Company ID: 00128369

Navigator Telecommunications, LLC

212 Center Street, Suite 500 Little Rock, AR 72201

BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

August 24, 1999

IN RE: CASE NUMBER: 99-00412

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 24, 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.

airman Melvin Malone

Director Sara Kyle

ATTEST:

Executive Secretary

Director Lynn Greer

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 Infor	mation						
Α.	A. Name of Applicant NAVIGATOR TELECOMMUNICATIONS, LLC. Address ZIZ CENTER STREET, SUITE 500 City LITTLE Rock							
	State_ <i>AR</i>	Zip Code 72201						
В.	Owner, Partne	ers, or Corporate Office	er					
	NAME	ADDRESS	CITY	STATE	ZIP CODE			
Louis	F.M. Alister Ja.	212 CENTER ST., SUITE ST	D LITTLE ROCK	AR	72201			
	N L. PARR	212 CENTER ST. , SUITE 500	Little Rock	AK	72201			
TRAVIS	L PARR	3097 Hillwan RD. WEST	ROCHESTER HILLS	MI	48306			
DANGEL	L A. MARGOLIS	212 CONTER ST., SUITE SO	LITTLE ROCK	AR.	72201			
Name Phone No. Fax No. Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday. MICHAEL MCALIETER (501) 301 - (600 (501) 301 - (602								
	Name	77275747	Phone No.	(501) <u>301 - /602</u> Fax No.			
D. E.	List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 181 - 662 - 8835							
	Resell local services							
Other (describe) 99.00 VOUCHER NO. 277-124658								
	C _i	4402 SRC. 28 MT. REC. 50 ac	1.03 1.03	(To be f Compar Date Ap	filled out by TRA)/28369			
	DI	EPOSIT DATE <u>4/19</u>	<u> </u>	•	or			
Mail th	e completed app	olication and a check for	r \$50.00 to: Tennes	see Regula	atory Authority, P.O. Box			

198907, Nashville, TN 37219-8907. Should you have any questions, call (615)741-7489, ext. 163.

Q.	Will the applicant be utilizing the local telephone company's billing system or billing customers directly ² ? <u>Applicant with BILL ITS CUSTOMERS DIRECTLY</u> . <u>A SAMP</u> LE BILL IS ATTACHED AS *EXHIBIT 1."
P.	What facility-based network(s) will the applicant be reselling? Bout South and Speint
Ο.	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No.
N.	What is the applicant's 10XXX or 800 access code, if applicable? NOT APPLICABLE.
М.	Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II ¹ .
L.	Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? YesNo
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
J.	What type of customers will the applicant serve? a. Business b. Residential c. Aggregators (e.g. Hotels, Payphones) d. Other (specify)
1.	Areas in Tennessee to be served. LOCAL SERVICE - AREAS CURRENTLY SERVED BY BELLSOUTH AND SPRINT; LONG DISTANCE - STATEWIDE
	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. Applicant HAS NO AFFILIATES.
H.	List any states that the applicant has been denied authority to provide service. No STATES HAVE DENIED APPLICANT 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. APPLICANT HAS NO AFFILIATES.
	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. There HAVE BEEN NO COMPLAINTS FILED.
G.	List the state(s) that the applicant is authorized to operate in at this time. <u>ARKANSAS, TEXAS</u> , MISSOURI, KANSAS, KENTHUKY, FLORIDA, MICHIGAN
r.	reseller carriers you serve in Tennessee. Provide the above information on Appendix I.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

²A 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 sources in Tennessee? If an independent telemarketer is going to be used, state company name and address.					
	APPLICANT WILL NOT ENGAGE IN ANY TELEMARKSTING. ALL SALES WILL THROUGH AGENTS OR DIRECT SALES THROUGH CUSTOMER CALL-INS.					
S.	Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable. <u>ApplicaNT WILL RECEISE THE REQUEST</u> FROM A LONG DISTANCE CARRIER, APPLICANT WILL CALL THE END					
	USER TO VERIFY THE REQUEST TO CHANGE TO ASSURE THAT THE REQUEST IS BENUINE.					
	MARYEST IS BENDING.					
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 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. YesNo					
Part	II: Organization Structure					
Α.	Type of Organization					
	IndividualCorporation					
	Partnership Other (Explain on separate sheet) See ATTACHED EXHIBIT 2"					
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					
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	IV: Display Card					
•	plicable, attach a copy of the display card to be placed on the aggregators telephone					

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.

NAVIBATOR TELECOMMUNICATIONS, LLC. 4/

Company Name

Date

Company Official

Title

LOUIS F. MªALISTER, JR.

Subscribed and sworn before me this 1/2 day

Ulur Yllaum Notary Public NOTA AV NOTA AV SEAT O'BLIC 13-2001 AV



STATE OF ARKANSAS



Sharon Priest SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Sharon Priest, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

ARTICLES OF ORGANIZATION

OF

NAVIGATOR TELECOMMUNICATIONS, LLC.

ORIGINAL ARTICLES FILED:

September 9, 1997



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal.

Done at my office in the City of Little Rock, this 9th day of September 1997.

Sharon Priest Secretary of State



97 SEP -9 AMII: 14

Instructions: File in <u>DUPLICATE</u> with the Secretary of State, State Capitol, Little Rock Polyarkansas 72201-1094. A copy will be returned after filing has been completed.

PLEASE TYPE OR PRINT IN INK

State of Arkansas - Office of Secretary of State ARTICLES OF ORGANIZATION

The undersigned authorized manager or member or person forming this Limited Liability Company under the Small Business Entity Pass Through Act, Act 1993, adopt the following Articles of Organization of such Limited Liability Company.

First: The Name of the Limited Liability Company is:

Must contain the words "Limited Liability Company," "Limited Company," or the abbreviation "LLC.," "L.C.," "LLC," or "LC." The word "Limited" may be abbreviated as "Ltd.", and the Company may be abbreviated as "Co."

Companies which perform PROFESSIONAL SERVICE MUST additionally contain the words "Professional Limited Liability Company," Professional Limited Company," or the abbreviations "P.L.L.C.," "P.L.C.," "PLLC," or "PLC." The word "Limited may be abbreviated as "Ltd." and the word Company may be abbreviated as "Co."

Second: Address of registered office of the Limited Liability Company which may be, but not be, the place of business shall be:

11810 PLEASANT RIDGE ROAD, #601 LITTLE ROCK, ARKANSAS 72212

Third: The name of the registered agent and the business residence or mailing address of said agent shall be:

LOUIS F. McALISTER, JR 11810 PLEASANT RIDGE ROAD, #601 LITTLE ROCK, ARKANSAS 72212

STATE OF ARKANSAS



Sharon Priest

To All to Whom These Presents Shall Come, Greetings:

I, Sharon Priest, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

CERTIFICATE OF AMENDMENT

OF

NAVIGATOR TELECOMMUNICATIONS, LLC.

FILED IN THIS OFFICE.

November 12, 1997



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of November 1997.

Sharon Priest Secretary of State

CORPORATIONS DIVISION

Instructions: File in **DUPLICATE** with the Secretary of State, State Capitol, Little Rock, Arkansas 72201-1094. A copy will be returned after filing has been completed.

97 NOV 12 PM 12: 48

STATE OF ARKANSAS - OFFICE OF SECRETARY OF AMENDMENT TO THE ARTICLES OF ORGANIZATION ARKANSAS NAVIGATOR TELECOMMUNICATIONS, LEC-

The undersigned authorized manager or member or person forming this Limited Liability Company under the Small Business Entity Tax Pass Through Act, Act 1003 of 1993, adopt the following Amendment(s) to the Articles of Organization of Navigator Telecommunications, LLC:

FIFTH: The names and respective positions of the persons in whom management of this limited liability company is vested are:

> Stephen L. Parr Louis F. McAlister, Jr. Michael Kelly

Dan Margolis Kenrick L. LeDoux

Hilgrove Gordon

Chairman of the Board and Chief Financial Officer

President and Chief Executive Officer

Vice-President, Marketing and Business Development

Vice-President, Operations

Vice-President, Network Services

Sr. Technical Advisor

DATED:

President and Chief Executive Officer

ACKNOWLEDGMENT

THE STATE OF ARKANSAS)	
)	SS
COUNTY OF PULASKI)	

BEFORE ME, the undersigned authority, on this day personally appeared LOUIS F. MCALISTER, JR., and acknowledged to me that he has executed the foregoing Amendment to the Articles of Organization for the purpose therein expressed

day of November, 1997. SUBSCRIBED AND SWORN TO BEE

BLIC. STATE OF ARKANSAS

My Commission Expires: 9-18-04

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

DATE: 02/10/99
REQUEST NUMBER: 3627-0431
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 02/10/99 0952
EFFECTIVE DATE/TIME: 02/10/99 0952 CONTROL NUMBER: 0365613

TO: NAVIGATOR TELECOMMUNICATIONS LLC 212 CENTER ST SUITE 1100 LITTLE ROCK, AR 72201

RE: NAVIGATOR TELECOMMUNICATIONS, LLC APPLICATION FOR CERTIFICATE OF AUTHORITY -LIMITED LIABILITY COMPANY

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED LIMITED LIABILITY COMPANY CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

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

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY - LIMITED LIABILITY COMPANY

ON DATE: 02/10/99

RECEIVED:

FEES \$300.00

\$0.00

FROM:
NAVIGATOR TELECOMMUNICATIONS LLC
212 CENTER ST
SUITE 1100
AP 72201-0000

TOTAL PAYMENT RECEIVED:

\$300.00

LITTLE ROCK, AR 72201-0000

RECEIPT NUMBER: 00002432238 ACCOUNT NUMBER: 00303960



RILEY C. DARNELL SECRETARY OF STATE