

SPEEDY RECONNECT,INC
4400 TRENTON ST SUITE F
METAIRIE,LA 70006

RECEIVED

NOV 14 2006

TN REGULATORY AUTHORITY
UTILITIES DIVISION

TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE,TENNESSEE
37243-0505

DEAR MS FOUST:

THIS IS OUR NOTIFICATION THAT AS OF 10/31/2006 SPEEDY
RECONNECT,INC IS NO LONGER IN BUSINESS. WE DO NOT AND HAVE NOT
HAD ANY RESALE OF LOCAL SERVICES IN TENNESSEE.

ON FILE IS A LETTER OF CREDIT THAT WE NEED TO HAVE SENT BACK TO
OUR BANK TO CANCEL OUT. LETTER OF CREDIT SB-008917-SS. THE
MAILING ADDRESS IS:

CAPITOL ONE
NATIONAL ASSOCIATION
313 CARONDELET ST
NEW ORLEANS,LA 70130 ATTN: INTERNATIONAL DEPT

THIS HAS TO BE THE ORIGINAL THAT WAS SENT TO YOU.

IF ANY QUESTIONS, PLEASE CALL ME AT 504-628-5410

YOURS TRULY,


BARBARA CALLENDER

Company ID: 00128421
Speedy Reconnect, Inc.
3025 20th St.
S-A
Metairie, LA 70002

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN October 12, 1999

IN RE: CASE NUMBER: 99-00652

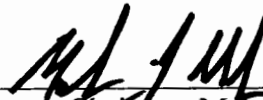
Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---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 October 12, 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.

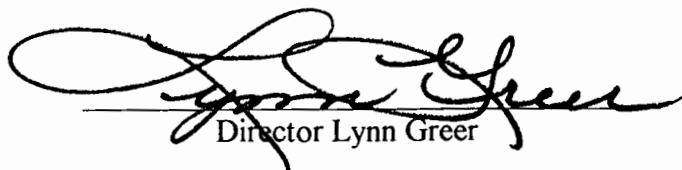


Chairman Melvin Malone



Director Sara Kyle

ATTEST:


Executive Secretary
Director Lynn Greer

BOULT
CUMMINGS
CONNERS
& BERRY
PLC

LAW OFFICES
414 UNION STREET, SUITE 1600
POST OFFICE BOX 198062
NASHVILLE, TENNESSEE 37219

Michael B. Bressman
(615) 252-2399
Fax: (615) 252-6399
Email: mbressma@bccb.com

TELEPHONE (615) 244-2582
FACSIMILE (615) 252-2380
INTERNET WEB <http://www.bccb.com/>

September 3, 1999

RECEIVED
ADMINISTRATIVE

SEP 03 1999

K. David Waddell
Executive Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

TN REGULATORY AUTHORITY

JR

Re: Application of Speedy Reconnect, Inc. for a Certificate to Provide Operator Services and/or Resell Telecommunication Services in Tennessee

Dear Mr. Waddell:

Enclosed for filing please find Speedy Reconnect, Inc.'s ("Speedy Reconnect") reseller application. Also enclosed is a check in the amount of \$50.00 to cover the filing fees.

Pursuant to TRA Rule 1220-1-1-.03(8), Speedy Reconnect is filing Attachments IV (Financial Information) and I-C (Officer, Director, and Key Shareholder Information) in a sealed envelope. These attachments contain confidential and proprietary information of Speedy Reconnect. Speedy Reconnect requests that this information not be disclosed to the public or to any of its competitors.

If you have any questions concerning Speedy Reconnect's application, please call me at 252-2399.

Very truly yours,

BOULT, CUMMINGS, CONNERS & BERRY, PLC



Michael B. Bressman

Enclosures

128421
(128421)
99-CC 652

VOUCHER # 777-083751
C# 520984 281.03
AMT 50.00
DATE 9/7/99

September 21, 1999

Mr. Michael B. Bressman
BOULT CUMMINGS CONNERS & BERRY PLC
414 Union Street, Suite 1600
Post Office Box 198062
Nashville, TN 37219

RE: Speedy Reconnect , Inc.

