



TRANSMITTAL

TO: Florida Public Service Commission
Division of Records and Reporting

FROM: Kathleen Beigh Shotsky
Manager – LEC Relations
Voice: 360-906-9853
FAX: 360-737-0828
kbeigh@newedgenetworks.com

010761-TI

DOCUMENTS	DATE OF TRANSMITTAL	COMMENTS
Original and Six Copies of: Application For Authority to Provide Interexchange Telecommunications Service Between Points Within the State of Florida .	May 15, 2001	Check No. 23325 in the amount of \$250 attached in payment of the application fee.

3000 Columbia House Blvd. Suite 106
Vancouver, WA 98661-2969
www.newedgenetworks.com

DOCUMENT NUMBER-DATE

06256 MAY 18 2001

FPSC-RECORDS/REPORTING

THIS DOCUMENT HAS MICROPRINTING IN THE BORDER AND SIGNATURE LINE. ON THE BACK THERE IS A SECURITY PATTERN AND ARTIFICIAL WATERMARK.



3000 COLUMBIA HOUSE BLVD., SUITE 106
VANCOUVER, WA 98661
(360) 693-9009

BANK OF AMERICA
800 5th Ave
Seattle, WA 98104
19-2/1250

03-MAY-01

PAY TO THE
ORDER OF Florida Public Servi

\$*****250.00

Two Hundred Fifty Dollars And 00 Cents*****

Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

Glenda Vergez
R. W. Hesse

MEMO

NEW EDGE NETWORK, INC.

Florida Public Servi
03-MAY-01

03-MAY-01 Fee for IXC Rece

2784

03-MAY-01

23325

250.00

250.00

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:

New Edge Networks, Inc.

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

New Edge Networks

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

3000 Columbia House Blvd.
Suite 106
Vancouver, WA 98661

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

New Edge Networks does not
have a Florida office or address.

Select type of business your company will be conducting ☒ (check all that apply):

- ☐ **Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- () **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- (✓) **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- () **Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- () **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- () **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|---------------------------|-------------------------|
| () Individual | () Corporation |
| (✓) Foreign Corporation | () Foreign Partnership |
| () General Partnership | () Limited Partnership |
| () Other _____ | |

8. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) **The Florida Secretary of State Corporate Registration number:**

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

(a) **The Florida Secretary of State Corporate Registration number:**

F 99000004363

11. **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:**

G 99242900131

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

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

13. **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: _____

14. **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:** _____

15. Provide **F.E.I. Number** (if applicable): _____

16. 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: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

17. Who will receive the bills for your service?

- (☒) Residential Customers (☒) Business Customers
() PATs providers () PATs station end-users
() Hotels & motels () Hotel & motel guests
() Universities () Universities dormitory residents
() Other: (specify) _____.

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

(a) The application:

Name: Kathleen Beigh Shotzky

Title: MANAGER - LEC RELATIONS

Address: 3000 Columbia House Blvd., Ste. 106
City/State/Zip: Vancouver, WA 98661

Telephone No.: 360-906-9853 Fax No.: 360-737-0828

Internet E-Mail Address: kbeigh@newedgenetworks.com

Internet Website Address: www.newedgenetworks.com

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

Name: Susan McAdams
Title: Vice President - External Affairs
Address: 3000 Columbia House Blvd., Ste. 106
City/State/Zip: Vancouver, WA 98661
Telephone No.: 360-693-9009 Fax No.: 360-737-0828
Internet E-Mail Address: smcAdams@NewEdgeNetworks.com
Internet Website Address: www.NewEdgeNetworks.com

(c) Complaints/Inquiries from customers:

Name: Penny H. Bewick
Title: Director - Gov't. & Industry Affairs
Address: 3000 Columbia House Blvd., #106
City/State/Zip: Vancouver, WA 98661
Telephone No.: 360-693-9009 Fax No.: 360-737-0828
Internet E-Mail Address: pbewick@NewEdgeNetworks.com
Internet Website Address: www.NewEdgeNetworks.com

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

(b) has applications pending to be certificated as an interexchange telecommunications company.

(c) is certificated to operate as an interexchange telecommunications company.

ARKANSAS, ARIZONA, CALIFORNIA, MINNESOTA;
N. DAKOTA, NEBRASKA, OKLAHOMA, OREGON, S. DAKOTA,
TEXAS, UTAH, WASHINGTON

(d) has been denied authority to operate as an interexchange telecommunications 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.

20. 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. If so, please explain.

None

(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.

None

21. The applicant will provide the following interexchange carrier services ☒ (check all that apply):

a. ☒ **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

b. ☒ **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

c. ☒ **MTS 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

d. ☐ **MTS for pay telephone service providers**

e. ☒ **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. ☒ **800 service (toll free)**

g. ☒ **WATS type service (bulk or volume discount)**

- ☒ Method of access is via dedicated facilities
- ☒ Method of access is via switched facilities

h. ☒ **Private line services (Channel Services)**
(For ex. 1.544 mbs., DS-3, etc.)

i. ☐ **Travel service**

- ☐ Method of access is 950
- ☐ Method of access is 800

j. ☐ **900 service**

k. ☐ **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

1. **Services included are:**

- _____ Station assistance
- _____ Person-to-person assistance
- _____ Directory assistance
- _____ Operator verify and interrupt
- _____ Conference calling

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

23. 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. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

Attachment 1
New Edge Network, Inc.
dba New Edge Networks

New Edge Network, Inc. dba New Edge Networks previously applied for and was granted a certificate to provide interexchange telecommunications services in the State of Florida in Docket Number 991416-TI, Order No. PSC-99-2315-PAA-TI, and Consummating Order No. PSC-99-2534-CO-TI issued on December 29, 1999.

New Edge Networks lost its certificate as a provider of interexchange services in Docket No. 001385-TI due to an oversight by New Edge Networks' staff. On May 3, 2001 New Edge Networks supplied the appropriate paperwork and paid the regulatory assessment fee plus penalties for the year ending December 31, 1999 to bring New Edge Networks back into compliance for that time period. Please note that New Edge Networks had a certificate to provide interexchange services for two calendar days in 1999.

In addition, all regulatory assessment fees for the year ended December 31, 2000 have been paid and New Edge Networks is current in payment of fee assessments.

In its previous application in 1999, New Edge Networks supplied the required documentation pertaining to managerial capability, technical capability and financial capability. In discussions with various Florida Public Service Commission Staff on how to regain certification as an interexchange services provider, staff members indicated that the previous documentation supplied would be sufficient to satisfy the requests in 23 A, B and C.

Therefore, New Edge Networks submits the information previously provided in Docket No. 991416-TI pertaining to managerial, technical and financial capability that is on file with the Florida Public Service Commission.

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 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 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:

Susan McAdams

Print Name

[Signature]

Signature

Vice President - External Affairs

Title

May 15, 2001

Date

360.693.9009

Telephone No.

360.737.0828

Fax No.

Address:

New Edge Networks

3000 Columbia House Blvd., #106

Vancouver, WA 98661

THIS PAGE MUST BE COMPLETED AND SIGNED

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 provided 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 intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

Susan McAdams
Print Name

[Signature]
Signature

Vice President - External Affairs
Title

May 15, 2001
Date

360.693.9009
Telephone No.

360.937.0828
Fax No.

Address: New Edge Networks
3000 Columbia House Blvd., # 106
Vancouver, WA 98661

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 interexchange telecommunications 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:

SUSAN MC ADAMS
Print Name

[Signature]
Signature

Vice President - External Affairs
Title

May 15, 2001
Date

360.693.9009
Telephone No.

360.737.0828
Fax No.

Address:

New Edge Networks
3000 Columbia House Blvd., #106
Vancouver, WA 98661

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?

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

UTILITY OFFICIAL:

Susan McAdams
Print Name

[Signature]
Signature

Vice President - External Affairs
Title

May 15, 2001
Date

360.693.9009
Telephone No.

360.737.0828
Fax No.

Address:

New Edge Networks
3000 Columbia House Blvd., #106
Vancouver, WA 98661

CERTIFICATE 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:

() transfer

() assignment

of the above-mentioned certificate.

*New Edge Networks is not
applying for a transfer or
assignment.*

UTILITY OFFICIAL:

Print Name

Signature

Title

Date

Telephone No.

Fax No.

Address: _____

