AMERICOM
COMMUNICATIONS

Calling the world home

4708 Roseville Rd., Suite 112
North Highlands, CA 95660
916.349.7500
916.349.3184 *fax*

September 14, 1999

Tennessee Regulatory Authority
P.O. Box 198907
Nashville, TN 37219-8907

Re: Application for Certificate of Public Convenience

To Whom It May Concern:

Attached you will find an original and one copy of the application for Certificate of Public Convenience and Necessity. This includes all necessary attachments. You will also find a check for $50.00 to cover the filing fee.

Sincerely,
AMERICOM COMMUNICATIONS

Azmeena Bhanji
Vice President

AB; jh

Attachments

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

ORIGINAL

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 SGA, 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 Control # 0376886

Federal Taxpayer ID Number 68-0411708

Social Security Number for Applicants Applying as Individuals n/a

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

AmeriCom Communications

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 4708 Roseville Road, #112 City North Highlands

State CA Zip Code 95660 Phone No. (916) 349-7500
(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.

99-00713

THIS SECTION FOR TRA USE ONLY

Docket Number.

Company ID Number 128434
Date Approved
Evaluator

VOUCHER NO. 277-083844
CK# 12113 SRC. 281.03
APP. REC. 50.00
DEPOSIT DATE 9/20/99

B. Describe other businesses or business transactions, if any, at the same location as the principal business address: (none)

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:

(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** __x__ **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** __x__ **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** __X__ **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)**

(not applicable)

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)**

(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 contendre to a felony in Tennessee or elsewhere?

_____YES __X__ 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.

Azmeena Bhanji	(916) 349-7500	(916) 349-3184
Name	Phone No.	Fax No.

(888) 447-4713 e-mail Address azmeenab@amrcom.com

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

Azmeena Bhanji	(916) 349-7500	(916) 349-3184
Name	Phone No.	Fax No.

(888) 447-4713 e-mail Address azmeenab@amrcom.com

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.

(888) 326-3742	(888) 447-4713		
PHONE NUMBER	ALTERNATE PHONE NUMBER		
4708 Roseville Road, #112	North Highlands,	CA	95660
ADDRESS	CITY	ST	ZIPCODE

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

Joseph Martin, Jr.

230 Fourth Avenue North, 3rd FL, Nashville, TN 37219

(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)

Part II:

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

_X_ Resell Interexchange long distance services
___ Operator Services
___ Resell local services
___ Other (describe)_____

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)**

(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 contendre to a felony in Tennessee or elsewhere?

_____YES __X_____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.

Azmeena Bhanji (916) 349-7500 (916) 349-3184
Name Phone No. Fax No.

(888) 447-4713 e-mail Address azmeenab@amrcom.com

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

Azmeena Bhanji (916) 349-7500 (916) 349-3184
Name Phone No. Fax No.

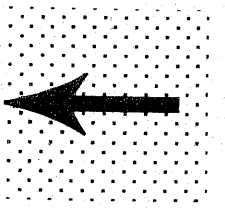
(888) 447-4713 e-mail Address azmeenab@amrcom.com

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.

(888) 326-3742 (888) 447-4713
PHONE NUMBER ALTERNATE PHONE NUMBER

4708 Roseville Road, #112 North Highlands, CA 95660
ADDRESS CITY ST ZIPCODE

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



(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)

Part II:

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

_X_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.)

California, Oregon, Florida, Michigan - Current and past activities constitute exclusively the resale of long distance services.

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 formal complaints filed against applicant in any of the above states.

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.

Applicant conducts business as AmeriCom Communications

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 X
b. Residential X
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 X 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 II[1].

J What is the applicant's 10XXX or 800 access code, if applicable? n/a - Applicant does not have a CIC code.

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

[1]Applicant 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? Various carriers, including MCI WorldCom, Sprint, AT&T, Qwest and others.

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly[2]? Applicant will bill customers directly (please see copy of Sample bill, attached).

N Describe briefly how the applicant plans to market their services in Tennessee?

Primarily through independent agents who market via direct mail advertising materials, not through telemarketing

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. (Not applicable)

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.

Applicant requires a written, signed letter of authorization from the customer, or alternatively, customer can contact its local exchange company directly to select the CIC of applicant's underlying carrier.

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.

[2]A 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 X No ____

Part III: Organization Structure

A. Applicant's organizational structure

__X__ 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.**

__X__ Other Form of Corporation

List type S 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:_____

(1) Parent Company, if applicable _____

(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:

(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.

(e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.

(f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B. _____ Proprietorship

_____Partnership

_____ General **Attach a copy of the partnership agreement along with any amendments.**

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

_____Other (Explain on separate sheet)

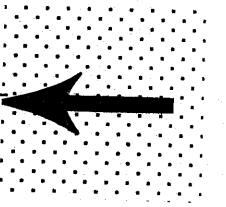
All of the above will be required to submit a valid business license.

(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

C. Number of employees: -0- employees in Tennessee

Employer Identification Number (E.I. N.) _____



Part IV: Financial Information

A. Address where business records are kept: 4708 Roseville Road, #112

North Highlands, CA 95660 (916) 349-7500

CITY STATE ZIP CODE street PHONE NUMBER

B. Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if available, for the immediately preceding three-year period. Provide 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.

(1) Fiscal year end: Month 12 Day 31

(2) Date of most recent audited, unconsolidated financial statement of Applicant:
1998 unaudited

(3) If applicable, name and address of independent certified public accountant:

n/a

(4) Period covered by financial statement attached: 1996-1998

C. Does the applicant currently have an internal auditor and/or internal audit program? No

If so, Name of internal auditor _____.

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.

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

SGA, Inc.
(NAME OF CORPORATION)

BY: Azmeena Bhanji
SIGNATURE

Azmeena Bhanji
PRINTED NAME

Vice President
Title

ATTEST: Jeri Howard
Secretary
Title

On this the 14th day of SEPT. 1999 before me, a Notary Public

AZMEENA BHANJI

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.

Dennis B Sidwell
Notary Public

seal

DENNIS B. SIDWELL
Commission # 1227760
Notary Public - California
Sacramento County
My Comm. Expires Jul 4, 2003

Appendix I

Reseller Name	Address	Contact Person	Phone Number

(Not applicable)

Appendix II
Informational Tariff Sheet

Description of Service	Applicant proposed Price change to consumer		Dominant Carriers[3] Price for similar service
1. Intrastate LONG DISTANCE	$0.1300	(1)	$0.1300 - $0.2400
2. Intrastate Toll Free	$0.1300	(!)	$0.1300 - $0.2400
3. Intrastate Calling Card	$0.1300	(1)	$0.1300 - $0.2400

(1) Same Flat rate applies 24 hours a day, 7 days a week to initial and additional minutes, charged in 6 second increments, irrespective of rate mileage.