Dear Mr. Bressman:

After reviewing the above application, I have found that your application does not include all necessary information and cannot be processed at this time. We will begin the application's review once your filing contains all required information.

- 1) Tariff
- 2) Letter requesting waiver of Toll Dialing Parity Plan

It is requested that the above information be submitted by October 21, 1999. If there is a need for clarification, please contact me at 615/741-2904, ext. 167.

Sincerely,

Sharla Dillon
Administrative Services Assistant

**APPLICATION FOR CERTIFICATE
TO PROVIDE OPERATOR SERVICES AND/OR
RESELL
TELECOMMUNICATION SERVICES IN TENNESSEE
SECTION A**

Application is hereby made for a certificate of authority pursuant to Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

Part I : General Information

A. Name of Applicant Speedy Reconnect, Inc.
Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

Legal name of applicant, if different from above.

Tenn. Secretary of State Certificate of Authority ID 0375889

Federal Taxpayer ID Number 72-1409282

Social Security Number for Applicants
Applying as Individuals Not Applicable.

Any trade name(s), assumed name(s) or fictitious name(s) used by applicant:

Not Applicable.

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.

Address Not Applicable. City _____

State _____ Zip Code _____ Phone No. (____) ____-_____
(Use additional pages if necessary)

*****IMPORTANT INFORMATION*****

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.

THIS SECTION FOR TRA USE ONLY

Docket Number. _____

Company ID Number _____
Date Approved _____
Evaluator _____

128421
99-00652

B. Describe other businesses or business transactions, if any, at the same location as the principal business address: Speedy Payday Loans Inc.'s accounting office

also operates at the principal business address. It is a small, short-term loan company.

C. Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:

See Attachment I(C)

- (a) The proprietor, if the applicant is an individual;
- (b) Every member, if the applicant is a partnership;
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information)
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Information to be included:

NAME	TITLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
BUSINESS ADDRESS			PHONE No.
HOME ADDRESS			PHONE No.
EMPLOYMENT HISTORY			

Provide the above requested information on separate attachments.

D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity?
_____ Yes ☒ No If yes, please explain fully.

E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)?
_____ Yes ☒ No If yes, please explain fully.

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? _____ Yes ☒ No If yes, please explain fully

F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. (Use additional pages if necessary)
No.

G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome. (Use additional pages if necessary) No.

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?
_____ YES ☒ NO If yes, please explain fully.

H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

Sidney M. Cerami (504) 834 - 8885 (504) 834 - 8559
Name Phone No. Fax No.
(800) 618-0512 e-mail Address sidsmail@bellsouth.net

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

Karen Cerami (504) 834 - 8885 (504) 834 - 8559
Name Phone No. Fax No.
(800) 618-0512 e-mail Address karencer@bellsouth.net

I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

(800) 618-0512 (504) 834-8885
PHONE NUMBER ALTERNATE PHONE NUMBER
3025 20th Street, Suite A, Metairie, Louisiana 70002
ADDRESS CITY ST ZIPCODE

(J) Provide the name and address of the registered agent for service of process:

National Registered Agents, Inc.
1912 Hayes Street, Nashville, Tennessee 37203

(K) Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location: (use additional sheets if necessary) None.

Part II:

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

☐ Resell Interexchange long distance services
☐ Operator Services
☒ Resell local services
☐ Other (describe) _____

B. 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.

C. List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional pages if necessary.)
See Attachment II(C)

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) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.

D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)
None.

E. Areas in Tennessee to be served.
The entire State of Tennessee.

F. What type of customers will the applicant serve?
a. Business
b. Residential ☒
c. Aggregators
(e.g. Hotels, Payphones)
d. Other (specify)

G. 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

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

I. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II¹. Speedy Reconnect has provided an illustrative price list and plans to file a tariff in the future.

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

K. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the

- L What facility-based network(s) will the applicant be reselling? BellSouth
- M Will the applicant be utilizing the local telephone company's billing system or billing customers directly?² Speedy Reconnect will bill customers directly.
- N Describe briefly how the applicant plans to market their services in Tennessee?
Speedy Reconnect will market its services through television commercials,
direct mail, and store front advertising.
- O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.
No telemarketers will be used.
- | COMPANY NAME | CONTACT | ADDRESS | CITY | ST | ZIP | PHONE |
|--------------|---------|---------|------|----|-----|-------|
| COMPANY NAME | CONTACT | ADDRESS | CITY | ST | ZIP | PHONE |
| COMPANY NAME | CONTACT | ADDRESS | CITY | ST | ZIP | PHONE |
| COMPANY NAME | CONTACT | ADDRESS | CITY | ST | ZIP | PHONE |
- P Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, if applicable. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.
See Attachment II (P)
- Q 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
- R Applicant gives permission to the local telephone company to provide the Authority

applicant's request to be rejected.

²A copy of a bill is required if the applicant is going to bill the customer directly.

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 ☒ No ☐

Part III: Organization Structure

A. Applicant's organizational structure

☒ Corporation

☐ Publicly Traded Corporation

☐ Subsidiary of a Publicly Traded Corporation

☐ Limited Liability Corporation **Attach a copy of the articles of organization and operating agreement along with amendments.**

☐ Other Form of Corporation

List type ☐ C Corporation (Example S Corporation)
Attach a copy of the charter, bylaws and/or certificate of incorporation.

☐ Association **Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State**

☐ Joint Stock Association **Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State.**

☐ Trust **Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State.**

☐ Individual **Attach a copy of the Letter of Authorization from Tennessee Secretary of State**

SECTION (a)-(g) is to be completed if applicant is a Corporation Association or Trust

(a) The date and state of formation/incorporation: Louisiana-February 5, 1998

(1) Parent Company, if applicable None.

(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

(c) The date admitted into Tennessee, if a foreign corporation: August 20, 1999

(1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.
Privately-owned corporation with no parent company or subsidiaries.

- B. _____ Proprietorship
_____ Partnership

_____ Limited Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.

(a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.

(b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:
ATTACH ADDITIONAL PAGES AS NECESSARY

Employer Identification Number (E.I. N.) 72-1409282

A.	Address where business records are kept:		3025 20th Street, Suite A	
	Metairie, Louisiana	70002	street (504)	834-8559
	CITY	STATE	ZIP CODE	PHONE NUMBER

(1) Fiscal year end: Month December Day 31

(2) Date of most recent audited, unconsolidated financial statement of Applicant:
Not Applicable.

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(4) Period covered by financial statement attached: July 1998-July 1999

C. Does the applicant currently have an internal auditor and/or internal audit program? Yes.

If so, Name of internal auditor Sidney Cerami.

D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents. None.

Part VI: Rule Compliance Agreement

A. Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?

X Yes No

B. Do you understand the penalties for non-compliance, and all associated fees to provide such service? X Yes No

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.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

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),

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

For Individual and Partners:

Signature

Signature

PRINTED NAME

PRINTED NAME

Signature

Signature

PRINTED NAME

PRINTED NAME

For Corporations
and Other Organizations

Speedy Reconned, Inc.
(NAME OF CORPORATION)

BY:

Barbara B. Callender
SIGNATURE

Barbara B Callender
PRINTED NAME

Secretary
Title

ATTEST:

[Signature]
General Manager
Title

On this the 2nd day of Sept., 1999 before me, a Notary Public
Albert S. Derbes IV

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

[Signature]
Notary Public

seal **ALBERT J. DERBES, IV**
NOTARY PUBLIC, Jefferson Parish, LA
My Commission is for Life.