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P.O. Box 459 • Edinburg, Virginia 22824-0459 • (540)-984-4141

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LETTER OF COMMITMENT

March 1, 2007

Florida Public Service Commission Division of the Commission Clerk and Administrative Services 2540 Shumard Oak Blvd. Tallahasse, FL 32399-0850

RE: Application For Authority to Provide Shared Tenant Service Within the State of Florida.

Dear Sir or Madam,

This letter is to confirm that Shentel Converged Services, Inc. is a wholly owned subsidiary of Shenandoah Telecommunications Company. Shentel Converged Services, Inc. has the financial backing and support of Shenandoah Telecommunications Company, and it will provide any financial support that the Applicant might need during the operation of its business in Florida for the next 3 years.

Sincerely

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Executive Vice President

Shenandoah Telecommunications Company

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FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

APPLICATION FORM for **AUTHORITY TO PROVIDE SHARED TENANT SERVICE** WITHIN THE STATE OF FLORIDA

U70139-TS

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a nonrefundable application fee of \$250.00 to:

Florida Public Service Commission Division of the Commission Clerk and Administrative Services 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

- E. A filing fee of \$250.00 is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.569, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission **Division of Competitive Markets and Enforcement** 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

FORM PSC/CMP-37 (01/06) Required by Commission Rule Nos, 25-24.567,

and 25-24.569

Note: To complete this interactive form using your computer, use the tab key to navigate between that entry fields. MBER - CATE

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 authority rather that apply for a new certificate.
	Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.
	Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
2.	Name of company: Shentel Converged Services, Inc.
3.	Name under which applicant will do business (fictitious name, etc.):
	NTC Communnications
4.	Official mailing address:
	Street/Post Office Box: 500 Shentel Way/PO Box 459 City: Edinburg State: VA Zip: 22824
5.	Florida address:
	Street/Post Office Box: none City: State: Zip:
6.	Structure of organization:
	☐ Individual ☐ Corporation ☐ Foreign Corporation ☐ Foreign Partnership ☐ General Partnership ☐ Limited Partnership ☐ Other,

7.	If individual, provide:
	Name: Title: Street/Post Office Box: City: State: Zip: Telephone No.: Fax No.: E-Mail Address: Website Address:
8.	If incorporated in Florida, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
9.	<u>If foreign corporation</u> , provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F06000005689
10.	If using fictitious name (d/b/a), provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G07023700008
11.	<u>If a limited liability partnership,</u> please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
12.	If a partnership , provide name, title and address of all partners and a copy of the partnership agreement.
	Name: Title: Street/Post Office Box: City: State: Zip: Telephone No.: Fax No.: E-Mail Address: Website Address:
13.	If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

FORM PSC/CMP-37 (01/06) Required by Commission Rule Nos. 25-24.567, and 25-24.569 Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.

14.	Provide <u>F.E.I. Number</u> (if applicable): 20-1934506
15.	Provide the following (if applicable):
	(a) Will the name of your company appear on the bill for your services?
	⊠ Yes □ No
	(b) If not, who will bill for your services?
	Name: Title: Street/Post Office Box: City: State: Zip: Telephone No.: Fax No.: E-Mail Address: Website Address:
	(c) Who will the billed party contact to ask questions about the bill?
	Name: Audrey Bright Title: Commercial Manager Telephone No.: 1-888-201-8420 E-Mail Address: billing@ntc-com.com
	(d) How is this information provided? On the bill itself

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

(a) The application:

Name: Jonathan Spencer Title: VP & General Counsel

Street name & number: 500 Shentel Way

Post office box: 459

City: Edinburg State: VA Zip: 22824

Telephone No.: 540-984-5320

Fax No.: 540-984-8192

E-Mail Address: jonathan.spencer@emp.shentel.com

Website Address:

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

Name: Earle MacKenzie

Title: Executive Vice President

Street name & number: 500 Shentel Way

Post office box: PO Box 459

City: Edinburg State: VA Zip: 22824

Telephone No.: 540-984-5192

Fax No.: 540-984-8192

E-Mail Address: earle.mackenzie@emp.shentel.com

Website Address:

(c) Complaints/Inquiries from customers:

Name: David Ferguson Title: VP-Customer Service

Street/Post Office Box: PO Box 459

City: Edinburg State: VA Zip: 22824

Telephone No.: 540-984-5263

Fax No.: 540-984-4816

E-Mail Address: david.ferguson@emp.shentel.com

Website Address:

- 17. List the states in which the applicant:
 - (a) has operated as an Shared Tenant Service provider.

MD, VA, SC, GA, MS, TN

(b) has applications pending to be certificated as an Shared Tenant Service provider.

None

(c) is certificated to operate as an Shared Tenant Service provider.

None, but certificated as a CLEC in North Carolina.

(d) has been denied authority to operate as an Shared Tenant Service provider and the circumstances involved.

None

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

None

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

None

- **18.** Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:
 - (a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

No

(b) granted or denied a shared tenant services certificate in the State of Florida (this includes active and canceled shared tenant services certificates). If yes, provide explanation and list the certificate holder and certificate number.

No

(c) 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.

No

- **19.** Submit the following:
 - (a) <u>Managerial capability:</u> resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
 - (b) <u>Technical capability:</u> resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.
 - (c) <u>Financial Capability:</u> applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. 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.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of shared tenant service (STS) in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 access vendor 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."

Company Owner or Officer

Print Name: Jonathan R. Spencer

Title: VP General Counsel Telephone No.: 540-984-5320

E-Mail Address: jonathan.spencer@emp.shentel.com

Signature:

Date: 3/1/07

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number 8476, I have reviewed this application and join in the petitioner's request for a
☐ sale
⊠ transfer
☐ assignment
of the certificate.
Company Owner or Officer
Print Name: Jonathan R. Spencer Title: VP General Counsel Street/Post Office Box: PO Box 459 City: Edinburg State: VA Zip: 22824 Telephone No.: 540-984-5320 Fax No.: 540-984-8192 E-Mail Address: jonathan.spencer@emp.shentel.com
Signature: Date: 3/1/07