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Ms. Ann Cole, Commission Clerk Division of the Commission Clerk and Administrative Services Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

RE: Application of Clear Rate Communications, Inc. for Authority to Provide Competitive Local

Exchange Services within the State of Florida

Dear Ms. Cole:

Enclosed for filing are the original and one (1) copy of the above-referenced application of Clear Rate Communications, Inc. Also enclosed is a check in the amount of \$400 to cover the filing fee.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Any questions you may have regarding this application may be addressed to me at the above address, by calling (407) 740-3006 or via email to croesel@tminc.com. Thank you for your assistance.

Sincerely,

Carey Roesel

Consultant to Clear Rate Communications, Inc.

		COM
CR/gs		APA
Enclosures		ECR
201	Com Namy Class Data	GCL
cc: file:	Sam Namy – Clear Rate Clear Rate- FL Local	RAD
tms:	FLL1000	SSC
		ADM
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#### FLORIDA PUBLIC SERVICE COMMISSION

#### **DIVISION OF REGULATORY ANALYSIS**

#### **APPLICATION FORM**

for

## AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

#### 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 8).
- B. Print or type all responses to each item requested in the application. 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 one copy of this form along with a non-refundable application fee of \$400.00 to:

Florida Public Service Commission Office of Commission Clerk 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

- E. A filing fee of \$400.00 is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have guestions about completing the form, contact:

Florida Public Service Commission Division of Regulatory Analysis 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815 Note: To complete this interactive form Required by using your computer, use the tab key to navigate between data entry fields.

| 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 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.                                |  |  |
| 2. | Name of company: Clear Rate Communications, Inc.                                                                                                                                                                     |  |  |
| 3. | Name under which applicant will do business (fictitious name, etc.):                                                                                                                                                 |  |  |
|    |                                                                                                                                                                                                                      |  |  |
| 4. | Official mailing address:                                                                                                                                                                                            |  |  |
|    | Street/Post Office Box: 24700 Northwestern Hwy, Suite 340<br>City: Southfield<br>State: Michigan<br>Zip: 48075                                                                                                       |  |  |
| 5. | Florida address:                                                                                                                                                                                                     |  |  |
|    | Street/Post Office Box: 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: N/A                                                                |
| 9.  | If foreign corporation, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F10000001477                                                           |
| 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: N/A |
| 11. | <u>If a limited liability partnership,</u> please proof of registration to operate in Florida. The Florida Secretary of State registration number is: N/A                                                         |
| 12. | <u>If a partnership</u> , 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: N/A                          |

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#### 14. Provide F.E.I. Number(if applicable): 38-3593012

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

#### (a) The application:

Name: Carey Roesel Title: Consultant

Street name & number: 2600 Maitland Center Parkway, Suite 300

Post office box: City: Maitland State: Florida Zip: 32751

Telephone No.: 407-740-8575

Fax No.: 407-740-0613

E-Mail Address: croesel@tminc.com Website Address: www.tminc.com

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

Name: Sam H. Namy

Title: Chief Financial Officer

Street name & number: 24700 Northwestern Hwy, Suite 340

Post office box: City: Southfield State: Michigan Zip: 48075

Telephone No.: 248-556-4525

Fax No.: 248-556-4515

E-Mail Address: snamy@clearrate.com Website Address: www.ClearRate.com

#### (c) Complaints/Inquiries from customers:

Name: Sam H. Namy

Title: Chief Financial Officer

Street/Post Office Box: 24700 Northwestern Hwy, Suite 340

City: Southfield State: Michigan Zip: 48075

Telephone No.: 248-556-4525

Fax No.: 248-556-4515

E-Mail Address: snamy@clearrate.com Website Address: www.ClearRate.com

#### 16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

The Company is presently operating in Illinois, Indiana, Michigan, Ohio, and Pennsylvania.

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

The Company has no other applications pending at this time.

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

The Company is currently certificated to operate in Illinois, Indiana, Michigan, Ohio, and Pennsylvania.

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

The Company has not been denied authority in any state.

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

The Company has not had any regulatory penalties imposed in any state.

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

The Company has not been involved in any civil court proceedings with an interexchange, local exchange or other telecommunications entity.

- **17.** 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 competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange 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 or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

#### **18.** 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 competitive local exchange telecommunications company (CLEC) service 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 competitive local exchange telecommunications 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."

#### Company Owner or Officer

Print Name: Sam H. Namy Title: Chief Financial Officer Telephone No.: 248-556-4525

E-Mail Address: snamy@clearrate.com

Signature:

Date: 6/9/10

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815 Note: To complete this interactive form Required by using your computer, use the tab key to navigate between data entry fields.

# CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

| As current holder of Florida Public Service Commission Certificate Number reviewed this application and join in the petitioner's request for a | , I have |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|
| ☐ sale                                                                                                                                         |          |  |  |  |
| ☐ transfer                                                                                                                                     |          |  |  |  |
| ☐ assignment                                                                                                                                   |          |  |  |  |
| of the certificate.                                                                                                                            |          |  |  |  |
| Company Owner or Officer                                                                                                                       |          |  |  |  |
| Print Name: Title: Street/Post Office Box: City: State: Zip: Telephone No.: Fax No.: E-Mail Address:                                           |          |  |  |  |
| Signature: Date:                                                                                                                               |          |  |  |  |

#### CLEAR RATE COMMUNICATIONS, INC.

#### **EXHIBIT A**

#### MANAGERIAL AND TECHNICAL CAPABILITY

The attached resumes of key management demonstrate that Clear Rate Communications, Inc. has sufficient managerial and technical capabilities to provide local exchange telecommunications services in Florida.

### Thane Namy CFO

Thane Namy has over 13 years experience in Telecommunications. He holds a bachelor's degree in communications from Oakland University. He worked four years at Global Crossing in several technical positions as well as supporting wholesale carriers and CLECs. He has been CEO of Clear Rate Communications for eight years. He has extensive knowledge and experience in the Local Telephone & Long Distance industry, Network Management, OSS & Billing Systems, and Repair & Maintenance.

#### Sam Namy CFO

Sam Namy has over 15 years of executive level business experience. He obtained a bachelor's degree in business from the University of Michigan and a master's degree in business administration from Wayne State University. In his extensive experience, he was the controller of a \$70 million dollar insurance reconstruction that he was instrumental in growing revenues to exceed \$300 million dollars in annual revenue. He further advanced his knowledge by creating and implementing OSS & Billing systems at Clear Rate. He has served as the CFO for Clear Rate Communications for the past five years.

Clear Rate Communications, Inc.

Clear Rate is a fully-interconnected facilities-based CLEC providing local & long distance in Verizon ILEC & AT&T ILEC territories in Michigan. Clear Rate is also a CLEC in Illinois, Indiana, Ohio & Pennsylvania.

#### CLEAR RATE COMMUNICATIONS, INC.

#### **EXHIBIT B**

#### FINANCIAL CAPABILITY

Filed under separate cover as Confidential are the Company's most recent balance sheet, profit and loss statements, and cash flow summaries which demonstrate that the Company has adequate capital to provide local telecommunications services in the State of Florida.

Also attached is an affidavit affirming that the financial statements are true and correct.

#### **AFFIDAVIT**

| STATE OF MICHIGAN | )      |
|-------------------|--------|
|                   | ): \$8 |
| COUNTY OF OAKLAND | )      |

I, Sam H. Namy, hereby declare under penalty of perjury, that I am Chief Financial Officer of Clear Rate Communications, Inc., that I am authorized to make this verification on behalf of Clear Rate Communications, Inc.; that I have reviewed the financial statements attached as Exhibit B to the Application of Clear Rate Communications, Inc. for Authority to Provide Competitive Local Exchange Telecommunications Company Service Within the State of Florida; and that the information contained therein is true and correct to the best of my knowledge, information and belief.

Sam H. Namy

Chief Financial Officer

Clear Rate Communications, Inc.

Sworn and subscribed before me this 94h day of June, 2010.

My Commission expires 04/05/2

Signature of official administering oath

NANCY NATZEL

Notary Public, State of Michigan

County of Oakland

My Commission Expires 04-05-2015

Acting in the County of Coulomb