

910007-TI

- 1. This is an application for (check one):
 - Original Authority (New company).
 - Approval of Transfer (To another certificated company).
 - Approval of Assignment of existing certificate (To a noncertificated company).
 - Approval for transfer of control (To another certificated company).

ORIGINAL FILE COPY

2. The legal name of the applicant:

Telegroup, Inc.

3. Name under which the applicant will do business:

Telegroup of Iowa, Inc.

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

505 North Third St.
Fairfield, IA 52556

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

223 Atlantic Ave
Palm Beach, FL 33480

6. Structure of organization:

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

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

- (a) Provide proof of compliance with the foreign partnership statute (Chapter 620.169 FS), if applicable.
- (b) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

8. If incorporated, please give:

(a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

(b) Name and address of the company's Florida registered agent.

*Stewart Co. Inc.
223 Atlantic Ave.
Delmar Beach, FL 33445*

9. If incorporated, indicate if any of the officers, directors, partners 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. If so, please explain

NO

(b) 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

10. Who will serve as liaison with the Commission in regard to (please give name, title, address and telephone number):

(a) The application: *Cliff Rees, President*

(b) Official Point of Contact for the ongoing operations of the company:

Cliff Rees

(c) Tariff:

Cliff Rees

(d) Complaints/Inquiries from customers:

Conner Josephs

11. List the states in which the applicant:

- (a) Has operated as an interexchange carrier.
Iowa, New Jersey, Pennsylvania, MD, VA
- (b) Has applications pending to be certificated as an interexchange carrier.
Illinois, Minnesota, New York
- (c) Is certificated to operate as an interexchange carrier.
Iowa, NJ, PA, TX
- (d) Has been denied authority to operate as an interexchange carrier 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

12. The applicant will provide the following interexchange carrier services (Check all that apply):

- MTS with distance sensitive per minute rates
 - Method of access is FGA
 - Method of access is FGB
 - Method of access is FGD
 - Method of access is 800

- MTS with route specific rates per minute
 - Method of access is FGA
 - Method of access is FGB
 - Method of access is FGD
 - Method of access is 800

Com

Jul 31.91 9:58 No. 17

NTS with statewide flat rates per minute (i.e. not distance sensitive)

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

NTS for pay telephone service providers

Block-of-time calling plan (Reach out Florida, Ring America, etc.).

800 Service (Toll free)

- WATS type service (Bulk or volume discount)
- Method of access is via dedicated facilities
- Method of access is via switched facilities

Private Line services (Channel Services)
(For ex. 1.544 mbs., DS-3, etc.)

Travel Service

- Method of access is 950
- Method of access is 800
- Method of access n. Ot

900 service

- Operator Services
- Available to presubscribed customers
- Available to non presubscribed customers (for example to patrons of hotels, students in universities, patients in hospitals
- Available to inmates

Services included are: *AT&T provides all these services*

- Station assistance
- Person to Person assistance
- Directory assistance
- Operator verify and interrupt
- Conference Calling
- Other:

13. What does the end user dial for each of the interexchange carrier services that were checked in services included (above).

14. What services will the applicant offer to other certificated telephone companies:

- Facilities. Operators.
- Billing and Collection. Sales.
- Maintenance..
- Other: _____

15. Will your marketing program:

- Pay commissions?
- Offer sales franchises?
- Offer multi-level sales incentives?
- Offer other sales incentives?

16. Explain any of the offers checked in question 15 (To whom, what amount, type of franchise, etc.).

Sales rep receives a commission of 10% depending on volume.

17. Who will receive the bills for your service (Check all that apply)?

- Residential customers. Business customers.
- PATS providers. PATS station end-users.
- Hotels & motels. Hotel & motel guests.
- Universities. Univ. dormitory residents.
- Other: (specify) _____

18. Please provide the following (if applicable):

- (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided?

Yes

- (b) Name and address of the firm who will bill for your service.

NA

19. Please submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

You have

**** APPLICANT ACKNOWLEDGEMENT 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 its 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 one 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:** A non-refundable application fee of \$750.00 must be submitted with the application.

File Conn

Jul 31, 91 10:00 AM

4:17

5. **LEC BYPASS RESTRICTIONS:** I acknowledge the Commission's policy that interexchange carriers shall not construct facilities to bypass the LECs without first demonstrating to the Commission that the LEC cannot offer the needed facilities at a competitive price and in a timely manner.
6. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding interexchange telephone service.
7. **ACCURACY OF APPLICATION:** By my signature below, I attest to the accuracy of the information contained in this application and associated attachments.

Cliff Rees *Cliff Rees*
 Typed name and signature of
 owner or chief officer.

President
 Title

7/31/91
 Date

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT
 B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
 C - INTRASTATE NETWORK
 D - FLORIDA TELEPHONE EXCHANGES
 AND EAS ROUTES
 E - GLOSSARY

FORM PSC/CMU 31 (4/91)

ce Comm

Jul 31 91 10:01 No 11/17

APPENDIX B

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be responded to in one of the following ways (applicant please check one):

- () The applicant will not collect deposits nor will it collect payments for service more than one month in advance.
- () The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.)

Cliff Rees *Cliff Rees*
 Typed name and signature of
 Owner or Chief officer
President
 Title
7/31/91
 Date

**** APPENDIX C ****

INTRASTATE NETWORK

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

1) *None* 2)

3) 4)

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

1) 2)

None

3) 4)

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

1) POP-to-POP TYPE OWNERSHIP

2) *None*

4. **ORIGINATING SERVICE:** Please provide the list of exchanges where you are proposing to provide originating service within thirty (30) days after the effective date of the certificate (Appendix D).

All

5. **TRAFFIC RESTRICTIONS:** Please explain how the applicant will comply with the EASA requirements contained in Commission Rule 25-24.471 (4) (a) (copy enclosed).

6. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not (X) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

NA

b) If the services are not currently offered, when were they discontinued?

NA

Cliff Rees Cliff Rees
Typed name and signature or
owner or chief officer.

President
Title

7/31/91
Date

**** APPENDIX D ****

FLORIDA TELEPHONE EXCHANGES

AND

EAS ROUTES

Describe the service area in which you hold yourself out to provide service by telephone company exchange. If all services listed in your tariff are not offered at all locations so indicate.

In an effort to assist you, attached is a list of major exchanges in Florida showing the small exchanges with which each has extended area service (EAS).

Cliff Rees *Cliff Rees*

Typed name and signature of
Owner/Chief Officer

President

Title 7/31/91

All services available everywhere



Telegroup

Date: 7/31/91

FAX COVER SHEET

Page 1 of 12

To: Name: Bill Bates cmv

Company: _____

Fax #: 904 487-0509

From: CLIFF REES
Telegroup, Inc. FAX # 515-472-4747

Message: