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LAW OFFICES OF  
MEYER, CAPEL, HIRSCHFELD, MUNCY, JAHN & ALDEEN, P.C.

217/352-1800  
FAX: 217/352-1083  
<http://www.meyercapel.com>

MATT C. DEERING  
Email: [mdeering@meyercapel.com](mailto:mdeering@meyercapel.com)

TN REGULATORY AUTHORITY

OF COUNSEL  
AUGUST C. MEYER, JR.  
RICHARD J. WINKEL, JR.  
JOHN H. McCORD

JAMES L. CAPEL, JR. (1933-1991)

March 2, 1999

Via Federal Express

Tennessee Regulatory Authority  
Attention: Telecommunications Division  
460 James Robertson Parkway  
Nashville, Tennessee 37243

**Re: Application for Certificate to Provide Operator Services and/or  
Resell Telecommunication Services in Tennessee**

Gentlemen:

Enclosed for filing with the Tennessee Regulatory Authority please find the above referenced Application and a check in the amount of \$50.00 to cover the applicable filing fee. Please file stamp the extra copy of this letter and return it to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. If you have any questions or require anything further with regards to this Application please contact me directly at the phone number or the address listed above.

Sincerely,

Matt C. Deering

MCD/bf  
Enclosure  
cc: Ms. Alice Miliron

VOUCHER NO. 77-124294  
OFF # 066722 SEC 281.03  
AMT. 50.00  
DEPT. 3/4/99

Assoc.  
Network  
Partners.



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Sincerely,

Matt C. Deering

MCD/bf  
Enclosure  
cc: Ms. Alice Miliron

<K 066722

99.00154

128378

Resell  
App.  
Folder

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. AL, CA, CO, IN, MO, ND, NE, NV, NY, OH, OR, PA, SD, UT

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. 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. NONE

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. The State of Tennessee

J. What type of customers will the applicant serve?  
a. Business             
b. Residential             
c. Aggregators             
    (e.g. Hotels, Payphones)  
d. Other (specify) please see Appendix A(i)

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. to be determined by Participants (see Appendix A(i))

L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes            No            Unknown           

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

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? IXC, Worldcomm

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? ANPI does not bill end user customers. Please see Appendix A(ii)

<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 applicant plans to market their service in Tennessee? If an independent telemarketer is going to be used, state company name and address.  
ANPI is a pure wholesale provider. ANPI's marketing focus is limited to potential participants. ANPI does not market its products and services to any end user customers. Marketing to end user customers is the responsibility of ANPI's wholesale customers.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. NA
- 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                      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

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>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 IV: 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.

Associated Network Partners, Inc.

Company Name

Date

John C. Meyer President  
Company Official Title

Subscribed and sworn  
before me this 1 day  
of February, 1999

Matt Deering  
Notary Public



seal

<u>Reseller Name</u>	<u>Address</u>	<u>Contact Person</u>
West Kentucky Networks, Inc.	237 North 8th Street Mayfield, KY 42066	Trevor Bonnstetter General Manager

## Appendix A

(i) Associated Network Partners, Inc. ("ANPI") is a switchless, non facilities-based resale interexchange carrier. ANPI purchases interexchange telecommunications services and related alternative operator services platforms from underlying facilities-based carriers and resells such services to its Participant companies. The services ANPI will purchase and resell to its Participants include: 1+ intrastate and interstate switched access toll; international direct dialed message telecommunications; operator assisted calling (including any long distance operator calls generated with the 0+, 01+ or 00- dialing pattern); intrastate and interstate inbound toll free service (800/888 dialed traffic); and domestic (interstate and intrastate) and international calling card.

ANPI's Participants are independent local exchange carriers or affiliates of independent local exchange carriers. **ANPI does not offer any services directly to the public.** ANPI is able to purchase a greater bulk and variety of services from underlying facilities-based carriers than any of its Participants are able to purchase individually. As a result of its bulk buying power, ANPI is also able to receive a wider array of competitively priced services from underlying facilities-based carriers than its Participants are able to receive individually. ANPI passes whatever benefits it receives from underlying carriers through to its Participants, thus enabling the Participants in turn to offer a wider array of competitively priced services to their end-user customers.

(ii) ANPI will bill its Participant customers directly. ANPI's Participants have the responsibility of billing their end-user customers. ANPI takes no part in the Participants' decision as to whether to utilize the local exchange company's billing system or to bill end-user customers directly.

File Number 5851-930-8

95R20729

DOC # \_\_\_\_\_  
CHAMPAIGN COUNTY, ILL

2335-0383

'95 SEP 27 PM 2 21

*Donald J. Gubler*

RECORDER

# State of Illinois

## Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF  
ASSOCIATED NETWORK PARTNERS, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 21ST day of SEPTEMBER A.D. 19 95 and of the Independence of the United States the two hundred and 20TH .



*George H. Ryan*

Secretary of State



**Secretary of State  
Corporations Section**

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

DATE: 11/24/98  
REQUEST NUMBER: 3584-2670  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 11/24/98 1102  
EFFECTIVE DATE/TIME: 11/24/98 1102  
CONTROL NUMBER: 0361147

TO:  
ASSOCIATES NETWORK PARTNERS INC  
2060 W ISLES  
STE S  
SPRINGFIELD, IL 62704

RE:  
ASSOCIATED NETWORK PARTNERS, INC.  
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: 11/24/98

FROM:  
C T CORPORATION SYSTEM (CHICAGO, IL.)  
208 S LASALLE ST  
CHICAGO, IL 60604-0000

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

RECEIPT NUMBER: 00002389527  
ACCOUNT NUMBER: 00000592



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

FILED

ASSOCIATED NETWORK PARTNERS, INC.

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is ASSOCIATED NETWORK PARTNERS, INC.

If different, the name under which the certificate of authority is to be obtained is \_\_\_\_\_

[NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. If obtaining a certificate of authority under an assumed corporate name, an application must be filed pursuant to Section 48-14-101(d).]

2. The state or country under whose law it is incorporated is Illinois3. The date of its incorporation is September 21, 1995 (must be month, day, and year), and the period of duration, if other than perpetual, is \_\_\_\_\_

4. The complete street address (including zip code) of its principal office is \_\_\_\_\_

2060 West Isles, Suite A, Springfield, Illinois 62704

Street	City	State/Country	Zip Code
--------	------	---------------	----------

5. The complete street address (including the county and the zip code) of its registered office in this state is

c/o C T Corporation System, 530 Gay Street, Knoxville, Tennessee, County of Knox 37902

Street	City/State	County	Zip Code
--------	------------	--------	----------

The name of its registered agent at that office is

C T Corporation System

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

See attached list of officers

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)

See attached list of directors

8. The corporation is a corporation for profit.

9. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is

N/A, 19\_\_\_\_ (date), \_\_\_\_\_ (time).

[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]

[NOTE: This document must be accompanied by a certificate of existence (or a document of similar import) duly

File Number 5851-930-8

STATE OF ILLINOIS  
OFFICE OF  
THE SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

*I, George H. Ryan, Secretary of State of the State of Illinois,*

*do hereby certify that*

ASSOCIATED NETWORK PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 21, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

**In Testimony Whereof,** *I hereto set*  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois this* \_\_\_\_\_ *18TH*  
*day of* \_\_\_\_\_ *NOVEMBER* *A.D. 19* *98*



*George H. Ryan*  
\_\_\_\_\_  
SECRETARY OF STATE