

Company ID: 128334
Universal Telecom, Inc.
210 South First Street, Suite-A
LaGrange, KY 40031

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN

May 4, 1999

IN RE: CASE NUMBER: 99-00237

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 May 4, 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.

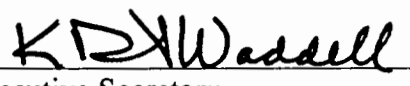
IT IS THEREFORE ORDERED:

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 Park
Nashville, Tennessee 37243-01

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 Universal Telecom, Inc.
Address 210 South First Street, Suite-A City LaGrange
State KY Zip Code 40031 Phone No. (502) 222-4503

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
David Wigginton	210 S. 1st St., Ste-A	LaGrange	KY	40031
Robert Freeland	210 S. 1st St., Ste-A	LaGrange	KY	40031

C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.
Robert S. Freeland (502) 222-4503 (502) 222-4594
Name Phone No. Fax No.

Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.
David W. Wigginton (502) 222-4503 (502) 222-4594
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. (888) 788-7978

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) _____

VOUCHER NO. 27-124525
C# 5024 SFC. 281.03
AMT. REC. 50.00
DEPOSIT DATE 4/1/99

(To be filled out by TRA)
Company ID Number _____
Date Approved _____
Evaluator _____

128334

95-00237

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. 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. _____
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.

Entire State

J. What type of customers will the applicant serve?

a. Business _____

b. Residential xx

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 x

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? _____
Local Telephone Service

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly²? Billing Customers 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.

Through existing merchants already in Tennessee.

- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. N/A
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- 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 XX 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.

Universal Telecom, Inc. 3-8-99
Company Name Date

David W. Wiggint President
Company Official Title

Subscribed and sworn
before me this 8th day
of MARCH, 1999

Carol Quinn
Notary Public
My Commission expires
3-1-2003

seal

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 03/03/99
REQUEST NUMBER: 3639-0204
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 03/03/99 1005
EFFECTIVE DATE/TIME: 03/03/99 1005
CONTROL NUMBER: 0366867

TO:
UNIVERSAL TELECOM, INC
210 SOUTH FIRST ST

LAGRANGE, KY 40031

RE:
UNIVERSAL TELECOM, 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: 03/03/99

FROM:
UNIVERSAL TELECOM INC
210 SOUTH FIRST ST
LAGRANGE, KY 40031-0000

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

RECEIPT NUMBER: 00002444951
ACCOUNT NUMBER: 00305588



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

FILED

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

UNIVERSAL TELECOM, INC.

To the Secretary of State of the State of Tennessee:

99 MAR -3 AM 10:05

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 Universal Telecom, Inc.

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

[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) with an additional \$20.00 fee.]

2. The state or country under whose law it is incorporated is Kentucky

3. The date of its incorporation is February 18, 1999 (must be month, day, and year), and the period of duration, if other than perpetual, is Perpetual

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

<u>210 South First St.</u>	<u>LaGrange</u>	<u>Kentucky</u>	<u>40031</u>
Street	City	State/Country	Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee and the name of its registered agent is CT Corporation System

<u>530 Gray St.</u>	<u>Knoxville</u>	<u>Tennessee</u>	<u>37902</u>
Street	City	County	Zip Code

CT Corporation System

Registered Agent

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.) David Wigginton (Pres.) 210 South First St., LaGrange, KY 40031
Robert Freeland (V.P./Sec.) 210 South First St., LaGrange, KY 40031

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

Same as #6 above

8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) N/A

9. The corporation is a corporation for profit.

10. 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



John Y. Brown III
Secretary of State
Certificate of Existence

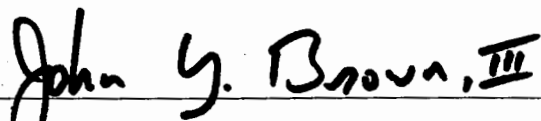
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

UNIVERSAL TELECOM, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is February 18, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of February, 1999.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
llawrence/0469623