(2) Range of rates charged by dominant carrier based on rate mileage.

[3]Dominant Carrier (South Central Bell or AT&T, whichever is appropriate). A copy of these companies' rates are found on Appendix V.

AMERICOM
COMMUNICATIONS

Attachment 1

Copy of Sample Bill

AMERICOM
COMMUNICATIONS

4708 Roseville Rd, Suite 112
North Highlands, CA 95660

Account Number: 10004465
For Billing Questions Call: 1-888-326-3742
or Fax 1-888-447-0456

Account Summary

Billing Period	6/15/99 -	7/15/99
Invoice #:		2384723
Due Date:		**8/15/99**
Amount of Last Bill:		$39.75
Payments Received Thank You		$39.75
Adjustments:		$0.00
Past Due Balance:		**$0.00**
Total New Charges:		**$57.95**
Total Amount Due:		**$57.95**

PLEASE PAY THIS AMOUNT

PLEASE MAKE CHECKS PAYABLE TO: AMERICOM . UNPAID BALANCE IS SUBJECT TO 1.5% FINANCE CHARGE.

Robert & Sandra Dolan
5816 Audubon Manor Boulevard
Lithia, FL 335475005

AMERICOM ANNOUNCES

Now, you can earn a $10.00 credit* toward your long distance phone bill with AmeriCom each time you sign up a new customer to AmeriCom! And, what's more, the customer you sign up will also receive a $10.00 credit*!
There is NO limit to the number of customers you can refer. You could earn free long distance for life! For instance, if your average phone bill is $50.00 per month, and you refer 5 new customers each month, you will never have to pay a long distance bill again!

Sign up all your friends and relatives now! Simply fill out the enclosed form for each new customer you refer. To ensure that you will receive your $10.00 credit, please put your account number on the form. Return the form to AmeriCom by faxing it to 1-888-447-0456 or mail to:

AmeriCom Communications
4708 Roseville Rd, STE 112
North Highlands, CA 95660

* Your credit will be issued when the referred customer is confirmed on AmeriCom's service. The customer you refer will receive their credit on their third month's invoice. To qualify, the customer you refer must sign the authorization form.

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

AMERICOM
COMMUNICATIONS

Invoice #: 2384723

Account Number: 10004465

Please make check or money order in U.S. Dollars payable to: AmeriCom Communications.
Please write your account number on your check.

Please Send Payment To:

AmeriCom Communications
P. O. Box 7660
San Francisco, CA 94120

00000057950010004465O

☐ Check if new address and correct below

Robert & Sandra Dolan
5816 Audubon Manor Boulevard
Lithia, FL 335475005

E-mail Address (Used Internally Only)

Billing Period 6/15/99 - 7/15/99

TOTAL AMOUNT DUE BY: 08/15/99 $57.95

Amount Enclosed: $

Payment not received by Due Date is subject to 1.5% finance charge per month.

For Billing Questions Call: 1-888-326-3742,
or Fax 1-888-447-0456.

Detail Of New Charges

Robert & Sandra Dolan
5816 Audubon Manor Boulevard
Lithia, FL 335475005

Customer Number: 10004465
Invoice #: 2384723

New Usage Charges (by Minutes)	# of Calls	Minutes	Cost	Cost/Minute
Equal Access - Domestic 1+ - Interstate	21	224.1	$19.95	$0.0890
Equal Access - Domestic 1+ - Intrastate	6	62.0	$8.06	$0.1300
Equal Access - Domestic 1+ - Intralata	1	0.3	$0.04	$0.1303
800 - Interstate	5	47.6	$4.24	$0.0890
800 - Intrastate	4	55.5	$7.22	$0.1300
800 - 800 Service PayPhone - Interstate	3	7.9	$1.92	$0.2428
800 - 800 Service PayPhone - Intrastate	9	41.3	$8.52	$0.2063
800 - 800 Service PayPhone - Intralata	1	1.0	$0.48	$0.4801
Travel Card - Domestic 1+ - Interstate	2	9.0	$1.35	$0.1500
Travel Card - Domestic 1+ - Intralata	1	5.0	$0.75	$0.1500
TOTALS	53	453.7	$52.52	

Total New Long Distance Charges		**$52.52**
Recurring Charges		
PIC-C Residential	$1.25	
Total Recurring Charges		**$1.25**
Non-Recurring Charges		
Total Non-Recurring Charges		**$0.00**

Taxes/Surcharges	
Federal Taxes	$2.87
State/LocalTaxes Surcharges	$1.31
Total Taxes/Surcharges	**$4.18**
Finance Charges	**$0.00**
Total New Charges	**$57.95**
Adjustments	**$0.00**
Balance From Last Statement	**$0.00**
TOTAL AMOUNT DUE:	**$57.95**

Call Detail

AmeriCom Communications

10004465 Robert & Sandra Dolan

Invoice # 2384723

(813) 643-6091

	Date	Time	R	Minutes	Called Number	Location		Cost
1	06/14/99	9:20 AM	1	1.8	(817) 594-6855	Weatherfd	TX	$0.1603
2	06/14/99	11:51 AM	1	0.3	(317) 541-8920	Indianapls	IN	$0.0268
3	06/16/99	8:21 PM	2	20.1	(757) 623-7071	Norfolk	VA	$1.7890
4	06/17/99	11:17 PM	3	4.8	(361) 992-7693	C Christi	TX	$0.4273
5	06/18/99	1:01 PM	1	12.7	(817) 594-6855	Weatherfd	TX	$1.1304
6	06/18/99	4:46 PM	1	18.4	(361) 853-2706	C Christi	TX	$1.6377
7	06/18/99	7:48 PM	2	13.4	(817) 596-0330	Weatherfd	TX	$1.1927
8	06/20/99	9:45 AM	3	0.3	(941) 324-2111	Winter Hvn	FL	$0.0391
9	06/20/99	10:19 AM	3	5.3	(940) 325-4104	Minerlwlls	TX	$0.4718
10	06/20/99	11:52 AM	3	30.3	(817) 594-6855	Weatherfd	TX	$2.6968
11	06/20/99	11:21 PM	3	1.2	(954) 920-3300	Hollywood	FL	$0.1561
12	06/22/99	1:39 PM	1	0.3	(419) 272-2393	Edon	OH	$0.0268
13	06/22/99	1:49 PM	1	0.3	(419) 272-2393	Edon	OH	$0.0268
14	06/22/99	9:55 PM	2	27.0	(407) 323-3473	Sanford	FL	$3.5101
15	06/24/99	2:47 PM	1	1.2	(212) 635-9530	New York	NY	$0.1069
16	06/24/99	2:49 PM	1	0.7	(201) 836-0799	Teaneck	NJ	$0.0624
17	06/24/99	3:04 PM	1	2.0	(773) 884-3247	Chicago	IL	$0.1781
18	06/27/99	11:01 AM	3	18.3	(606) 341-7977	Covington	KY	$1.6288
19	06/28/99	11:09 AM	1	6.3	(806) 747-0171	Lubbock	TX	$0.5608
20	06/28/99	7:24 PM	2	45.7	(361) 853-2706	C Christi	TX	$4.0674
21	07/13/99	9:26 PM	2	37.5	(361) 992-7693	C Christi	TX	$3.3376
22	07/14/99	12:22 PM	1	1.6	(619) 260-0217	San Diego	CA	$0.1425
23	07/14/99	1:27 PM	1	2.8	(619) 260-0270	San Diego	CA	$0.2493
24	07/14/99	1:30 PM	1	0.3	(619) 260-0270	San Diego	CA	$0.0268
25	07/14/99	3:47 PM	1	2.5	(305) 289-1121	Marathon	FL	$0.3250
26	07/14/99	3:50 PM	1	9.1	(305) 289-0002	Marathon	FL	$1.1831
27	07/14/99	4:00 PM	1	0.3	(305) 289-0002	Marathon	FL	$0.0391
28	07/14/99	9:03 PM	2	21.9	(407) 323-3473	Sanford	FL	$2.8471
28	Calls			286.4	Minutes for (813) 643-6091			$28.0466

