

Company ID: 00128338

Chattanooga Metropolitan Airport Authority  
1001 Airport Road, Suite 14  
Chattanooga, TN 37421

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN

August 10, 1999

IN RE: CASE NUMBER: 99-00264

Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

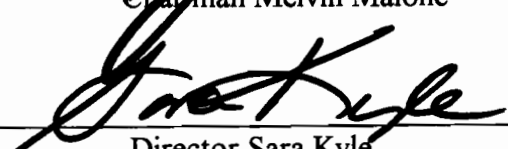
---ORDER---

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 August 10, 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 Melvin Malone

  
Director Sara Kyle

ATTEST:

  
Executive Secretary

  
Director Lynn Greer

# TENNESSEE REGULATORY AUTHORITY

CK# 020857  
\$50.00

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]

**RECEIVED**  
ADMINISTRATIVE

APR 15 1999

### SECTION A

#### Part 1: General Information

TN REGULATORY AUTHORITY

A. Name of Applicant Chattanooga Metropolitan Airport Authority  
Address 1001 Airport Road, Suite 14 City Chattanooga  
State TN Zip Code 37421 Phone No. (423) 855 - 2203

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
H. Hugh Davis	1001 Airport Rd. Ste 14, Chatta	TN		37421
Deborah Gregory	Same as above			

C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.  
Deborah D. Gregory (x203) (423) 855 - 2203 (423) 855 - 2212  
Name Phone No. Fax No.

Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

\_\_\_\_\_  
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. (423) 855-2206

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) \_\_\_\_\_

VOL 977-184647  
CK# 020857 281.03  
FEE 50.00  
DATE 4/16/99

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

128338  
99-00264

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. 168.

Resale App.  
Filer

# TENNESSEE REGULATORY AUTHORITY

CK# 02085 /  
\$ 50.00

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]

**RECEIVED**  
ADMINISTRATIVE

APR 15 1999

### SECTION A

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A. Name of Applicant Chattanooga Metropolitan Airport Authority  
Address 1001 Airport Road, Suite 14 City Chattanooga  
State TN Zip Code 37421 Phone No. (423) 855 - 2203

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NAME	ADDRESS	CITY	STATE	ZIP CODE
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☒ 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. 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.  
Not Applicable

G. List the state(s) that the applicant is authorized to operate in at this time. \_\_\_\_\_

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.  
Not Applicable

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.  
Not Applicable

I. Areas in Tennessee to be served.  
Outbound and inbound long distance calls at Chattanooga Airport

J. What type of customers will the applicant serve?

a. Business ☒

b. Residential \_\_\_\_\_

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 PIF imposed

L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes ☒ 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 II<sup>1</sup>.

N. What is the applicant's 10XXX or 800 access code, if applicable? Not Applicable

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&T long distance services

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? The Chattanooga Airport Authority will be billing the resident (airline, rental car, travel agent, and concession) customers directly  
Please note that we will not mandate that these customers use the long distance service resold by the Airport Authority.

<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.  
 The marketing approach to be used will be face-to-face meetings with the resident (airline, rental car, travel agent, and concession) customers.  
 No telemarketing will be used.
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. Not applicable
- 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  
       Partnership                  X Other (Explain on separate sheet) Airport Authority

### 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 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.

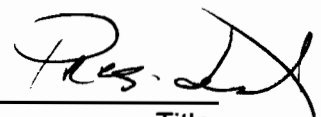
April 13, 1999

Chattanooga Metro Airport Authority

Company Name

Date



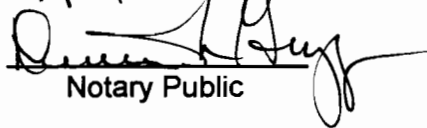


Company Official

Title

Executive Director

Subscribed and sworn  
before me this 12 day  
of April, 19 99

  
Notary Public

My Commission Expires Jan. 14, 2001

seal

# TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN  
STEVE HEWLETT, COMMISSIONER  
SARA KYLE, COMMISSIONER

PAUL ALLEN, EXECUTIVE DIRECTOR



## APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

### SECTION A

#### Part 1: General Information

A. Name of Applicant NOSVA, Limited Partnership  
Address 6701 Democracy Blvd., Suite 811, Bethesda  
State MD Zip Code 20817 Phone No. (800) 772-4667

B. Owner, Partners, or Corporate Officer See Exhibit 1

NAME	ADDRESS	CITY	STATE	ZIP CODE
	See Exhibit 1			

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday. See Exhibit 2  
Mike Arnau (800) 772-4667 (301) 564-5580  
Name Tennessee 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. 1-800-772-4667

E. Check the type of telecommunication services you plan to provide in Tennessee.

☒ Resell Interexchange long distance services

☐ Operator Services

☐ Other (describe below) \_\_\_\_\_

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) you are authorized to operate in at this time. See Exhibit 3

(To be filled out by PSC) **93-3301**  
Company ID Number **115906**  
Date Approved \_\_\_\_\_  
Evaluator \_\_\_\_\_

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615) 741-3939.

H. List any states that you have been denied authority to provide service.

None

I. Areas in Tennessee to be served.

All areas in Tennessee

J. What type of customers will the company serve?

a. Business x

b. Residential x

c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Payphones)

d. Other (specify) \_\_\_\_\_

K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your 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 II<sup>1</sup>.

N. What is the applicant's 10XXX or 800 access code? See Exhibit 4

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 will the applicant be reselling? WilTel, Inc.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct<sup>2</sup>? See Exhibit 5

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.

See Exhibit 6

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. See Exhibit 6

<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 direct.



- 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 Commission 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)  
(Limited)

### B. If partnership and/or Non-resident See Exhibit 7

- (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 See Exhibit 8

- 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 Not 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 V: Rule Compliance Agreement

- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
  - Understands the penalties for non-compliance, and all associated fees to provide such service.
  - Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission 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.

NOSVA Limited Partnership 8/2/95  
Company Name Date

Michael M. Allen President 8/2/95  
Company Official Title

Subscribed and sworn  
before me this 2nd day  
of Aug. 1995

Rachelle J. LeBaron  
Notary Public

RACHELLE J. LE BARON  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires July 7, 1998

seal

**Secretary of State**

**Corporations Section**

**James K. Polk Building, Suite 1800**

**Nashville, Tennessee 37243-0306**

DATE: 10/27/95  
REQUEST NUMBER: 3070-1604  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 10/27/95 1124  
EFFECTIVE DATE/TIME: 10/27/95 1124  
CONTROL NUMBER: 0302260

TO:  
HELEIN AND ASSOCIATES  
% JANE HELEIN  
8180 GREENSBORO DR  
MCLEAN, VA 22102

RE:  
NOSVA LIMITED PARTNERSHIP  
APPLICATION FOR REGISTRATION OF FOREIGN  
LIMITED PARTNERSHIP

WELCOME TO THE STATE OF TENNESSEE. THE CERTIFICATE OF REGISTRATION  
FOR THE ATTACHED LIMITED PARTNERSHIP HAS BEEN FILED WITH AN EFFECTIVE DATE  
AS INDICATED ABOVE.

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

-----  
FOR: APPLICATION FOR REGISTRATION OF FOREIGN  
LIMITED PARTNERSHIP

FROM:  
NOS COMMUNICATIONS  
SUITE 811  
6701 DEMOCRACY BLVD.  
BETHESDA, MD 20817-0000

RECEIVED  
CONSUMER SERVICES DIV.  
NOV 07 1995  
TN PUBLIC SERVICE COMM.



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 10/27/95

REQUEST NUMBER: 3070-1604

TELEPHONE CONTACT: (615) 741-0537

CONTROL NUMBER: 0302260

### NOSVA LIMITED PARTNERSHIP

ACCOUNT NUMBER	RECEIPT NUMBER	DATE RECEIVED	FEE AMOUNTS	
00218733	00001863682	10/27/95	\$400.00	\$0.00
	00001820335	06/23/95	\$300.00	\$0.00

TOTAL PAYMENTS: \$700.00



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

# STATE OF MARYLAND

95 JUL 11 AM 11:58

1995 OCT 27 AM 11:25

RECEIVED  
STATE OF MARYLAND  
95 JUL 23 PM 2:14

SECRETARY OF STATE

SECRETARY OF STATE

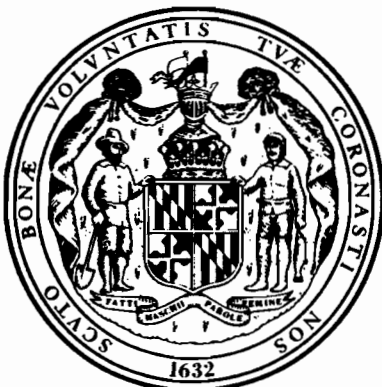
RILEY DARNELL  
SECRETARY OF STATE

## DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO CERTIFICATES OF LIMITED PARTNERSHIP OR THE RIGHT OF LIMITED PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NOSVA LIMITED PARTNERSHIP IS A LIMITED PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND AND THAT SAID LIMITED PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 20TH DAY OF JUNE, 1995.

*Nancy Grueninger*  
NANCY GRUENINGER  
ADMINISTRATIVE OFFICER

## APPLICATION FOR REGISTRATION OF FOREIGN LIMITED PARTNERSHIP FOR

NOSVA Limited Partnership

Pursuant to the provisions of the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-902, the undersigned foreign limited partnership submits the following application for registration:

1. The name of the foreign limited partnership is:

NOSVA Limited Partnership

[NOTE: Pursuant to Tennessee Revised Uniform Limited Partnership Act, Section 61-2-904(a), each foreign limited partnership name must include the words "Limited Partnership" or the abbreviation "L.P.".]

2. The name under which the foreign limited partnership proposes to register and transact business in the State of Tennessee, if different than listed in No. 1, is:

Same as above.

3. This limited partnership was formed under the laws of the State/Country of Maryland / U.S.A.

and the effective date of formation was 02/19/93

4. The above-named foreign limited partnership validly exists as a limited partnership under the laws of the jurisdiction of its organization as of the date of this filing.

5. The complete address of the registered office in Tennessee is:

306 Gay Street, Suite 200, Nashville, TN 37201,

Street City/State County Zip Code

6. The name of the registered agent, to be located at the address in No. 5, is:

Corporation Service Company

7. The complete address of the principal office is:

6701 Democracy Blvd., Suite 811, Bethesda, MD 20817

Street City State/Country Zip Code

8. The general nature of the business to be conducted or promoted in the State of Tennessee is: The resale

of long distance telecommunication services.

9. The name and complete address of each general partner is:

NOS Communications of Virginia, Inc., 6701 Democracy Blvd.,

Name Address Zip Code

Suite 811, Bethesda, MD 20817

Name Address Zip Code

[ ] Additional general partner(s) is/are listed on the attached \_\_\_\_\_ (number of) page(s) which is/are fully incorporated herein by reference. (Check and complete if applicable.)

10. The date on which the foreign limited partnership first did, or intends to do business in the State of Tennessee was/is:

June 1, 1993

(must be month, day and year)

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

\_\_\_\_\_, 19\_\_\_\_ (date), \_\_\_\_\_ (time).

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

[NOTE: A certificate of existence (or a document of similar import) duly authenticated by the Secretary of State of