability Company are 6389 Quail Hollow, Suite 201, Memphis, Shelby County, Tennessee 38120.
- 7. The Limited Liability Company shall not have the power to expel a member.
  - 8. The duration of the Limited Liability Company is to be perpetual.
- 9. The members, parties to a contribution agreement or a contribution allowance agreement shall have preemptive rights to obtain governance and financial rights in the Limited Liability Company.

- The purpose of the Limited Liability Company is to provide payday check advances, advances on car titles, and any and all other deferred presentment services, and to engage in any other lawful businesses or transactions.
  - 11. The Chief Manager shall have the authority to execute instruments for the transfer of real property; CONDITIONAL, however, on any such transfer of real property being first approved by the members of the Limited Liability Company and pursuant to the Tennessee Limited Liability Company Act.

RALPH D. GOLDEN

Organizer

DATED: 10-30-97

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	STATE TAX RESISTER'S FEE	-
	RECOMBING FEE 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WT MHEL PSE	-
	STATE OF TO MUSSEE	-
	RUY E. S. TES	

SHELBY COUNTY REGISTER OF DEEDS

GZ7183

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