(800) 993-0418

	Date	Time	R	Minutes	Called Number	Location		Cost
1	06/14/99	5:14 PM	2	7.3	(352) 372-9478	Gainesvl	FL	$1.2991
2	06/15/99	1:53 PM	1	6.5	(352) 372-9478	Gainesvl	FL	$1.1951
3	06/15/99	4:07 PM	1	3.8	(352) 372-9478	Gainesvl	FL	$0.8441
4	06/15/99	9:00 PM	2	6.5	(352) 372-9478	Gainesvl	FL	$1.1951
5	06/15/99	9:07 PM	2	0.4	(352) 372-9478	Gainesvl	FL	$0.4021
6	06/16/99	3:04 PM	1	5.8	(352) 372-9478	Gainesvl	FL	$1.1041
7	06/16/99	3:26 PM	1	7.8	(352) 372-9478	Gainesvl	FL	$1.3641
8	06/16/99	3:35 PM	1	2.0	(352) 372-9478	Gainesvl	FL	$0.6101
9	06/16/99	6:03 PM	2	1.2	(352) 372-9478	Gainesvl	FL	$0.5061
10	06/20/99	8:08 PM	2	0.6	(407) 323-3473	Sanford	FL	$0.0781
11	06/22/99	8:07 PM	2	0.8	(407) 323-3473	Sanford	FL	$0.1041
12	06/25/99	7:22 PM	2	1.0	(361) 814-0977	C Christi	TX	$0.0891
13	06/28/99	8:37 PM	2	50.1	(407) 323-3473	Sanford	FL	$6.5130
14	07/08/99	10:36 AM	1	0.8	(619) 260-0174	San Diego	CA	$0.0713
15	07/08/99	2:23 PM	1	6.5	(619) 574-9182	San Diego	CA	$1.0644
16	07/09/99	10:43 AM	1	4.0	(407) 431-7757	Cocoa	FL	$0.5201
17	07/09/99	12:32 PM	1	1.0	(813) 878-2548	Tampa	FL	$0.4801
18	07/13/99	3:35 PM	1	0.7	(773) 838-8012	Chicago	IL	$0.4270
19	07/13/99	7:55 PM	2	0.7	(816) 464-9207	Ferrelview	MO	$0.4270
20	07/14/99	8:42 AM	1	0.8	(619) 260-0217	San Diego	CA	$0.0713
21	07/14/99	9:39 AM	1	43.1	(619) 260-0270	San Diego	CA	$3.8360
22	07/14/99	10:31 AM	1	1.9	(619) 260-0188	San Diego	CA	$0.1692
22	Calls			153.3	Minutes for (800) 993-0418			$22.3706

8136436091 Robert Dolan

	Date	Time	R	Minutes	Called Number	Location		Cost
1	06/28/99	7:50 AM	3	3.0	(708) 448-1400	Palos Park	IL	$0.4500
2	06/28/99	8:10 AM	1	6.0	(214) 792-4398	Dallas	TX	$0.9001
3	06/28/99	8:19 AM	1	5.0	(727) 536-2628	Clearwater	FL	$0.7501
3	Calls			14.0	Minutes for 81364360916667			$2.1002

53	Calls	453.7	Minutes for 10004465 Robert & Sandra Dolan	$52.52

R = Rate Code: 1 = Day, 2 = Evening, 3 = Night, 4 = Standard, 5 = Discount, 6 = Economy

Break Down OF Tax Calculations

InvoiceNumber	2384723
dbo_InvoiceDetail.	$1.31
TaxID	3543
State	FL
TaxingJurisName	Gross Receipts Tax
TaxCategoryID	1
TaxTypeID	2
IsMainUseTax	No
IsSurcharge	Yes
Rate	0.025
dbo_Taxes.Amoun	$0.00
StartDate	1/1/96
EndDate	
TaxOnIntrastate	Yes
TaxOnInterstate	Yes
TaxOnInternationa	Yes
TaxOnDuration	No
IncludesStateTax	No
IncludesCountyTa	No

TaxOnProduct	Yes
BusinessOnly	No
ResidentialExempt	No
LastUpdated	10/22/97 10:06:11 AM
UserID	CostGuar
ResidenceOnly	No
TaxOnSwitched	Yes
TaxOn800	Yes
TaxOnVPN	Yes
TaxOnDedicated	Yes

Break Down OF Tax Calculations

InvoiceNumber	2384723
dbo_InvoiceDetail.	$1.61
TaxID	1
State	FE
TaxingJurisName	Federal Excise Tax
TaxCategoryID	1
TaxTypeID	1
IsMainUseTax	Yes
IsSurcharge	No
Rate	0.03
dbo_Taxes.Amoun	$0.00
StartDate	1/1/96
EndDate	
TaxOnIntrastate	Yes
TaxOnInterstate	Yes
TaxOnInternationa	Yes
TaxOnDuration	No
IncludesStateTax	No
IncludesCountyTa	No

TaxOnProduct	Yes
BusinessOnly	No
ResidentialExempt	No
LastUpdated	1/26/99 4:01:19 PM
UserID	CostGuar
ResidenceOnly	No
TaxOnSwitched	Yes
TaxOn800	Yes
TaxOnVPN	Yes
TaxOnDedicated	Yes

