Company ID: 00128341

I-Net Communications, Inc. 3027 Vanguard Drive Memphis, TN 38131

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN
August 10, 1999

IN RE: CASE NUMBER: 99-00267

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:

- 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.
- 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.

Chairann Melvin Malone

Director Sara Kyle

irector Lynn

ATTEST:

**Executive Secretary** 

## 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 TENNESSEI

RECEIVED
ADMINISTRATIVE

| TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-257] |                  |   |                            | ADMINISTRATIVE       |                                |             |
|---|------------------|---|----------------------------|----------------------|--------------------------------|-------------|
|   |                  | Si  | ECTION A                   |                      | APR 1 3                        | 1999        |
| Part 1  | : General Inform | <u>mation</u>                                 |                            |                      | THE DECLE ATORY                | UTUODITY    |
| Α.  | Name of Annii    | cant I-Net                                    | ( 0                        | ٠                    | TN REGULATORY                  | NU I HURITY |
| Α.  |                  | 27 VAnguard                                   |                            | City                 | <u> </u>                       | d/S         |
|   | State TN         |   | Phone No. (9%) 3           |                      | 5                              |             |
|   | _                |   |                            |                      | •                              |             |
| B.  | Owner, Partne    | rs, or Corporate Office                       | er                         |                      |                                |             |
|   | NAME             | ADDRESS                                       | CITY                       | STATE                | ZIP CODE                       | ]           |
| Chan  | rles Banks       | 3027 VANGUARD                                 | Memphis                    | TN                   | 38131                          |             |
| Rosi  | e Fowler-Howard  |   | Memphis                    | TN                   | 38131                          |             |
| <u> </u>  |                  |   | ,                          |                      |                                |             |
|   |                  |   | <u> </u>                   | <u>i</u> l           |                                |             |
| C.  | Authority inqui  |   | •                          | through              |                                | _           |
|   |                  | phone number of con                           |                            |                      | ond to                         |             |
|   |                  | ries regarding this filin                     |                            | iday.                | 991) 345- 8513                 |             |
|   | R M B            |   | n) 3√5- 793 €<br>Phone No. | (                    | Fax No.                        | _           |
|   | Name             |   | riione No.                 |                      | t ax No.                       |             |
| D.  |                  | telephone number that<br>refunds or adjustmen |                            |                      | service problems               |             |
| E.  | •                | al services<br><sup>cribe)</sup>              | ice services               |                      | in Tennessee.                  |             |
|   |                  | <b>c</b> 1107                                 | CRC. 481.03                | /To bo fil           | lod out by TBA)                | 12034       |
|   |                  | AMT. REC.                                     | 30.                        |                      | led out by TRA)<br>y ID Number | -07         |
|   |                  | DEPOSIT DA                                    | ate <u>4//4/99</u>         | Date App<br>Evaluato | proved                         | 12834       |

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.  |  |  |  |  |  |
|    | 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.                     |  |  |  |  |  |
| 1. | Areas in Tennessee to be served.  All areas of Tennessee  |  |  |  |  |  |
| J. | What type of customers will the applicant serve?  a. Business ソセン  b. Residential ソセン  c. Aggregators NO  (e.g. Hotels, Payphones)  d. Other (specify) Resellers                                |  |  |  |  |  |
| 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.  |  |  |  |  |  |
| 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, if applicable?N/A   |  |  |  |  |  |
| Ο. | Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?N_0  |  |  |  |  |  |
| P. | What facility-based network(s) will the applicant be reselling?   |  |  |  |  |  |
| Q. | Will the applicant be utilizing the local telephone company's billing system or billing customers directly <sup>2</sup> ? Local telephone company's billing system                              |  |  |  |  |  |

<sup>&</sup>lt;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 company plans to market the telecommunication  |  |  |  |  |  |
|              | Services using A SALES FORCE, Ads, And independent   |  |  |  |  |  |
|              | Contractors  |  |  |  |  |  |
|              |  |  |  |  |  |  |
|              |  |  |  |  |  |  |
| S.           | Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. The company or representative  |  |  |  |  |  |
|              | A change order form And the company verify submitted   |  |  |  |  |  |
|              | information.   |  |  |  |  |  |
| Т.           | 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   |  |  |  |  |  |
| Α.           | Type of Organization   |  |  |  |  |  |
|              | _IndividualX_Corporation   |  |  |  |  |  |
|              | Other (Explain on separate sheet)  |  |  |  |  |  |
| В.           | <ul> <li>If partnership and/or Non-resident</li> <li>(1) Attach a copy of Articles of Incorporation and current by-laws.</li> <li>(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.</li> </ul>                    |  |  |  |  |  |
| Part III     | : Financial Information  |  |  |  |  |  |
| Α.           | 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 I\      | : Display Card   |  |  |  |  |  |
| which inform | icable, attach a copy of the display card to be placed on the aggregators telephone shows what operator services are to be provided. The card must contain all required ation listed in the attached Rule (1220-4-257, B) <sup>3</sup> , which includes a toll-free number mers can call for service problems and refunds. |  |  |  |  |  |

<sup>&</sup>lt;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.

I-Net Communications, /Nc 4/5/99
Company Name Date

Chamber 1

Title

Subscribed and sworn before me this 514 day

Notary Public

seal

My Commission Expires June 10, 2000

### Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

DATE: 03/26/99 REQUEST NUMBER: 3657-0479 TELEPHONE CONTACT: (615) 741-2286 FILE DATE/TIME: 03/26/99 1453 EFFECTIVE DATE/TIME: 03/26/99 1453 CONTROL NUMBER: 0368316

TO. RODERICK M BLOUNT PO BOX 3010 MEMPHIS, TN 38173

I-NET COMMUNICATIONS, INC CHARTER - FOR PROFIT

CONGRATULATIONS UPON THE INCORPORATION OF THE ABOVE ENTITY IN THE STATE OF TENNESSEE, WHICH IS EFFECTIVE AS INDICATED.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH THE WRITTEN NOTIFICATION. 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 ADMINISTRATIVE DISSOLUTION ADMINISTRATIVE DISSOLUTION.

VHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

OR: CHARTER - FOR PROFIT

ON DATE: 03/26/99

ROM: ODERICK M BLOUNT 502 PINEGATE DRIVE

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$0.00

EMPHIS, TN 38125-0000

RECEIPT NUMBER: 00002465403 ACCOUNT NUMBER: 00151303

FEES

\$100.00

RILEY C. DARNELL SECRETARY OF STATE

