

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 TelQuest Communications, Inc. d/b/a Advantage Plus
Address 5862 Balsa Ave Suite 104 City Huntington Beach
State CA Zip Code 92649 Phone No. (714) 903-8703

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Mark Ellis	5862 Balsa Ave #104	Huntington Beach	CA	92649
Gabrielle Ellis	5862 Balsa Ave #104	Huntington Beach	CA	92649

C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.
Mark Ellis (714) 903-8703 (714) 903-8705
Name Phone No. Fax No.

Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.
Alison Kacarov (927) 928-2144 (927) 928-2139
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. 800-786-7992

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 _____

CHECK
3505

128255

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. 98-00734

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.

G. List the state(s) that the applicant is authorized to operate in at this time. California, Michigan and New Jersey

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. No complaints have been against the applicant to date.

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. Applicant has not been denied authority in any state that they have applied in.

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. The entire 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 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, if applicable? N/A

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? AT IT, MGT, and US Sprint.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly²? Applicant will bill customer directly.

¹ 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.

² 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 intends to market services in Tennessee through inhouse marketing agents.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. Applicant will obtain written authorization from customer to switch service and will verify with customer orally and in writing before Applicant switches service.
- 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 ☒ 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 ☒ No ☐

Part II: Organization Structure

A. Type of Organization

☐ Individual ☒ 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

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)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 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.

TelQuest Communications, Inc d/b/a

Advantage Plus

Company Name

9/28/98

Date

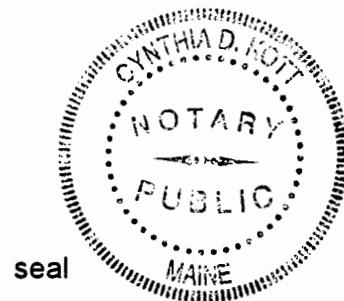
Allison Kauras, Regulatory Consultant

Company Official

Title

Subscribed and sworn
before me this 9th day
of Oct, 1998

Cynthia D. Kott
Notary Public



MY COMMISSION EXPIRES 8/27/2005

**RESTATED
ARTICLES OF INCORPORATION**

A490307

ENDORSED-FILED
In the office of the Secretary of State
of the State of California

MAR 31 1997

The undersigned certify that:

BILL JONES, Secretary of State

They are the President and the Secretary, respectively, of American Consumer Counseling Service, Inc., a California corporation. Corporation No. 1778686.

The Articles of Incorporation of this corporation are amended and restated to read as follows:

ARTICLE I

The name of this corporation is TelQuest Communications, Inc.

ARTICLE II

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

ARTICLE III

The name and address in the State of California of this corporation's initial agent for service of process is: Mark Ellis at 5500 Bolsa Avenue, Suite 205, Huntington Beach, CA 92649.

ARTICLE IV

The corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 25,000.

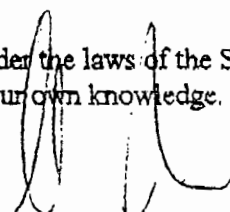
This corporation has no assets.

The foregoing amendment and restatement of Articles of Incorporation has been duly approved by the board of directors.

This corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 3/21/97


Mark Ellis, President


Gabrielle Ellis, Secretary



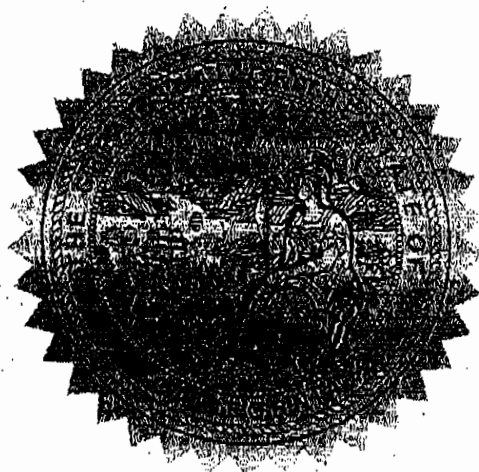
SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

APR 10 1997



Bill Jones

Secretary of State

10/02/98 14:14 2615 329 3343

THE SEARCH IS ON *** UCC FILING

0003/006

**Secretary of State
Corporations Section**

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 10/02/98
REQUEST NUMBER: 3569-1110
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 10/02/98 0917
EFFECTIVE DATE/TIME:
CONTROL NUMBER: 0358411

TO:
TSIO
PO BOX 120598
NASHVILLE, TN 37212

RE:
ADVANTAGE PLUS
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE
NAME

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME
REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS
INDICATED ABOVE.

THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO
(2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5)
YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE ON DATE: 10/02/98
NAME

FROM:
TSIO (BOX 120598)
P. O. BOX 120598

NASHVILLE, TN 37212-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00022370492
ACCOUNT NUMBER: 000000492



Riley C. Darnell
RILEY C. DARNELL
SECRETARY OF STATE