

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

991442-7X

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CMU 8 (11/95)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

Checked by _____ and
Reviewed by _____
Printed name of person who checked
to be filed for record _____

Initials of person who forwarded check:
WJ

DOCUMENT NUMBER-DATE

11506 SEP 23 88

FPSC-RECORDS/REPORTING

APPLICATION

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Source One Communications, Inc.

3. Name under which the applicant will do business (fictitious name, etc.):

Source One Communications, Inc.

4. Official mailing address (including street name & number, post office box, city, state, zip code):

2320-B N. Monroe St.

Tallahassee, Fl. 32303

5. Florida address (including street name & number, post office box, city, state, zip code):

2320-B N. Monroe St.

Tallahassee, Fl. 32303

6. Structure of organization:

- Individual
- Corporation
- Foreign Corporation
- Foreign Partnership
- General Partnership
- Limited Partnership
- Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

PA99000081467

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) The Florida Secretary of State fictitious name registration number:

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** _____

14. Provide **F.E.I. Number**(if applicable): 59-3597709

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

NIA

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

John Hohman - Stock holder of Sprint. Stock
purchased through employee retirement plan. left
Sprint 8/90 to work for Prudential Insurance.

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: John C. Hohman

Title: CEO

Address: 2320-B N. Monroe St.

City/State/Zip: Tallahassee, Fl. 32303

Telephone No.: 850-385-8881 Fax No.: 850-385-8434

Internet E-Mail Address: jhohman@mindspring.com

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: John Hohman

Title: CEO

Address: 2320-B N. Monroe St.

City/State/Zip: Tallahassee, Fl. 32303

Telephone No.: 850-385-8881 Fax No.: 850-385-8434

Internet E-Mail Address: jhohman@mindspring.com

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: John A. Hohman

Title: CEO

Address: 2320. B N. Monroe St.

City/State/Zip: Tallahassee, Fl. 32303

Telephone No.: 850-385-8881 Fax No.: 850-385-8434

Internet E-Mail Address: j.hohman@mindspring.com

Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

(b) has applications pending to be certificated as an alternative local exchange company.

Florida (this application only!)

(c) is certificated to operate as an alternative local exchange company.

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. ✓ the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

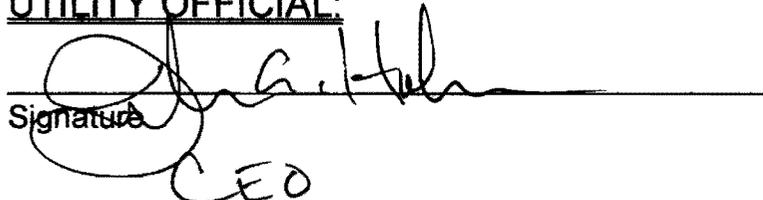
Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

	9-23-99
Signature	Date
CEO	850-385-8881
Title	Telephone No.
Address: 2320-B N. MONROE ST.	850-385-8434
Tallahassee, Fl. 32303	Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____

(Title) N/A _____ of (Name of Company) _____

and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature _____

Date _____

Title _____

Telephone No. _____

Address: _____

Fax No. _____

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

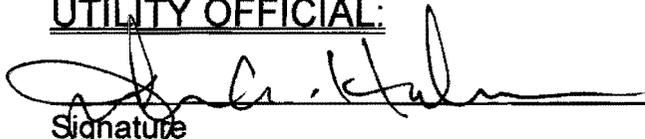
UNAVAILABLE

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

 Signature	9.23.99 Date
CEO Title	850-385-8881 Telephone No.
Address: 2320-B N. Monroe St. Tallahassee, Fl. 32303	850-385-8434 Fax No.

John A. Hohman
2320-B N. Monroe St.
Tallahassee, Fl. 32303
Phone 850-385-8881
Fax 850-385-8434
Home Phone 850-385-8881
Email jhohman@mindspring.com

OBJECTIVE

To utilize the skills I have acquired in management, finance, and negotiations for entrepreneurial ventures.

WORK HISTORY

1999

CEO, Source One Communications, Inc.

Alternative local exchange carrier providing residential and business clientele with basic local and 911 service. Responsibilities include: development, marketing, sales, contract negotiations, management. Recruit customer service representatives, act as liaison to state regulators, oversee ongoing operations and general office administration.

1995-1999

President, Hohman & Associates, Inc.

Independent Insurance Agency writing General Lines in Florida. Responsibilities include, general office administration, hiring and training employees, customer service, managing customer accounts, financial transactions and billing. Conduct broker negotiations, secure broker contracts to provide options for prospective clients. Maintain customer base, payroll, and taxes. Obtain consumer credit scores. Satisfy state regulated continuing education requirements.

1998-1999

Marketing Manager, Ferrell Security Group, Inc.

Residential and small business alarm contractor. Responsible for hiring & training telemarketers to set appointments for security consultants in the burglar alarm industry. Other duties include: scheduling appointments with potential clients, managing production from qualified staff, verifying consumer credit reports, payroll, and customer service.

1990-1994

District Agent, Prudential Insurance Company

Responsible for sales production, hiring and training telemarketers, customer service, handling billing inquiries, marketing, and customer service.

EDUCATION

1999

State Continuing Education Requirements, Curtis Tyre Agency

1989-1990

State Insurance Licensing, Florida Insurance School

1985-1989

General Studies, Tallahassee Community College

1981-1985

Diploma, Lincoln High School

WILLIAM BRADLEY BURNS

2809 Sterling Drive
Tallahassee, FL 32312
(850) 386-9210

CAREER OBJECTIVE:

To obtain a position that will build upon my gained knowledge foundation, thus furthering my interest and challenging my abilities in sales and customer service related industry.

WORK EXPERIENCE:

- September 1, 1995-Present **Brad Burns Insurance - American National Insurance Company - Owner/Manager.**
- August 1993-September 1995 **Cliff Burns Insurance - State Farm Insurance Company - Office Manager - Serviced existing policies and recruited new business; Managed office and premium payment funds; Supervised Customer Service Representatives.**
- December 1994-September 1995 **Coldwell Banker Hartung & Associates - Real Estate Agent, part-time.**
- October 1986-October 1988 **U.S. Army Infantry - Specialist 4 - Developed, organized, and directed squad tactics training; Supervised operation and maintenance of High Mobility Mobile Vehicles.**

EDUCATION:

Troy State University, Troy, Alabama
Bachelor of Science, August, 1993 Major: Criminology
GPA: 3.0

CERTIFICATION:

Florida Department of Insurance - General Lines (Property & Casualty Insurance) License
Florida Department of Insurance - Life & Variable Annuity License

ACTIVITIES AND HOBBIES:

Scuba Diving, Cycling, Running, Hunting, Fishing, Golf

REFERENCES AVAILABLE UPON REQUEST

Source One Communications, Inc.

2320-B N. Monroe St.
Tallahassee, Fl. 32303

Phone 850-385-8881
Fax 850-385-8434
Email jhohman@mindspring.com

September 23, 1999

David Draper
Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Dear Mr. Draper,

Regarding the Florida Public Service Commission's requirement to show sufficient financial capability to provide and maintain telecommunications service, my partner William Burns and I have deposited \$3000.00 into a business checking account with Tallahassee State Bank. We also have obtained a \$25,000.00 line of credit. Mr. Burns and I currently own and operate individual insurance agencies which will provide us with any additional start up capital needed to fund Source One Communications, Inc.

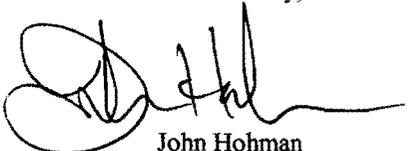
Looking over our projected profit and loss statement you will notice we did not include expenses for rent, utilities, and other necessary liabilities needed to maintain an office. At this time we plan to run Source One Communications, Inc. from our existing office location which also houses our insurance businesses. We are confident that our current office will render the necessary space to effectively operate this business thus reducing overhead.

To further provide Source One Communications, Inc. with additional capital we have the option of selling corporate stock. We believe from our projections that the company's recurring gross operating revenue will provide more than adequate funds to maintain it's financial obligations and daily operations. A balance sheet and three year projected profit and loss statement is attached for your review.

We have enclosed resumes which demonstrate our managerial capability to operate a telecommunications company. Mr. Burns and I have first hand experience in establishing successful companies from the early developmental stages to the successful end result. Technical capability and ongoing technical maintenance will be handled by Sprint.

Your assistance in helping us put our company together is appreciated. We look forward to obtaining our certificate from the Florida Public Service Commission so we can move forward with this exciting new venture.

Sincerely,



John Hohman

Source One Communications, Inc
Balance Sheet
September 30, 1999

ASSETS

Current Assets		
Regular Checking Account	\$	3,000.00
Total Current Assets		3,000.00
Property and Equipment		
Total Property and Equipment		0.00
Other Assets		
Total Other Assets		0.00
Total Assets	\$	<u>3,000.00</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Total Current Liabilities		0.00
Long-Term Liabilities		
Total Long-Term Liabilities		0.00
Total Liabilities		0.00
Capital		
Common Stock	\$	100.00
Paid-in Capital		2,900.00
Net Income		0.00
Total Capital		<u>3,000.00</u>
Total Liabilities & Capital	\$	<u>3,000.00</u>

Joseph
9-23-99 CEO

**Source One Communications, Inc.
Projected Income Statements**

	<u>12/31/2000</u>	<u>12/31/2001</u>	<u>12/31/2002</u>
Revenue			
Monthly Billing	\$ 480,000	\$ 624,000	\$ 768,000
Set up Fee	\$ 30,000	\$ 9,000	\$ 9,000
Additional Features	\$ 96,000	\$ 124,800	\$ 153,600
Total Revenue	\$ 606,000	\$ 757,800	\$ 930,600
Cost of Sales			
Line Cost	\$ 108,000	\$ 140,400	\$ 172,800
Hook up charge	\$ 40,000	\$ 12,000	\$ 12,000
Total Cost of Sales	\$ 148,000	\$ 152,400	\$ 184,800
Overhead			
Commissions	\$ 37,000	\$ 35,700	\$ 35,000
Postage	\$ 4,000	\$ 4,500	\$ 5,000
Insurance	\$ 500	\$ 500	\$ 500
Regulatory Assesments	\$ 909	\$ 1,137	\$ 1,396
Total Costs	\$ 42,409	\$ 41,837	\$ 41,896
Projected Net Income	\$ 415,591	\$ 563,563	\$ 703,904

John C. Huff CEO
9.23.99

SOURCE ONE COMMUNICATIONS, INC.

Florida Price List No. 1
Original Sheet 1

TITLE SHEET

FLORIDA TELECOMMUNICATIONS PRICE LIST

This price list contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for alternative local exchange telecommunications services provided by Source One Communications, Inc., with principal offices at 2320-B N. Monroe Street, Tallahassee, FL 32303. This price list is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John A. Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32301

CHECK SHEET

The sheets listed below, which are inclusive of this price list, are effective as of the date shown at the bottom of the respective sheet (s). Original and revised sheets as named below comprise all changes from the original price list and are currently in effect as of the date of the bottom of this page.

SHEET	REVISION
1	ORIGINAL
2	ORIGINAL
3	ORIGINAL
4	ORIGINAL
5	ORIGINAL
6	ORIGINAL
7	ORIGINAL
8	ORIGINAL
9	ORIGINAL

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

TABLE OF CONTENTS

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Section 1 - Technical Terms and Abbreviations.....	6
Section 2 - Rules and Regulations.....	7
Section 3 - Basic Service Description and Rates.....	8
Section 4 - Miscellaneous Services.....	9

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

SYMBOLS

The following are the only symbols used for the purposes indicated below:

D - Delete Or Discontinue

I - Change Resulting In An Increase to A Customer's Bill

M- Moved From Another Price List Location

N - New

R - Change Resulting In A Reduction To A Customer's Bill

T - Change in Text or Regulation But No Change In Rate Or Charge

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John A. Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32301

PRICE LIST FORMAT SHEETS

A. Sheet Numbering - Sheet numbers appear in the upper right corner of the page. Sheets are numbered sequentially. However, new sheets are occasionally added to the price list. When a new sheet is added between sheets already in effect, a decimal is added. For example, a new sheet added between sheets 14 and 15 would be 14.1.

B. Sheet Revision Numbers - Revision numbers also appear in the upper right corner of each page. These numbers are used to determine the most current sheet version on file with the FPSC. For example, the 4th revised Sheet 14 cancels the 3rd revised Sheet 14. Because of various suspension periods, deferrals, etc, the FPSC follows in their price list approval process, the most current sheet number on file with the Commission is not always the price list page in effect. Consult the Check Sheet for the sheet currently in effect.

C. Paragraph Numbering Sequence - There are nine levels of paragraph coding. Each level of coding is subservient to its next higher level:

- 2.
- 2.1.
- 2.1.1.
- 2.1.1.A.
- 2.1.1.A.1.
- 2.1.1.A.1.(a).
- 2.1.1.A.1.(a).I.
- 2.1.1.A.1.(a).I.(i).
- 2.1.1.A.1.(a).I.(i).(1).

D. Check Sheets - When a price list filing is made with the FPSC, an updated check sheet accompanies the price list filing. The check sheet lists the sheets contained in the price list, with a cross reference to the current revision number. When new pages are added, the check sheet is changed to reflect the revision. All revisions made in a given filing are designated by an asterisk (*). There will be no other symbols used on this page if these are the only changes made to it (i.e., the format, etc. remains the same, just revised revision levels on some pages). The price list user should refer to the latest check sheet to find out if a particular sheet is the most current on file with the FPSC.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

SECTION 1 - TECHNICAL TERMS AND ABBREVIATIONS

Access Line - An arrangement which connects the customer's location to the Company's network switching center.

Authorization Code - A numerical code, one or more of which are available to a customer to enable him/her to access the carrier, and which are used by the carrier both to prevent unauthorized access to its facilities and to identify the customer for billing purposes.

Company or Carrier - Source One Communications, Inc.

Customer - The person, firm, corporation or other entity which orders service and is responsible for payment of charges due and compliance with the Company's tariff regulations.

Exchange - The entire telephone plant and facilities used in providing telephone service to subscribers located in an exchange area.

Message - A completed telephone call.

Holidays - The Company's recognized holidays are New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

SECTION 2 - RULES AND REGULATIONS

2.1 Undertaking of: Source One Communications, Inc.

2.2 Limitations: Local Prepaid Phone Service Only. This does not include and extended local calling area, long distance or collect calls. In the event we are unable to block these calls, the customer is responsible for any and all charges incurred.

2.3 Liabilities of the Company: The Company and or its dealers will be held "harmless" against claims or damages that arise from accidental disconnect, including but not limited to any inability to access 911.

2.4 Service Availability: Service is to the residence and/or business only. The customer is responsible for maintaining the wiring and jacks along with his/her telephone within the agreed residence or business.

2.5 Interruption of Service: Non-Payment of Regulated Charges on a specified date, as agreed, will result in a disconnection of service. Any reconnection would involve a reconnection charge of \$25.00

2.6 Deposits and Advance Payments: A one time Non-Refundable processing fee of \$30.00 will be due at the time of application along with the first month's prepaid phone service charge of \$39.95. (Payments can only be made in the form of cash, money order or cashiers check.)

2.7 Taxes: All applicable taxes will be billed monthly to the customer. Applicable taxes will not be collected along with the one time processing fee, and therefore the customer's first billing may appear slightly higher than originally quoted.

2.8 Billing Periods: A customers billing period will begin on the actual date that the service was connected and will be due 30 days from the connection date.

2.9 Refunds/Credits: A request for a refund or credit, for whatever the reason must be made in writing by the customer and mailed to: Source One Communications, Inc., 2320-B N. Monroe Street, Tallahassee, FL 32303. The request for the refund will be reviewed and the customer will either receive a credit, or an explanation as to why no credit is due. This notification will be given to the customer within 30 days of receipt of the actual request.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

SECTION 3 - BASIC SERVICE DESCRIPTION AND RATES

3.1 Service Description

Basic local phone service with 911 access, operator services, and relay services. Service does not include an extended calling area or long distance.

3.2 Rates

Local Monthly Charges:	39.95
Initial Customer Connection Charge:	30.00

3.3 Hearing and Speech Impaired Customers

3.3.1 Directory Assistance

There shall be no charge for up to fifty calls per billing cycle from lines or trunks serving individuals with disabilities. The Company shall charge the prevailing price list rates for every call in excess of 50 within a billing cycle.

3.3.2 Telecommunications Relay Service

For calls received from the relay service, the Company will when billing relay calls discount relay service calls by 50 percent off of the otherwise applicable rate for a voice non-relay call except that where either the calling or called party indicates that either party is both hearing and visually impaired, the call shall be discounted 60 percent off of the otherwise applicable rate for a voice non-relay call.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

SECTION 4 - MISCELLANEOUS SERVICES

4.1 Additional Features

Call Waiting	6.00 per month
Call Forwarding	6.00 per month
3-Way Calling	6.00 per month
Non-Published Number	6.00 per month
Speed Dial	6.00 per month
Call Return	6.00 per month
Caller I.D.	12.00 per month

4.2 Non-Routine Installation and/or Maintenance

At the Customer's request, installation and/or maintenance may be performed outside the Company's regular business hours, or (in the Company's sole discretion and subject to any conditions it may impose) in hazardous locations. In such cases, charges based on the cost of labor, material and other costs incurred by or charged to the Company will apply. If installation is started during regular business hours but, at the Customer's request, extends beyond regular business hours into time periods including, but not limited to, weekends, holidays, and/or night hours, additional charges may apply.

4.3 Directory Listings

One listing, termed the initial listing, is included with each Customer's Service Request.

ISSUED: September 24, 1999

EFFECTIVE: _____

By:

John Hohman, CEO
2320-B N. Monroe Street
Tallahassee, Fl. 32303

**** FLORIDA PUBLIC SERVICE COMMISSION ****

**DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

APPLICATION FORM **DEPOSIT** **DATE**
for **D198** **SEP 24 1999**
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

991442-TX

Instructions

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**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
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