

Hi Tony,

990730-TX

Thanks for all your help. As we discussed I filled this out as best as I could. Please call me to let me know if anything is missing. As you suggested I spoke with David Traper and he told me what to send in. Please try to forward the financial items to him.

Thanks again



Alison Berner

Jake & Associates, Inc.

(954) 796-8458

99 JUN -8 PM 9:56
FullTime

DOCUMENT NUMBER-DATE

07027 JUN-8 8

FPSC-RECORDS/REPORTING

HISTORY OF JACOV BERNER THE SOLE OWNER OF JAKE & ASSOCIATES, INC.

To give you a brief background on Jacov Berner, the owner of the company, he has been in business for himself for many years. His experience would definitely enable him to do well in telecommunications because it includes the ability to sell and several years experience working as a sales Representative for his own company. He has fluency in four languages. Mr. Berner also was trained as an electrician in a technical school and would have no problem working with phone installations as he has installed alarms on a regular basis and this includes phone wire being run so that the alarm is hooked up to a phone line. As this division grows we will be happy to hold on staff technicians who have experience in phone installations. He also has several years experience supervising technicians. As a business owner Mr. Berner also has an understanding of Marketing, and Financial Matters as well as Customer service and all other matters that are needed to successfully run a service business. Jake & Associates, has been in business for 7 years now and we have shown a successful pattern of running a service based business. We are looking forward to expanding into the local service usage end of telecommunications

History of Jake & Associates, Inc.

Jake & Associates, Inc. is a company that is seven years old and deals with the sale and installation of Alarm Systems (we are licensed in Florida license number EG0000117) our company is doing well and has shown positive cash flow. We are looking forward to adding on local access usage to the services that we offer. Jake & Associates, Inc. has sufficient funds and reserves available to start up and maintain the local access usage end of our business.

On the technical side the company owner, Jacov Berner is a trained electrician and has experience threw Alarm Installations of working with wiring and connecting phone wires.

Please contact us at (954) 796-8458 for any additional information that you may need.

CREDIT REFERENCES

We only use two suppliers for our business they are:

ITI Inc. NW 9598 ST Box 1450
Minneapolis, , MN 55485-1450
(651) 777-2690 Attn.: Credit Dept.

Tried 1353 Farmville
Memphis, TN 38122
(800) 33-TRIED
ATTN: Monitronics Division

**** 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

DEPOSIT

DATE

D 1 4 9

JUN 0 8 1999

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

APPLICATION

1. This is an application for \checkmark (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:

JAKE & ASSOCIATES, INC.

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

JAKE & ASSOCIATES, INC.

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

8249 NW 14 ST
CORAL SPRINGS, FL 33071

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

Same as above

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:**

_____ P93000076752 _____

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): 65-044-6767

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.

NO

(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.

NO

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

(a) The application:

Name: JACOB BERNER

Title: PRESIDENT

Address: 8249 NW 14 ST

City/State/Zip: CORAL SPRINGS FL 33071

Telephone No.: 954-344-0593 Fax No.: 954-796-8458

Internet E-Mail Address: NONE

Internet Website Address: NONE

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

Name: JACOB BERNER

Title: PRESIDENT

Address: 8249 NW 14 ST

City/State/Zip: CORAL SPRINGS FL 33071

Telephone No.: 954-344-0593 Fax No.: 954-796-8458

Internet E-Mail Address: NONE

Internet Website Address: NONE

(c) Complaints/Inquiries from customers:

Name: NONE

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

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

NONE

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

NONE

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

NONE

(d) has been denied authority to operate as an alternative local exchange company 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. 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:

X _____ Bernard _____ 6-1-99
Signature Date
owner _____ (954) 796 8458
Title Telephone No.
Address: 8249 NW 14 ST 954 796 8458
Coral Springs FL 33071
Fax No.

ATTACHMENTS:

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

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ 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) _____ | _____ |

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 | Date |
| Title | Telephone No. |
| Address: | Fax No. |
| | |
| | |
| | |

JAKE & ASSOCIATES, INC.

FINANCIAL STATEMENT

YEAR ENDING DECEMBER 31, 1998

JAKE & ASSOCIATES, INC.
Balance Sheet
as of December 31, 1998

ASSETS

Current Assets

Cash in Bank

\$ 514.44

Total Current Assets

\$ 514.44

Property and Equipment

Office Equipment

1,867.08

Machinery

7,100.06

Leasehold Improvements

6,284.14

Accumulated Depreciation

(11,034.00)

Total Property and Equipment

4,217.28

Total Assets

\$ 4,731.72

JAKE & ASSOCIATES, INC.
Balance Sheet
as of December 31, 1998

LIABILITIES AND EQUITY

| | | |
|-----------------------------|---------------------------------|--------------------|
| Long-Term Liabilities | | |
| Loan Payable Shareholder | \$ (31,769.51) | |
| | <u> </u> | |
| Total Long Term Liabilities | | <u>(31,769.51)</u> |
| | | |
| Total Liabilities | | (31,769.51) |
| Stockholders' Equity | | |
| Common Stock | 100.00 | |
| Retained Earnings | 684.13 | |
| Net Income (Loss) - Y-T-D | 35,717.10 | |
| | <u> </u> | |
| Total Stockholders' Equity | | <u>36,501.23</u> |
| | | |
| Total Liabilities & Equity | | <u>\$ 4,731.72</u> |

JAKE & ASSOCIATES, INC.
Income Statement
for the period ending December 31, 1998

| | Year to Date | Y-T-D % |
|--------------------------|-----------------|------------|
| Sales | | |
| Sales Income | \$ 73,899.14 | 100.0 |
| Total Sales | 73,899.14 | 100.0 |
| Cost of Sales | | |
| Purchases | 22,255.50 | 30.1 |
| Total Cost of Sales | 22,255.50 | 30.1 |
| Gross Profit | 51,643.64 | 69.9 |
| Operating Expenses | | |
| Advertising | 566.30 | 0.8 |
| Auto Expense | 1,219.82 | 1.7 |
| Bank Charges | 75.80 | 0.1 |
| Commissions | 6,028.00 | 8.2 |
| Delivery Expense | 150.00 | 0.2 |
| Insurance | 1,229.00 | 1.7 |
| Group Insurance | 1,852.92 | 2.5 |
| Equipment Charges | 0.00 | 0.0 |
| License & Permits | 832.36 | 1.1 |
| Office Expense | 1,779.61 | 2.4 |
| Professional Fees | 650.00 | 0.9 |
| Postage | 64.68 | 0.1 |
| Stationary & Printing | 47.70 | 0.1 |
| Supplies | 714.82 | 1.0 |
| Telephone | 715.53 | 1.0 |
| Total Operating Expenses | 15,926.54 | 21.6 |
| Operating Profit (Loss) | 35,717.10 | 48.3 |
| Net Income (Loss) | \$ 35,717.10 | 48.3 |

This information is
True & Correct
Boyer Joe Date 6.1.99

Jake & Associates, 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 JAKE & ASSOC INC with principal offices at 8249 NW 14ST CORAL SPRINGS FL 33071. 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: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

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. Original and revised sheets as named below comprise all changes from the original price list and are currently in effect as of the date on the bottom of this page.

| <u>SHEET</u> | <u>REVISION</u> |
|--------------|-----------------|
| 1 | ORIGINAL |
| 2 | ORIGINAL |
| 3 | ORIGINAL |
| 4 | ORIGINAL |
| 5 | ORIGINAL |
| 6 | ORIGINAL |
| 7 | ORIGINAL |
| 8 | ORIGINAL |
| 9 | ORIGINAL |
| 10 | ORIGINAL |
| 11 | ORIGINAL |

ISSUED: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

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Price List Format Sheets.....5
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Section 2 - Rules and Regulations..... 8
Section 2 - Rules and Regulations, Cont'd.....9
Section 3 - Basic Service Descriptions and Rates..... 10
Section 4 - Miscellaneous Services.....11

ISSUED

999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

Jake & Associates, Inc.

FLORIDA PRICE LIST NO. 1
ORIGINAL SHEET 4

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: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

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 highest level:

- 2.
- 2.1.
- 2.1.1.
- 2.1.1.A.
- 2.1.1.1.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).I.

ISSUED: June 1, 1999

EFFECTIVE: _____

BY:
 Jacov Berner, President
 8249 NW 14th ST
 Coral Springs, FL 33071

Jake & Associates, Inc.

FLORIDA PRICE LIST NO. 1
ORIGINAL SHEET 6

PRICE LIST FORMAT SHEETS, CONTINUED

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 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.

ISSU

June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th St
Coral Springs, FL 33071

Jake & Associates, Inc.

FLORIDA PRICE LIST NO. 1
ORIGINAL SHEET 7

SECTION 1 - TECHNICAL TERMS AND ABBREVIATIONS

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

Company or Carrier -

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.

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

Message - A completed telephone call.

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

ISSUED: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

SECTION 2 - RULES, REGULATIONS AND SERVICE QUALITY CRITERIA

2.1 Undertaking of: **JAKE & ASSOC. INC**

2.2 Limitations: Local Prepaid Phone Service Only. This does not include an 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 or 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 \$49.99 will be due at the time of application along with the first month's prepaid phone service charge of \$49.99. (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.

ISSUED: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, Fl 33071

SECTION 2 - RULES, REGULATIONS AND SERVICE QUALITY CRITERIA

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: JAKE & ASSOC INC ATTN: REFUNDS 8249 NW 14th ST CORAL SPRINGS FL 33071. (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: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

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: | 49.99 |
| Initial Customer Connection Charge: | 49.99 |

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 the billing cycle.

3.3.2 Telecommunications Relay Services

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

ISSUED: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

SECTION 4 - MISCELLANEOUS SERVICES

4.1 Additional Features

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

4.2 Non-Routine Installation and 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 are based on the cost of labor, material and any other costs incurred by or charged to the Company. 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: June 1, 1999

EFFECTIVE: _____

BY:

Jacov Berner, President
8249 NW 14th ST
Coral Springs, FL 33071

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM DEPOSIT DATE
for D149 JUN 08 1999
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

990730-TX

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

Look for blue background on the front of this check, and the imageSafe logo on back. If not present, do not cash.

JAKE AND ASSOCIATES, INC 1277
8249 N.W. 14TH STREET
CORAL SPRING, FL 33071

PAY TO THE ORDER OF Florida Public Service Commission DATE 7-7-99 \$ 250.00
two hundred + FORTY DOLLARS DOLLARS

NationsBank
NationsBank, N.A.
AC) R/T 063000047

FOR license fee to Alec DOCUMENT NUMBER-DATE
07027 JUN-89

001277

C-RECORDS/REPORTING