

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

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

010338-TX

DEPOSIT

DATE

**APPLICATION FORM**

for

D0410

MAR 20 2001

**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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 Page 12).

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

INSTA CASH  
P.O. BOX 667  
CROSSVILLE, TN 38557

5837

PAY  
TO THE  
ORDER OF

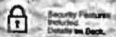
Florida Public Serv. Commission

DATE March 13, 01

87-370-286  
641

\$ 250.00

DOLLARS



FOR

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

ATE

Mildred Jones  
DN 03516-01  
3-20-01

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If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

01 MAR 19 11 19 47  
MAIL ROOM

## 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:

National Telecom, LLC

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

Same

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

1205 Lantana Rd  
P.O. Box 667  
Crossville, TN. 38555

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

6. Structure of organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                  | <input type="checkbox"/> Corporation         |
| <input type="checkbox"/> Foreign Corporation         | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership         | <input type="checkbox"/> Limited Partnership |
| <input checked="" type="checkbox"/> Other <u>LLC</u> |  |

7. If individual, provide:

Name: Robert E. Jones

Title: Director - Owner

Address: 130 Rebecca Dr.

City/State/Zip: Crossville, TN. 38555

Telephone No.: 931-456-0201 Fax No.: 931-484-3574

Internet E-Mail Address: nattel@citlink.net

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:

N/A



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.

N/A

(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.

N/A

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

(a) The application:

Name: Robert E. Jones  
Title: Director-owner  
Address: 1205 Lantana Rd  
City/State/Zip: Crossville, TN. 38555  
Telephone No.: 931-484-6621 Fax No.: 931-484-3574  
Internet E-Mail Address: rtattel@citlink.net  
Internet Website Address: \_\_\_\_\_

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

Name: Robert E. Jones  
Title: Director - owner  
Address: 1205 Lantana Rd.  
City/State/Zip: Crossville TN. 38555  
Telephone No.: 931-484-16621 Fax No.: 931-484-3574  
Internet E-Mail Address: nattel@citlink.net  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Mildred Jones  
Title: Director - owner  
Address: 1205 Lantana Rd.  
City/State/Zip: Crossville, TN. 38555  
Telephone No.: 931-484-0086 Fax No.: 931-484-3574  
1-888-596-4545  
Internet E-Mail Address: nattel@citlink.net  
Internet Website Address: \_\_\_\_\_

**17. List the states in which the applicant:**

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

Kentucky  
\_\_\_\_\_  
\_\_\_\_\_

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

Tennessee  
\_\_\_\_\_

---

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

*N/A*

---

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

*N/A*

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

*N/A*

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**18. Submit the following:**

- A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**
- B. 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.**



### C. 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.

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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:

Robert E. Jones  
Print Name

Robert E. Jones  
Signature

Director-Owner  
Title

3-13-01  
Date

931-484-6621  
Telephone No.

931-484-3574  
Fax No.

Address: 1205 Lantana Rd.

Crossville, TN. 38555

THIS PAGE MUST BE COMPLETED AND SIGNED

**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:

Robert E. Jones  
Print Name

Robert E. Jones  
Signature

Director - Owner  
Title

3-13-01  
Date

931-484-6621  
Telephone No.

931-484-3574  
Fax No.

Address: 1205 Lantana Rd.  
Crossville, TN. 38555  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Member Information

Name	Mildred Jones
Title	Director
Date of Birth	December 5, 1937
Social Security Number	412-58-8318
Business Address	<del>1205</del> 166 Lantana Road, Crossville, TN 38555
Business Phone Number	931-484-6621
Home Address	130 Rebecca Drive, Crossville, TN 38501
Home Phone Number	931-456-0201
Employment History	1992-1995 Employee of State Mint Corp., a company involved in the distribution of commemorative coins and medallions and other collectibles. 1995-present Manager of Insta-Cash, LLC and Cash Today, LLC. These two organizations are companies that do deferred check presentation services at locations in Tennessee..

## Member Information

Name	Robert E Jones
Title	Director
Date of Birth	January 1, 1932
Social Security Number	409-48-1649
Business Address	1205 166 Lantana Road, Crossville, TN 38555
Business Phone Number	931-484-6621
Home Address	130 Rebecca Drive, Crossville, TN 38555
Home Phone Number	931-456-0201
Employment History	1992-1995 Owner and CEO of State Mint Corp., a company involved in the distribution of commemorative coins and medallions and other collectibles. 1995-present Owner and CEO of Insta-Cash, LLC and Cash Today, LLC. These two organizations are companies that do deferred check presentation services at locations in Tennessee.

MR. ROBERT E. JONES

STATEMENT OF FINANCIAL CONDITION

JUNE 30, 2000

**RONALD R. CLOUSE**

CERTIFIED PUBLIC ACCOUNTANT

87 S. Willow Avenue  
Cookeville, TN 38501

615/520-7783  
Fax 615/520-7685

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July 12, 2000

To: Mr. & Mrs.  
Robert E. Jones

I have compiled the accompanying statement of financial condition of Mr. & Mrs. Robert E. Jones as of June 30, 2000 in accordance with standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of owners. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

*Ronald R Clouse, CPA*

MR. & MRS. ROBERT E. JONES

STATEMENT OF FINANCIAL CONDITION

June 30, 2000

Assets

Cash	\$ 10,000
Certificate of deposit	60,000
IRA funds	110,000
Investments in stock	6,900
Investment in wholly owned companies. (Note 2)	304,500
Personal residence (Note 3)	220,000
Personal effects	<u>38,000</u>
Total assets	<u>\$ 749,400</u>

Liabilities and Net Worth

Mortgage payable	\$ 24,500
Estimated income taxes on the differences between the estimated current value of assets and their tax bases (Note 4)	28,000
Net Worth	<u>696,900</u>
Total liabilities and net worth	<u>\$ 749,400</u>

See accountant's compilation report.



MR. AND MRS. ROBERT E. JONES

NOTES TO FINANCIAL STATEMENT

Note 1 - Basis of Statement

The accompanying financial statement includes the assets and liabilities of Mr. Mrs Robert E. Jones. Assets are stated at their estimated current values and liabilities at their estimated current amounts.

Note 2 - Investment in Wholly owned companies.

Mr. & Mrs. Jones own 100% of the stock of Insta-Cash, LLC and Cash Today, LLC which are engaged in deferred presentation contracts. The estimated value is determined by the owner based on the net equity and income produced.

Note 3 - Personal Residence

The estimated current value of the residence has been determined by an estimate by Mr. Jones based on sales of comparable dwellings.

Note 4 - Income Taxes

Estimated income taxes have been provided on the excess of the estimated current values of assets over their tax bases as if the estimated current values of the assets had been realized on the statement date. This provision will probably differ from the amounts of income taxes that eventually might be paid because those amounts will be determined by the timing and the method of realization and tax laws and regulations in effect at the time of realization. The excess of current values of assets over their tax bases totals approximately \$140,000.



# Credit Profile

RF-3050  
(11-98)

## Interconnection Services

Return By Fax To: 404-688-3979

Attention: Interconnection Services Finance

For questions concerning this application call 888-634-4114 or 404-927-1399.

Estimated Monthly Volume During First 6 Months

\$ Customers

Estimated Number Of Area Codes, Trunks or Lines

Approx - 500-600

Please Print And Complete All Information

Type Of Business Applying For:

- Local (Resale)
- Facility Based
- Payphone Service Provider (# of lines in first 6 months) # \_\_\_\_\_
- Access
- CMRS (Wireless)
- Other \_\_\_\_\_

## Company Information

Business Name: National Telecom LLC Doing Business As (DBA): \_\_\_\_\_

Please Check One  
 Corporation  Partnership  Sole-Proprietor  Other \_\_\_\_\_

Street Address: 303A College St. City: Clarksville State: TN. Zip: 37040

Corporate Office Location (if different from above): P.O. Box 667 City: Crossville State: TN. Zip: 38557

(Area Code) Telephone Number: 931-484-0086 (Area Code) Fax Number: 931-484-3574 Dun and Bradstreet Number: \_\_\_\_\_ Tax ID: 62-1634630

Are you presently a BellSouth Interconnection Customer in another area of business?  
 Yes  No

## Officers' Names

President: Robert E. Jones CFO: Mildred Jones CEO: \_\_\_\_\_

## Company History

Year Business Established: \_\_\_\_\_ Principal Business Of Firm: \_\_\_\_\_

## Business Credit References

Company Name: Ronald Clouse CPA City: Cookeville State: TN. (Area Code) Telephone Number: 931-528-1526  
Account Number: \_\_\_\_\_ Contact Name: Ron Clouse

Company Name: Silver Towne City: Winchester State: INDIANA (Area Code) Telephone Number: 1-800-788-9481  
Account Number: \_\_\_\_\_ Contact Name: Nancy Barnes EXT: 247

Company Name: Farmers & Merchants Bank City: Clarksville State: TN. (Area Code) Telephone Number: 931-645-2400  
Account Number: 007450001 / 006499801 Contact Name: Gene Whitfield

## Bank Reference

Bank Name: First Star Bank City: Crossville State: TN. Account Number: \_\_\_\_\_  
Banking Officer: Gary Green (Area Code) Telephone Number: 931-456-6564 (Area Code) Fax Number: \_\_\_\_\_

I hereby authorize you to release to BellSouth any and all information which they may request concerning my account. I understand that such information will be held strictly confidential and will remain BellSouth's property whether or not credit is extended. I understand that security may be required by BellSouth to establish service. I certify that the above information provided for this credit profile is true and correct to the best of my knowledge.

Signature (Authorized Individual Only): Robert E. Jones Print Name: Robert E. Jones Date (MMDDYYYY): 9-19-00

Citizens Bank, Sparta, TN. 931-836-2265  
Brenda Clark

Cumberland Co. Bank, Crossville, TN. 931-484-2551  
Bill Startup