

Company ID: 00128451
TON Services Inc.
4185 Harrison Blvd., Ste. 301
Ogden, UT 84403

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

IN RE: CASE NUMBER: 99-00815

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.

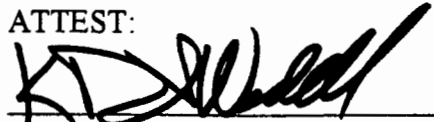
IT IS THEREFORE ORDERED:

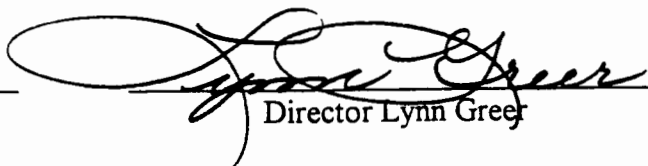
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with 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

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN
STEVE HEWLETT, COMMISSIONER
SARA KYLE, COMMISSIONER

RECEIVED
TELECOMMUNICATIONS DIVISION
TENNESSEE REGULATORY AUTHORITY

NOV 19 1999

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: **TON Services Inc.**
Address : **4185 Harrison Blvd, Ste. 301** City: **Ogden**
State: **Utah** Zip Code: **84403** Phone No. **(801) 334-4500**

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
J. Philip Adams, President	4185 Harrison Blvd., Suite 301	Ogden	UT	84403
Richard Germer, Sr. Vice President	4185 Harrison Blvd., Suite 301	Ogden	UT	84403
Joseph R. Kelley Vice President and General Manager	4185 Harrison Blvd., Suite 301	Ogden	UT	84403
Barre G. Burgon, Secretary	4185 Harrison Blvd., Suite 301	Ogden	UT	84403

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

Neil Vos, Chief Financial Officer
Telephone: (801) 334-4500
Facsimile: (801) 334-4530
Toll Free: (877) 762-3546

(To be filled out by PSC)

Company ID Number 128451

Date Approved _____

Evaluator _____

99-00815

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615) 741-3939.

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

Customer Service: (877) 866-7378

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

☒ Resell Interexchange long distance 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.

Response: Not applicable, as the initial offering is Prepaid card service.

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

Response: TON Services Inc. is currently undergoing a nationwide certification process to provide resold interexchange prepaid card service. To date, the Company currently holds Certificates of Public Convenience and Necessity for authority to provide prepaid calling card service in California and Georgia.

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

Response: The Company has not been denied authority to operate in any state nor has it been issued a cease and desist order by any state.

- I. Areas in Tennessee to be served.

Response: Entire State

J. What type of Customers will the company serve?

- a. Business XX
- b. Residential XX
- 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.

Response: No, not applicable.

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

Response: Yes

M. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II.¹

Response: TON Services Inc. offers prepaid card service. All services are available twenty-four (24) hours per day, seven (7) days a week. See Appendix II for tariff.

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

Response: The Company does not have a 10XXX code, nor does it offer presubscribed services via an 800 access code.

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

Response: No. TON Services Inc. proposes to operate as a switchless reseller.

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

Response: TON's underlying carrier is Qwest Communications.

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

Q. Will the applicant be utilizing the local telephone company's billing system or billing Customers direct²?

Response: Not applicable. TON proposes to offer only prepaid (debit) card service at this time. Call charges are deducted from the customer's debit card account on a real time basis. No customer bills are issued for this service.

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

Response: The Company intends to sell its prepaid cards directly at the travel plazas owned by its parent corporation, Flying J. Inc. TON does not utilize telemarketing or outside sales agents.

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

Response: TON Services Inc. does not offer presubscribed services. Customers do not need to switch preferred interexchange carriers to use the Company's services.

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.

Response: Yes___ No___ Not Applicable.

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.

Response: Yes___ No___ Not Applicable.

²A copy of a bill is required if the applicant is going to bill the Customer direct.

Part II: Organization Structure

A. Type of Organization

☐ Individual ☒ Corporation

☐ Partnership ☐ Other (Explain on separate sheet)
Limited Liability Company

B. If partnership and/or Non-resident

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

See Appendix IV.

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

See Appendix V.

Part III: Financial Information

Attach a current financial statement showing in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

See Appendix III.

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)³, which includes a toll-free number consumers can call for service problems and refunds.

See Appendix VI.

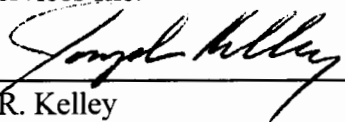
³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

Part V: Rule Compliance Agreement

A. The 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,
- 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
- That all information provided in the attached registration document is true to the best of my knowledge.

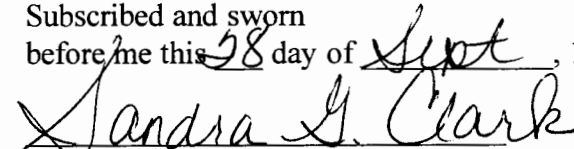
TON Services Inc.



Joseph R. Kelley
Vice President and General Manager
TON Services Inc.

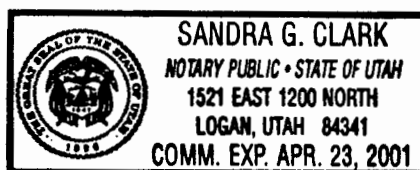
Date: Sept 28, 1999

Subscribed and sworn
before me this 28 day of Sept, 1999.



Notary Public

SEAL



Secretary of State

Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 05/03/94
REQUEST NUMBER: 2843-0215
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 05/03/94 1008
EFFECTIVE DATE/TIME: 05/03/94 1008
CONTROL NUMBER: 0278841

TO:
FLYING J INC.
P.O. BOX 678

BRIGHAM CITY, UT 84302-0678

RE:
TON SERVICES 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

FROM:
FLYING J INC.
P O BOX 678

BRIGHAM CITY, UT 84302-0000



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE