

**BEFORE THE TENNESSEE REGULATORY AUTHORITY**  
**Nashville, Tennessee**

**In Re:**            **AllCom USA**  
                  **for Cancellation of Authority to Provide**        **) Docket No. 98-00622**  
                  **Resold Telecommunication**                        **) Co. ID: 128228**  
                  **Services In Tennessee**

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**ORDER GRANTING CANCELLATION OF**  
**AUTHORITY TO PROVIDE RESOLD TELECOMMUNICATION SERVICES**

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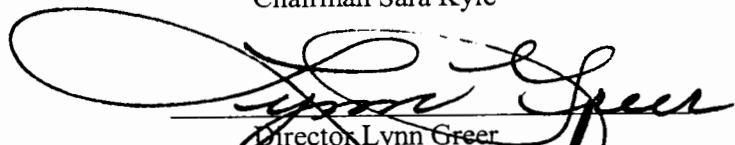
This matter came before the Tennessee Regulatory Authority upon the request of AllCom USA to cancel their authority to provide Telecommunications Services in Tennessee. The cancellation was considered by the Authority at a regularly scheduled Authority Conference held on September 11, 2001.

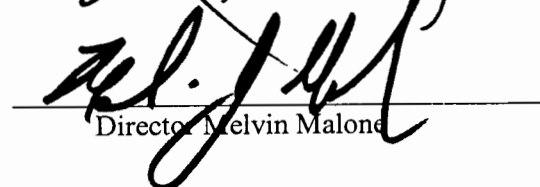
WHEREFORE, having considered the request of **AllCom USA** to cancel their authority, the Authority finds that such a cancellation should be granted.

IT IS THEREFORE ORDERED:

- 1) That the request of AllCom USA to cancel their authority to provide Resold Telecommunications services in Tennessee, Docket No. 98-00622, is hereby granted; and,
- 2) That this docket is herewith closed.

  
Chairman Sara Kyle

  
Director Lynn Greer

  
Director Melvin Malone

ATTEST:

  
K. David Waddell

# 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 AllCom USA  
Address 9007 Arrow Rte., Ste 220. City Rancho Cucamonga  
State CA Zip Code 91730 Phone No. (909) 989-2855

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Mike Petrillo	9007 Arrow Rte., Ste. 220			
	Rancho Cucamonga, CA 91730-4400			
John Cheney	9007 Arrow Rte., Ste. 220,			
	Rancho Cucamonga, CA 91730-4400			

C. Name and telephone number of contact person authorized to respond to  
Authority inquiries regarding company operations Monday through Friday.  
Mike Petrillo (909) 989-2855 (909) 989-3224  
Name Phone No. Fax No.

Name and telephone number of contact person authorized to respond to  
Authority inquiries regarding this filing Monday through Friday.  
Mike Petrillo (909) 989-2855 (909) 989-3224  
Name Phone No. Fax No.

D. List a toll-free telephone number that consumers can call to report service problems  
and/or request refunds or adjustments. 800-425-5266

E. Check the type of telecommunication services you plan to provide in Tennessee.  
☒ Resell Interexchange long distance services  
☐ Operator Services  
☐ Resell local services  
☐ Other (describe) \_\_\_\_\_

(To be filled out by TRA)

Company ID Number \_\_\_\_\_

Date Approved \_\_\_\_\_

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.  
N/A

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.

- G. List the state(s) that the applicant is authorized to operate in at this time. CA, CO, ID, IA, KS, MA, MI, MT, NJ, OR, TX, UT, VA, WA, WY

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.

AllCom USA has never had a complaint filed against them.

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.  
Complete state of Tennessee

- J. What type of customers will the applicant serve?

a. Business x

b. Residential x

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. \_\_\_\_\_  
NO

- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes \_\_\_\_\_ No \_\_\_\_\_  
N/A

- 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>.  
SEE ATTACHMENT "A"

- N. What is the applicant's 10XXX or 800 access code, if applicable? 10-16-444  
CIC belongs to Telehub Network Services

- O. 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? \_\_\_\_\_  
Telehub Network Services, CIC 10-16-444

- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? Billing Customers directly, SEE ATTACHMENT "B"

<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.  
Marketing will be through independent agents and sales companies.  
AllCom USA will not accept telemarketing orders.  
Orders will only be accepted with a signed LOA from a Customer.  
SEE ATTACHMENT "C" - Sample LOA.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. Customer must complete and sign an authorized LOA.
- 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 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 carrier's tariffed rates. Yes X No

## Part II: Organization Structure

### A. Type of Organization

       Individual                             Corporation  
  X   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.

SEE ATTACHMENT "D"

## 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.

SEE ATTACHMENT "E"

## 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.

N/A

<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:

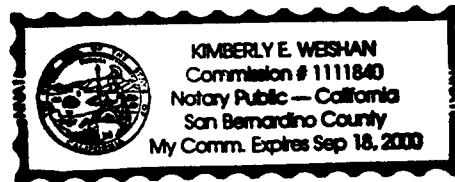
- Has received, read, and understands the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TRA Reseller Rules and all other applicable Authority 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.

AllCom USA, 8-31-98  
Company Name Date

[Signature] President  
Company Official Title

Subscribed and sworn  
before me this 31 day  
of AUG, 1998

Kimberly E. Weishan  
Notary Public



seal

## VERIFICATION

This application shall be verified under oath.

## OATH

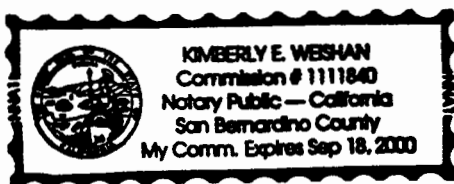
State of CALIFORNIA )  
County of SAN BERNARDINO )ss

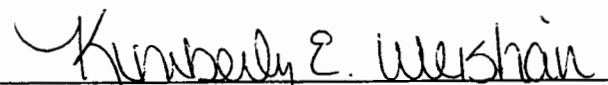
Mike Petrillo makes oath and says that he is President of AllCom USA, a.k.a. AllCom and AllCom International and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ KIMBERLY E. WEISHAN  
(Title of person authorized to administer oaths)

in the State and County above named, this 31 day of AUGUST 19 98.



  
(Signature of person authorized to administer oath)

MOST CURRENT INCOME STATEMENT