

Company ID: 00128447
KDD America, Inc.
375 park Avenue, 7th Floor
New York, NY 10152

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN January 11, 2000

IN RE: CASE NUMBER: 99-00795

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 January 11, 2000 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

EARLY, LENNON, PETERS & CROCKER, P.C.

ATTORNEYS AT LAW

900 COMERICA BUILDING
KALAMAZOO, MICHIGAN 49007-4752
TELEPHONE (616) 381-8844
FAX (616) 349-8525

RECEIVED
TELECOMMUNICATIONS DIVISION
TENNESSEE REGULATORY AUTHORITY

OCT 05 1999

GEORGE H. LENNON
JOHN T. PETERS, JR.
DAVID G. CROCKER
HAROLD E. FISCHER, JR.
LAWRENCE M. BRENTON
GORDON C. MILLER

BLAKE D. CROCKER
ROBERT M. TAYLOR
PATRICK D. CROCKER
ANDREW J. VORBRICH*
NICOLETTE G. HAHN**
ROBERT G. LENNON***

OF COUNSEL
VINCENT T. EARLY
HON. C.H. MULLEN
THOMPSON BENNETT

JOSEPH J. BURGIE
(1926 - 1992)

*Also admitted in Iowa.
**Also admitted in California and North Carolina.
***Also admitted in New York, Illinois and Washington, D.C.

September 30, 1999

Executive Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, Tennessee 37243

RE: KDD AMERICA, INC.

Dear Sir:

Enclosed for filing with the Regulatory Authority, please find an original and three (3) copies of the above captioned Corporation's APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES, along with a check in the amount of \$50.00 for filing fees relating to same.

Also enclosed is an exact duplicate of this letter. Please date-stamp the duplicate and return same to me in the enclosed postage pre-paid, addressed envelope.

Should you have any questions concerning this filing, please contact me.

Very truly yours,

EARLY, LENNON, PETERS & CROCKER, P.C.


Patrick D. Crocker
PDC/tms

EARLY, LENNON, PETERS & CROCKER, P.C.

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ADMINISTRATIVE

September 30, 1999

OCT 05 1999

TN REGULATORY AUTHORITY

Executive Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, Tennessee 37243

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PDC/tms

VOUCHER NO. 77-115180
CA 26495 SRC. 281.03
AMT. REC. 50.00
DEPOSIT DATE 10/16/99

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

LYNN GREER, CHAIRMAN
SARA KYLE, DIRECTOR
MELVIN MALONE, DIRECTOR

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

SECTION A

PART 1: General Information

A. Name of Applicant KDD America, Inc.

B. Address 375 Park Avenue, 7th Floor
City New York
State NY **Zip Code** 10152 **Phone No.** (888) 533-4649

B. Owner, Partners, or Corporate Officers:

Hiroshi Hirai / President, CEO	Tsutomu Tashiro / EVP
Akio Nozaka / EVP	Makoto Arai / VP
Susumu Fujioka / EVP	Mamoru Hironaka / Director

C. Name and telephone number of Tennessee Contact Person authorized to respond to Commission inquiries Monday through Friday.

Patrick D. Crocker
EARLY, LENNON, PETERS & CROCKER, P.C.
900 Comerica Building
Kalamazoo, MI 49007-4752
Telephone: (616) 381-8844
Fax: (616) 349-8525

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

(888) 533-4649

(To be filled out by TRA)

Company ID Number 99-00795

Date Approved 128447

Evaluator _____

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

☒ Resell Interexchange long distance services

☐ Resell Local Exchange services

☐ Operator Services

☐ Other (describe below) _____

F. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I.

Not Applicable

G. List the state(s) you are authorized to operate in at this time.

Please see Exhibit A.

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

Applicant has not been denied authority to operate in any state.

I. Areas in Tennessee to be served.

Applicant will provide service in all equal access areas within Tennessee.

J. What type of customers will the company serve?

a. Business ☒

b. Residential ☒

c. Aggregators ☐

(e.g. Hotels, Payphones)

d. Other (specify) _____

K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount.

Not Applicable

L. Are your prices for intrastate services plus and PIF equal to or less than the dominant carriers price for similar services?

Not Applicable

M. Describe the type of services and prices that the Applicant will be offering in Tennessee on the Informational Tariff Form.

Please see Exhibit B.

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

(888) 533-4649

O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?

No.

P. What facility-based network will the applicant be reselling?

Frontier Communications

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct?

Applicant will be billing customers direct.

R. Describe briefly how the applicant plans to market their service in Tennessee? If an independent telemarketer is going to be used state company name and address.

Using advertising in papers and magazines.

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

Written Letter of Agency

T. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company?

 X Yes No

U. Applicant gives permission to the local telephone company to provide the Commission a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates.

 X Yes No

PART II: Organization Structure

A. Type of Organization

Individual _____ Corporation X

Partnership _____ Other (Explain on separate sheet) _____

B. (1) Attach a copy of Articles of Incorporation and current by-laws.

Attached as Exhibit C

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

Attached as Exhibit D

PART III: Financial Information

Applicant attaches a copy of its most recent financial statements as Exhibit E.

PART IV: Display Card

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), which includes a toll-free number consumers can call for service problems and refunds.

Not Applicable

PART V: Rule Compliance Agreement

A. The Interexchange reseller or Operator Service Provider applicant, hereby, affirms the following:

- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance and all associated fees to provide such service.
- Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV).
- That all information provided in the attached registration document is true to the best of my knowledge.

KDD America, Inc.
Company Name

11/4/98
Date

H. Hirai
Hiroshi Hirai

President
Title

Subscribed and sworn before me this 4th day of November, 1998

[Signature]

Notary Public

MICHIKO ITO GRAMPE
Notary Public, State of New York
No. 31-4792393
Qualified in New York County
Commission Expires March 30, 1999

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 08/02/99

REQUEST NUMBER: 3722-0467

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 08/02/99 0842

EFFECTIVE DATE/TIME: 08/02/99 0842

CONTROL NUMBER: 0374888

TO:
CORP GUARANTEE & TRUST CO
701 ARCHITECTS BLDG
17TH ST
PHILADELPHIA, PA 19103-5090

RE:
KDD AMERICA, INC.
APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

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

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

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

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

ON DATE: 08/02/99

FROM:
CORPORATION GUARANTEE & TRUST CO
117 S. 17TH ST
SUITE 701
PHILADELPHIA, PA 19103-0000

RECEIVED: FEES \$600.00 \$0.00
TOTAL PAYMENT RECEIVED: \$600.00

RECEIPT NUMBER: 00002530293
ACCOUNT NUMBER: 00073224



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

RECEIVED
STATE OF TENNESSEE

KDD AMERICA, INC.

99 AUG -2 AM 8:42

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is KDD AMERICA, INC.

If different, the name under which the certificate of authority is to be obtained is _____

[NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. If obtaining a certificate of authority under an assumed corporate name, an application must be filed pursuant to Section 48-14-101(d).]

2. The state or country under whose law it is incorporated is NEW YORK3. The date of its incorporation is 6/29/89 (must be month, day, and year), and the period of duration, if other than perpetual, is PERPETUAL

4. The complete street address (including zip code) of its principal office is

375 PARK AVENUE., 7TH FL., NEW YORK, NY 10152
Street City State/Country Zip Code

5. The complete street address (including the county and the zip code) of its registered office in this state is

230 FOURTH AVENUE NORTH, 3RD FL., NASHVILLE, TN 37219
Street City/State County Zip Code

The name of its registered agent at that office is

JOSEPH MARTIN, JR., ESQ.

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

SEE ATTACHED LIST

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)

SEE ATTACHED LIST

8. The corporation is a corporation for profit.

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

 , 19 (date), (time).

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

[NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than one (1) month prior to the date the application is filed in this state.]

7/16/1999
Signature Date

President
Signer's Capacity

KDD AMERICA, INC.
Name of Corporation

Hiroshi Hira
Signature

Hiroshi Hira
Named (typed or printed)



SS-4431 (rev. 7/93)

RDA 1678

State of New York
Department of State

ss:

RECEIVED
STATE OF TENNESSEE

99 AUG -2 AM 8:42

RILEY DARNELL
SECRETARY OF STATE

I hereby certify, that the certificate of incorporation of KDD AMERICA, INC. was filed on 06/29/1989, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 01/29/1993.

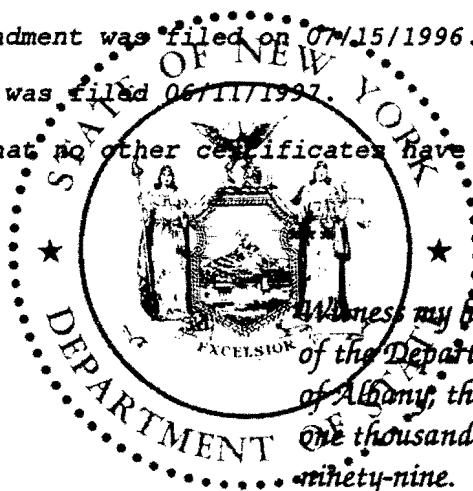
A Biennial Statement was filed 09/27/1993.

A Certificate of Amendment was filed on 01/12/1996.

A Certificate of Amendment was filed on 07/15/1996.

A Biennial Statement was filed 06/11/1997.

I further certify, that no other certificates have been filed by such corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of July
One thousand nine hundred and
ninety-nine.

Special Deputy Secretary of State