Break Down OF Tax Calculations

InvoiceNumber	2384723
dbo_InvoiceDetail.	$0.88
TaxID	9203
State	FE
TaxingJurisName	Universal Service
TaxCategoryID	1
TaxTypeID	1
IsMainUseTax	No
IsSurcharge	No
Rate	0.0319
dbo_Taxes.Amoun	$0.00
StartDate	2/25/98
EndDate	6/30/99
TaxOnIntrastate	No
TaxOnInterstate	Yes
TaxOnInternationa	Yes
TaxOnDuration	No
IncludesStateTax	No
IncludesCountyTa	No

TaxOnProduct	No
BusinessOnly	No
ResidentialExempt	No
LastUpdated	6/14/99 1:11:22 PM
UserID	CostGuar
ResidenceOnly	No
TaxOnSwitched	Yes
TaxOn800	Yes
TaxOnVPN	Yes
TaxOnDedicated	Yes

Break Down OF Tax Calculations

InvoiceNumber	2384723
dbo_InvoiceDetail.	$0.38
TaxID	9311
State	FE
TaxingJurisName	Universal Service-A
TaxCategoryID	1
TaxTypeID	1
IsMainUseTax	No
IsSurcharge	No
Rate	0.0072
dbo_Taxes.Amoun	$0.00
StartDate	3/4/98
EndDate	6/30/99
TaxOnIntrastate	Yes
TaxOnInterstate	Yes
TaxOnInternationa	Yes
TaxOnDuration	No
IncludesStateTax	No
IncludesCountyTa	No

TaxOnProduct	No
BusinessOnly	No
ResidentialExempt	No
LastUpdated	6/16/99 11:49:19 AM
UserID	CostGuar
ResidenceOnly	No
TaxOnSwitched	Yes
TaxOn800	Yes
TaxOnVPN	Yes
TaxOnDedicated	Yes

AMERICOM
COMMUNICATIONS

Attachment 2

Certificate of Incorporation

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 18th *day of* February, *19* 98,

SGA, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

September 7, 1999

Bill Jones

Secretary of State

SEC/STATE FORM CE-112 (REV. 9/95)

OSP 99 20988

AMERICOM
COMMUNICATIONS

Attachment 3

Financial Information

AMERICOM COMMUNICATIONS

AMERICOM COMMUNICATIONS

Balance Sheet

As Of December 31, 1998

ASSETS	
CURRENT ASSETS	
Checking/Savings	$ 615,907
Accounts Receivable	$ 2,673,320
Other Current Assets	
Accounts Receivable-Factored	$ (693,152)
Bad Debt Reserve	$ (646,950)
Prepaids	$ 3,764
Others	$ -
Total Other Current Assets	$ (1,336,338)
Total Current Assets	$ 1,952,889
FIXED ASSETS	
Fixed Assets	$ 408,266
Accumulated Depreciations	$ (129,604)
Total Fixed Assets	$ 278,662
OTHER ASSETS	$ 300,659
TOTAL ASSETS	**$ 2,532,210**
LIABILITIES & EQUITY	
CURRENT LIABILITIES	
Accounts Payable	$ 3,945,859
Other Current Liabilities	$ 1,152,994
Total Current Liabilities	$ 5,098,852
LONG TERM LIABILIBITES	$ 29,115
Total Liabilities	$ 5,127,968
EQUITY	$ (2,595,757)
TOTAL LIABILITIES & EQUITY	**$ 2,532,210**

AMERICOM COMMUNICATIONS

AMERICOM COMMUNICATIONS

Income Statement

July 1998 to December 1998

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Total
REVENUES							
Gross Sales	$ 453,138	$ 644,021	$ 750,064	$ 897,210	$ 924,175	$ 998,493	$ 4,667,102
COST OF SALES	$ 310,395	$ 456,464	$ 534,187	$ 696,512	$ 651,562	$ 700,023	$ 3,349,143
Gross Profit	$ 142,743	$ 187,558	$ 215,876	$ 200,698	$ 272,613	$ 298,471	$ 1,317,959
SELLING AND MARKETING EXPENSES							
Advertising	$ 1,761	$ 708	$ 1,138	$ 2,158	$ 4,148	$ 1,394	$ 11,307
Commssions	$ 72,584	$ 74,861	$ 86,868	$ 97,230	$ 89,064	$ 92,895	$ 513,502
Total Selling & Marketing	$ 74,346	$ 75,568	$ 88,005	$ 99,389	$ 93,212	$ 94,289	$ 524,810
GENERAL & ADMINISTRATIVE:							
Amortization	$ 400	$ 400	$ 897	$ 897	$ 897	$ 897	$ 4,387
Automobile	$ 1,583	$ 2,909	$ 247	$ 993	$ 550	$ 1,295	$ 7,576
Bad Debt	$ 24,500	$ 31,200	$ 39,600	$ 45,000	$ 47,600	$ 49,548	$ 237,448
Banking Fees	$ 7,975	$ 9,090	$ 16,213	$ 13,429	$ 18,525	$ 15,532	$ 80,764
Billing & Production Services	$ 12,829	$ 4,000	$ 12,089	$ 12,320	$ 20,223	$ 20,860	$ 82,321
Computer	$ 60	$ 196	$ 62	$ 184	$ 191	$ 517	$ 1,209
Depreciation	$ 9,718	$ 9,826	$ 10,091	$ 10,304	$ 10,173	$ 10,094	$ 60,206
Employee Business Expense	$ -	$ -	$ -	$ -	$ 312	$ 6,368	$ 6,680
Insurance	$ 229	$ 229	$ 229	$ 229	$ 229	$ 523	$ 1,669
Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ 1,175	$ 1,175
Office Expense	$ 1,943	$ 4,346	$ 4,656	$ 4,203	$ 6,449	$ 8,648	$ 30,245
Payroll	$ 111,714	$ 130,860	$ 132,339	$ 240,213	$ 159,370	$ 254,391	$ 1,028,886
Postage	$ 738	$ 146	$ 575	$ 723	$ 566	$ 1,166	$ 3,914
Professional Fees	$ 9,737	$ 8,903	$ 1,428	$ 359	$ 6,596	$ 7,269	$ 34,291
Rent	$ 17,544	$ 19,840	$ 18,773	$ 21,252	$ 19,703	$ 26,780	$ 123,893
Repairs & Maintenance	$ 1,037	$ 1,790	$ 2,434	$ 4,205	$ 2,327	$ 2,461	$ 14,254
Taxes & Licenses	$ -	$ -	$ -	$ 705	$ -	$ 2,258	$ 2,963
Telephone	$ 35,239	$ 28,097	$ 24,549	$ 28,824	$ 32,380	$ 30,398	$ 179,487
Recruiting	$ 594	$ 484	$ 458	$ 479	$ 728	$ 459	$ 3,203
Training & Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Travel	$ 3,945	$ 6,412	$ 4,401	$ 2,754	$ 3,969	$ 2,902	$ 24,382
Business Meal	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Utilities	$ 4,332	$ 1,519	$ 4,201	$ 3,418	$ 3,101	$ 3,371	$ 19,942
Total Gen. & Admin. Expenses	$ 244,117	$ 260,246	$ 273,243	$ 390,491	$ 333,887	$ 446,911	$ 1,948,895
Total Operating Expenses	$ 318,463	$ 335,814	$ 361,249	$ 489,880	$ 427,099	$ 541,199	$ 2,473,704
Income (Loss) From Operations	$ (175,720)	$ (148,257)	$ (145,372)	$ (289,181)	$ (154,486)	$ (242,729)	$ (1,155,745)
NET INTEREST (INCOME) EXPENSE	$ 16,057	$ 14,631	$ 17,292	$ 19,829	$ 22,685	$ 20,736	$ 111,230
Other Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pretax Income (Loss)	$ (191,777)	$ (162,888)	$ (162,664)	$ (309,010)	$ (177,171)	$ (263,465)	$ (1,266,975)
INCOME TAX EXPENSE	$ -	$ -	$ -	$ -	$ -	$ -	$ -
NET INCOME (LOSS)	$ (191,777)	$ (162,888)	$ (162,664)	$ (309,010)	$ (177,171)	$ (263,465)	$ (1,266,975)

Form **1065**

Department of the Treasury
Internal Revenue Service

U. S. Partnership Return of Income

For calendar year 1996, or tax year beginning _____, 1996, and ending _____, 19 ____.
▶ See separate instructions.

OMB No. 1545-0099

1996

A Principal business activity: COMMUNICATIONS
B Principal product or service: TELECOMM
C Business code number: 4800

Use the IRS label. Otherwise, please print or type.

AMERICOM
3814 AUBURN BOULEVARD, STE 67
SACRAMENTO, CA 95820

D Employer identification number: 68-0379036
E Date business started: 4/01/96
F Total assets (see page 10 of the instructions): $ 306,872

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address (4) ☐ Amended return
H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. . . . ▶ 3

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	231,995	
	b	Less returns and allowances	1b		1c 231,995
	2	Cost of goods sold (Schedule A, line 8)			2 193,855
	3	Gross profit. Subtract line 2 from line 1c			3 38,140
	4	Ordinary income (loss) from other partnerships, estates and trusts (attach schedule)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 20			6
	7	Other income (loss) (attach schedule)			7
	8	**Total income (loss).** Combine lines 3 through 7			8 38,140
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 27,272
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13 16,063
	14	Taxes and licenses			14
	15	Interest			15 1,967
	16a	Depreciation (if required, attach Form 4562)	16a	3,647	
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c 3,647
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc			18
	19	Employee benefit programs			19
	20	Other deductions (attach schedule) SEE STATEMENT 1			20 39,628
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 88,577
	22	**Ordinary income (loss)** from trade or business activities. Subtract line 21 from line 8			22 -50,437

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer's Use Only

Preparer's signature ▶ KEVIN MCBRIDE Date 10/10/97 Check if self-employed ▶ ☐ Preparer's social security no. -68-0161715

Firm's name (or yours if self-employed) and address ▶ BOLIARD TAKASUGI & MCBRIDE
7921 KINGSWOOD DRIVE
CITRUS HEIGHTS, CA
EIN ▶ 68-0161715
ZIP code ▶ 95610

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **1065** (1996)

KFA

Schedule A Cost of Goods Sold (see page 13 of the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	193,855
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	193,855
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	193,855

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☒ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (specify method used and attach explanation) ▶

b Check this box there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? ☐ Yes ☒ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No

If "Yes," attach explanation.

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the appropriate box:		
	a ☐ General partnership b ☐ Limited partnership c ☒ Limited liability company		
	d ☐ Other (see page 14 of the instructions) ▶		
2	Are any partners in this partnership also partnerships?		X
3	Is this partnership a partner in another partnership?		X
4	Is this partnership subject to the consolidated audit procedures of sections 6221 through 6233? If "Yes," see **Designation of Tax Matters Partner** below		X
5	Does this partnership meet ALL THREE of the following requirements?		
	a The partnership's total receipts for the tax year were less than $250,000;		
	b The partnership's total assets at the end of the tax year were less than $600,000; **AND**		
	c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item J on Schedule K-1		X
6	Does this partnership have any foreign partners?		X
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	Has this partnership filed, or is it required to file, **Form 8264**, Application for Registration of a Tax Shelter?		X
9	At any time during calendar year 1996, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 14 of the instructions for exceptions and filing requirements for Form TD 90-22.1.) If "Yes," enter the name of the foreign country. ▶		X
10	During the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 14 of the instructions for other forms the partnership may have to file		X
11	Was there a distribution of property or a transfer (e.g., by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under **Elections Made By the Partnership** on page 5 of the instructions		X

Designation of Tax Matters Partner (see page 15 of the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶ AZMEENA BHANJI

Identifying number of TMP ▶ 548-75-3835

Address of designated TMP ▶ 8272 ROBERT COURT
GRANITE BAY, CA 95746

Schedule K Partners' Shares of Income, Credits, Deductions, etc.

		(a) Distributive share items		(b) Total amount
Income (Loss)	1	Ordinary income (loss) from trade or business activities (page 1, line 22)	1	-50,437
	2	Net income (loss) from rental real estate activities (attach Form 8825)	2	
	3a	Gross income from other rental activities	3a	
	b	Exp. from other rental activities	3b	
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4a	Portfolio income (loss): a Interest income	4a	8
	b	Dividend income	4b	
	c	Royalty income	4c	
	d	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	4d	
	e	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	4e	
	f	Other portfolio income (loss) (attach schedule)	4f	
	5	Guaranteed payments to partners	5	
	6	Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797)	6	
	7	Other income (loss) (attach schedule)	7	
Deductions	8	Charitable contributions (attach schedule)	8	
	9	Section 179 expense deduction (attach Form 4562)	9	
	10	Deductions related to portfolio income (itemize)	10	
	11	Other deductions (attach schedule)	11	
Investment Interest	12a	Interest expense on investment debts	12a	
	b	(1) Investment income included on lines 4a, 4b, 4c, and 4f above	12b(1)	8
		(2) Investment expenses included on line 10 above	12b(2)	
Credits	13a	Low-income housing credit:		
		(1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990	13a(1)	
		(2) Other than on line 13a(1) for property placed in service before 1990	13a(2)	
		(3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989	13a(3)	
		(4) Other than on line 13a(3) for property placed in service after 1989	13a(4)	
	b	Qual. rehabilitation expenditures related to rental real estate activities	13b	
	c	Credits (other than credits on lines 13a & 13b) related to rental real estate activities	13c	
	d	Credits related to other rental activities	13d	
	14	Other credits	14	
Self-Employment	15a	Net earnings (loss) from self-employment	15a	
	b	Gross farming or fishing income	15b	
	c	Gross nonfarm income	15c	
Adjustments and Tax Preference Items	16a	Depreciation adjustment on property placed in service after 1986	16a	1,655
	b	Adjusted gain or loss	16b	
	c	Depletion (other than oil and gas)	16c	
	d	(1) Gross income from oil, gas, and geothermal properties	16d(1)	
		(2) Deductions allocable to oil, gas, and geothermal properties	16d(2)	
	e	Other adjustments and tax preference items (attach schedule)	16e	
Foreign Taxes	17a	Type of income ▶ _____ b Foreign country or U.S. possession ▶ _____		
	c	Total gross income from sources outside the U.S. (attach schedule)	17c	
	d	Total applicable deductions and losses (attach schedule)	17d	
	e	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	17e	
	f	Reduction in taxes available for credit (attach schedule)	17f	
	g	Other foreign tax information (attach schedule)	17g	
Other	18	Section 59(e)(2) expenditures: a Type ▶ _____ b Amount ▶	18b	
	19	Tax-exempt interest income	19	
	20	Other tax-exempt income	20	
	21	Nondeductible expenses	21	656
	22	Distributions of money (cash and marketable securities)	22	45,000
	23	Distributions of property other than money	23	
	24	Other items & amounts required to be rptd. separately to partners		
Analysis	25a	Income (loss). Combine lines 1 through 7 in column (b). From the result, subtract the sum of lines 8 through 12a, 17e, and 18b	25a	-50,429

b Analysis by type of partner:	(a) Corporate	(b) Individual I. Active	(b) Individual II. Passive	(c) Partnership	(d) Exempt organization	(e) Nominee/Other
(1) General partners						
(2) Limited partners		-50,429				

Note: If Question 5 of Schedule B is answered "Yes," the partnership is not required to complete Schedules L, M-1, M-2.

Schedule L Balance Sheets

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				16,550
2a Trade notes and accounts receivable			134,347	
b Less allowance for bad debts			4,073	130,274
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule) SEE ST. 2				115,378
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9a Buildings and other depreciable assets			24,837	
b Less accumulated depreciation			2,535	22,302
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)			25,271	
b Less accumulated amortization			2,903	22,368
13 Other assets (attach schedule)				
14 Total assets				306,872
Liabilities and Capital				
15 Accounts payable				123,852
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule) SEE ST. 3				19,632
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach schedule)				
21 Partners' capital accounts				163,388
22 Total liabilities and capital				306,872

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

(see page 23 of the instructions)

1 Net income (loss) per books	-51,612	6 Income recorded on books this year not included on Schedule K, lines 1 through 7 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1 through 4, 6, and 7, not recorded on books this year (itemize):			
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 12a, 17e, and 18b, not charged against book income this year (itemize): a Depreciation $ 1,112	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 12a, 17e, and 18b (itemize): a Depreciation $			
b Travel and entertainment $ 656			
SEE STMT. 4 1,639	2,295	8 Add lines 6 and 7	1,112
5 Add lines 1 through 4	-49,317	9 Income (loss) (Schedule K, line 25a). Subtract line 8 from line 5	-50,429

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	0	6 Distributions: a Cash	45,000
2 Capital contributed during year	260,000	b Property	
3 Net income (loss) per books	-51,612	7 Other decreases (itemize):	
4 Other increases (itemize):			
5 Add lines 1 through 4	208,388	8 Add lines 6 and 7	45,000
		9 Balance at end of year. Subtract line 8 from line 5	163,388

STATEMENT 1
FORM 1065, LINE 20
OTHER DEDUCTIONS

ADVERTISING	$ 4,378
AMORTIZATION	1,264
AUTO AND TRUCK EXPENSE	11
BANK CHARGES	72
COMPUTER SUPPLIES	4,360
GIFTS	444
LEGAL AND PROFESSIONAL	1,949
MARKETING	3,618
MEALS, ENTERTAINMENT, AND CERTAIN TRAVEL	656
MISCELLANEOUS	362
OFFICE EXPENSE	5,033
POSTAGE	2,867
SEMINARS	1,550
TELEPHONE	6,525
TRAVEL	6,539
TOTAL	$ 39,628

STATEMENT 2
FORM 1065, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	BEGINNING	ENDING
SUPPLIES	$ 0	$ 6,206
TIME DEPOSITS	0	57,625
PREPAIDS	0	5,897
ADVANCES	0	650
PARTNER ADVANCES	0	45,000
TOTAL	$ 0	$ 115,378

STATEMENT 3
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
ADVANCES PAYABLE	$ 0	$ 3,940

STATEMENT 3 (CONTINUED)
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
TAXES PAYABLE	$ 0	$ 15,692
TOTAL	$ 0	$ 19,632

STATEMENT 4
FORM 1065, SCHEDULE M-1, LINE 4
EXPENSES ON BOOKS NOT ON SCHEDULE K

AMORTIZATION	$ 1,639
TOTAL	$ 1,639

CLIENT AME001

AMERICOM

68-0379036

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CURRENT 179/ BONUS	PRIOR 179/ BONUS	PRIOR DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1065																
	MACHINERY AND EQUIPMENT															
1	SOFTWARE	7/01/96		1,720							1,720		200DB HY	5	.20000	344
2	EQUIPMENT	7/01/96		21,225							21,225		200DB HY	7	.14290	3,033
3	FAX	7/01/96		868							868		200DB HY	7	.14290	124
4	ADD/REPORG	7/01/96		1,024							1,024		200DB HY	7	.14290	146
				24,837		0	0	0	0	0	24,837	0				3,647
	AMORTIZATION															
5	ORGANIZATIONAL COSTS	4/01/96		25,271							25,271		S/L	15		1,264
	GRAND TOTAL AMORTIZATION			25,271		0	0	0	0	0	25,271	0				1,264
	GRAND TOTAL DEPRECIATION			24,837		0	0	0	0	0	24,837	0				3,647

CLIENT AME001

AMERICOM

68-0379036

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR.	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR.	REG. DEPR.	OWNR. PCT.	POST-86 DEPR ADJ.	REAL PROP PREF.	LEAS PERS PROP PREF
FORM 1065														
	MACHINERY AND EQUIPMENT													
1	SOFTWARE	7/01/96		1,720		150DB HY	5	.15000	258	344		86		
2	EQUIPMENT	7/01/96		21,225		150DB HY	10	.07500	1,592	3,033		1,441		
3	FAX	7/01/96		868		150DB HY	10	.07500	65	124		59		
4	ADD/REPORG	7/01/96		1,024		150DB HY	10	.07500	77	146		69		
	GRAND TOTAL DEPRECIATION			24,837	0				1,992	3,647		1,655	0	0

Form **1065**

Department of the Treasury
Internal Revenue Service

U. S. Partnership Return of Income

For calendar year 1997, or tax year beginning _____, 1997, and ending _____, 19 ____.
▶ See separate instructions.

OMB No. 1545-0099

1997

A Principal business activity: COMMUNICATIONS

B Principal product or service: TELECOMM

C Business code number: 4800

Use the IRS label. Otherwise, please print or type.

AMERICOM
4708 ROSEVILLE ROAD
NORTH HIGHLANDS, CA 95660

D Employer identification number: 68-0379036

E Date business started: 4/01/96

F Total assets (see page 10 of the instructions): $ 2,327,524

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address (4) ☐ Amended return

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. . . . ▶ 3

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

INCOME	1a	Gross receipts or sales	1a	7,272,784	
	b	Less returns and allowances	1b		1c 7,272,784
	2	Cost of goods sold (Schedule A, line 8)			2 5,352,045
	3	Gross profit. Subtract line 2 from line 1c			3 1,920,739
	4	Ordinary income (loss) from other partnerships, estates and trusts (attach schedule)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 18			6
	7	Other income (loss) (attach schedule)			7
	8	Total income (loss). Combine lines 3 through 7			8 1,920,739
DEDUCTIONS (See instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 446,239
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11 1,091
	12	Bad debts			12 137,250
	13	Rent			13 31,724
	14	Taxes and licenses			14 357
	15	Interest			15 115,716
	16a	Depreciation (if required, attach Form 4562)	16a	22,523	
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c 22,523
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc			18
	19	Employee benefit programs			19
	20	Other deductions (attach schedule) SEE STATEMENT 1			20 1,406,044
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 2,160,944
	22	**Ordinary income (loss)** from trade or business activities. Subtract line 21 from line 8			22 -240,205

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 10/12/98 Check if self-employed ▶ ☐ Preparer's social security no.: [illegible]

Firm's name (or yours if self-employed) and address: BOLIARD TAKASUGI & MCBRIDE, LLP
7921 KINGSWOOD DRIVE
CITRUS HEIGHTS, CA

EIN ▶ [illegible]

ZIP code ▶ 95610

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 1065 (1997)

KFA

Schedule A Cost of Goods Sold (see page 13 of the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	5,352,045
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	5,352,045
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	5,352,045

9a Check all methods used for valuing closing inventory:

(I) ☐ Cost as described in Regulations section 1.471-3

(II) ☒ Lower of cost or market as described in Regulations section 1.471-4

(III) ☐ Other (specify method used and attach explanation) ▶

b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? ☐ Yes ☒ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation. ☐ Yes ☒ No

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
	a ☐ General partnership b ☐ Limited partnership c ☒ Limited liability company		
	d ☐ Other (see page 14 of the instructions) ▶		
2	Are any partners in this partnership also partnerships?		X
3	Is this partnership a partner in another partnership?		X
4	Is this partnership subject to the consolidated audit procedures of sections 6221 through 6233? If "Yes," see **Designation of Tax Matters Partner** below		X
5	Does this partnership meet **ALL THREE** of the following requirements?		
	a The partnership's total receipts for the tax year were less than $250,000;		
	b The partnership's total assets at the end of the tax year were less than $600,000; **AND**		
	c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item J on Schedule K-1		X
6	Does this partnership have any foreign partners?		X
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	Has this partnership filed, or is it required to file, **Form 8264**, Application for Registration of a Tax Shelter?		X
9	At any time during calendar year 1997, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 14 of the instructions for exceptions and filing requirements for Form TD 90-22.1.) If "Yes," enter the name of the foreign country. ▶		X
10	During the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520 or 926. See page 14 of the instructions		X
11	Was there a distribution of property or a transfer (e.g., by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under **Elections Made By the Partnership** on page 5 of the instructions		X

Designation of Tax Matters Partner (see page 15 of the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶ AZMEENA BHANJI

Identifying number of TMP ▶ 548-75-3835

Address of designated TMP ▶ 8272 ROBERT COURT
GRANITE BAY, CA 95746

Schedule K Partners' Shares of Income, Credits, Deductions, etc.

		(a) Distributive share items		(b) Total amount
Income (Loss)	1	Ordinary income (loss) from trade or business activities (page 1, line 22)	1	-240,205
	2	Net income (loss) from rental real estate activities (attach Form 8825)	2	
	3a	Gross income from other rental activities	3a	
	b	Exp. from other rental activities	3b	
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4	Portfolio income (loss):		
	a	Interest income	4a	
	b	Dividend income	4b	
	c	Royalty income	4c	
	d	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	4d	
	e	Net long-term capital gain (loss) (attach Schedule D (Form 1065)): (1) 28% rate gain (loss) ➤ _____ (2) Total for year ➤	4e(2)	
	f	Other portfolio income (loss) (attach schedule)	4f	
	5	Guaranteed payments to partners	5	
	6	Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797):		
	a	28 % rate gain (loss) ➤ _____ b Total for year ➤	6b	
	7	Other income (loss) (attach schedule)	7	
Deductions	8	Charitable contributions (attach schedule)	8	
	9	Section 179 expense deduction (attach Form 4562)	9	
	10	Deductions related to portfolio income (itemize)	10	
	11	Other deductions (attach schedule)	11	
Credits	12a	Low-income housing credit:		
		(1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990	12a(1)	
		(2) Other than on line 12a(1) for property placed in service before 1990	12a(2)	
		(3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989	12a(3)	
		(4) Other than on line 12a(3) for property placed in service after 1989	12a(4)	
	b	Qual. rehabilitation expenditures related to rental real estate activities	12b	
	c	Credits (other than credits on lines 12a & 12b) related to rental real estate activities	12c	
	d	Credits related to other rental activities	12d	
	13	Other credits	13	
Investment Interest	14	Interest expense on investment debts	14a	
	a	(1) Investment income included on lines 4a, 4b, 4c, and 4f above	14b(1)	
	b	(2) Investment expenses included on line 10 above	14b(2)	
Self-Employment	15a	Net earnings (loss) from self-employment	15a	
	b	Gross farming or fishing income	15b	
	c	Gross nonfarm income	15c	
Adjustments and Tax Preference Items	16a	Depreciation adjustment on property placed in service after 1986	16a	10,315
	b	Adjusted gain or loss	16b	
	c	Depletion (other than oil and gas)	16c	
	d	(1) Gross income from oil, gas, and geothermal properties	16d(1)	
		(2) Deductions allocable to oil, gas, and geothermal properties	16d(2)	
	e	Other adjustments and tax preference items (attach schedule)	16e	
Foreign Taxes	17a	Type of income ➤ _____		
	b	Name of foreign country or U.S. possession ➤ _____		
	c	Total gross income from sources outside the U.S. (attach schedule)	17c	
	d	Total applicable deductions and losses (attach schedule)	17d	
	e	Total foreign taxes (check one): ➤ ☐ Paid ☐ Accrued	17e	
	f	Reduction in taxes available for credit (attach schedule)	17f	
	g	Other foreign tax information (attach schedule)	17g	
Other	18	Section 59(e)(2) expenditures: a Type ➤ _____ b Amount ➤	18b	
	19	Tax-exempt interest income	19	
	20	Other tax-exempt income	20	
	21	Nondeductible expenses	21	
	22	Distributions of money (cash and marketable securities)	22	
	23	Distributions of property other than money	23	
	24	Other items & amounts required to be rptd. separately to partners		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 7 in column (b). From the result, subtract the sum of Schedule K, lines 8 through 11, 14a, 17e and 18b . . . . . 1 -240,205

2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other
a Gen. partners						
b Lim. partners		-240,205				

Schedule L Balance Sheets per Books (Not required if Question 5 on Schedule B is answered "Yes.")

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		16,550		389,37
2a Trade notes and accounts receivable	134,347		1,423,320	
b Less allowance for bad debts	4,073	130,274	110,998	1,312,32
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule) SEE ST 2		115,378		451,82
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9a Buildings and other depreciable assets	24,837		138,983	
b Less accumulated depreciation	2,535	22,302	33,953	105,03
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	25,271		56,369	
b Less accumulated amortization	2,903	22,368	17,601	38,76
13 Other assets (attach schedule) SEE ST 3				30,2
14 Total assets		306,872		2,327,52
Liabilities and Capital				
15 Accounts payable		123,852		1,102,65
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule) SEE ST 4		19,632		1,184,30
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach schedule)				
21 Partners' capital accounts				
22 Total liabilities and capital		163,388		40,56
		306,872		2,327,52

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

(Not required if Question 5 on Schedule B is answered "Yes." See page 23 of the instructions.)

1 Net income (loss) per books	-262,523	6 Income recorded on books this year not included on Schedule K, lines 1 through 7 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1 through 4, 6, and 7, not recorded on books this year (itemize):			
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 11, 14a, 17e, and 18b not charged against book income this year (itemize): a Depreciation $	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 11, 14a, 17e, & 18b (itemize): a Depreciation $ 9,305 b Travel and entertainment $ SEE STMT 5 13,013	22,318	8 Add lines 6 and 7	
5 Add lines 1 through 4	-240,205	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-240,20

Schedule M-2 Analysis of Partners' Capital Accounts (Not required if Question 5 on Schedule B is answered "Yes.")

1 Balance at beginning of year	163,388	6 Distributions: a Cash	
2 Capital contributed during year	139,703	b Property	
3 Net income (loss) per books	-262,523	7 Other decreases (itemize):	
4 Other increases (itemize):			
5 Add lines 1 through 4	40,568	8 Add lines 6 and 7	
		9 Balance at end of year. Subtract line 8 from line 5	40,56

STATEMENT 1
FORM 1065, LINE 20
OTHER DEDUCTIONS

ADVERTISING	$ 26,988
AMORTIZATION	1,685
AUTO AND TRUCK EXPENSE	520
BANK CHARGES	51,648
BILLING SERVICES	101,903
COMMISSIONS	1,075,612
COMPUTER SUPPLIES	8,122
LEGAL AND PROFESSIONAL	16,625
MARKETING	182
MISCELLANEOUS	1,762
OFFICE EXPENSE	36,343
POSTAGE	4,364
SEMINARS	2,495
TELEPHONE	45,304
TRAVEL	32,491
TOTAL	$ 1,406,044

STATEMENT 2
FORM 1065, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	BEGINNING	ENDING
OTHER		
TIME DEPOSITS	$ 6,206	$ 7,863
PREPAIDS	57,625	0
ADVANCES	5,897	24,236
PARTNER ADVANCES	650	1,486
DEPOSITS	45,000	237,500
	0	180,741
TOTAL	$ 115,378	$ 451,826

STATEMENT 3
FORM 1065, SCHEDULE L, LINE 13
OTHER ASSETS

	BEGINNING	ENDING
DEPOSITS	$ 0	$ 16,465
GOODWILL	0	13,738
TOTAL	$ 0	$ 30,203

STATEMENT 4
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
ADVANCES PAYABLE	$ 3,940	$ 0
TAXES PAYABLE	15,692	0
ACCRUED EXPENSES	0	812,036
TAXES PAYABLE	0	364,265
DEPOSITS	0	8,000
TOTAL	$ 19,632	$ 1,184,301

STATEMENT 5
FORM 1065, SCHEDULE M-1, LINE 4
EXPENSES ON BOOKS NOT ON SCHEDULE K

AMORTIZATION	$ 13,013
TOTAL	$ 13,013

CLIENT AME001

AMERICOM

68-0379036

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CURRENT 179/ BONUS	PRIOR 179/ BONUS	PRIOR DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1065																
	MACHINERY AND EQUIPMENT															
1	SOFTWARE	7/01/96		1,720							1,720	344	200DB HY	5	.32000	550
2	EQUIPMENT	7/01/96		21,225							21,225	3,033	200DB HY	7	.24490	5,198
3	FAX	7/01/96		868							868	124	200DB HY	7	.24490	213
4	ADD/REPORG	7/01/96		1,024							1,024	146	200DB HY	7	.24490	251
6	EQUIPMENT	7/01/97		114,146							114,146		200DB HY	7	.14290	16,311
				138,983		0	0	0	0	0	138,983	3,647				22,523
	AMORTIZATION															
5	ORGANIZATIONAL COSTS	4/01/96		25,271							25,271	1,264	S/L	15		1,685
7	ORGANIZATIONAL COSTS	7/01/97		31,098							31,098		S/L			0
	GRAND TOTAL AMORTIZATION			56,369		0	0	0	0	0	56,369	1,264				1,685
	GRAND TOTAL DEPRECIATION			138,983		0	0	0	0	0	138,983	3,647				22,523

1997 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE

CLIENT AME001

AMERICOM

68-0379036

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR.	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR.	REG. DEPR.	OWNR. PCT.	POST-86 DEPR ADJ.	REAL PROP PREF.	LEAS PERS PROP PREF
FORM 1065														
	MACHINERY AND EQUIPMENT													
1	SOFTWARE	7/01/96		1,720	258	150DB HY	5	.25500	439	550		111		
2	EQUIPMENT	7/01/96		21,225	1,592	150DB HY	10	.13880	2,946	5,198		2,252		
3	FAX	7/01/96		868	65	150DB HY	10	.13880	120	213		93		
4	ADD/REPORG	7/01/96		1,024	77	150DB HY	10	.13880	142	251		109		
6	EQUIPMENT	7/01/97		114,146		150DB HY	10	.07500	8,561	16,311		7,750		
	GRAND TOTAL DEPRECIATION			138,983	1,992				12,208	22,523		10,315	0	0