



October 13, 1997
OVERNIGHT

97133611

210 N. Park Ave.
P.O. Drawer 200
Winter Park, FL
32790-0200

Florida Public Service Commission
Division of Administration, Room G-50
101 East Gaines Street
Tallahassee, FL 32399-0850

DEPOSIT
D 6 3 4 *
DATE
OCT 14 1997

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

RE: Application for Approval of Assignment of Existing Certificate to a Noncertificated Company

Dear Sir/Madam:

Enclosed for filing are the original and twelve (12) copies of the above-referenced application of Telco Billing, Inc. The company requests the Commission assign Certificate #3537 originally granted to Telco Development Group of Delaware, Inc.

Telco Billings, Inc. will accept the rates, terms and conditions of the present Telco Development Group of Delaware, Inc. Florida Tariff. Tariff labels are provided with this application to revise the present Telco Development Group, Inc. tariff.

Also enclosed is a check in the amount of \$250 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.

I may be reached at (407) 740-8575 with any questions, comments or correspondence regarding this application. Thank you for your assistance.

Sincerely,

Thomas M. Forte
Consultant to
Telco Billing, Inc.

cc: C. Lucas - THI
to file: TBI - FL
TMX# FLi9700

DOCUMENT NUMBER-DATE

10550 OCT 14 97

FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

for

Authority to Provide Interexchange Telecommunications Service
Between Points Within the State of Florida

To: Florida Public Service Commission
Division of Records and Reporting
101 East Gaines Street
Tallahassee, Florida 32399-0850
(904) 488-4733

This package includes the original and twelve (12) copies of the application along with a non-refundable application fee of \$250.00.

1. This is an application for:

- () Original Authority (new company)
- () Approval of transfer (to another certificated company)
- (X) Approval of assignment of existing certificate (to a noncertificated company)
- () Approval for transfer of control (To another certificated company).

2. Select what 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.
- (X) **Alternative Operator Service** - 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.
- () **Call aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers associated with such aggregated telecommunications business.

3. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

Telco Billing, Inc.

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

Telco Billing, Inc.

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

Telco Billing, Inc.
4219 Lafayette Center Drive
Chantilly, Virginia 20151

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

Same as above.

7. Structure of organization:

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Other, _____	

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

Not applicable.

- (a) Provide proof of compliance with the foreign partnership statute (Chapter 620.169 FS), if applicable.
(b) Indicate if the individual or any of the partners have previously been:

- (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.
- (2) 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 the company, give reason why not.

9. If incorporated, please give:

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

Corporate charter number: See Attachment I

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

- (c) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: Not Applicable

- (d) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

No officer, director or stockholder of the company has been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime. No officer, director or stockholder of the company are involved in proceedings which may result in such action.

- (2) 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 the company, give reason why not.

The following individuals are officers, directors and stockholders in the companies listed below:

Henry G. Luken, III - CEO, Treasurer and Chairman
Donald A. Burns - President, Secretary and Director

Dial & Save of Florida, Inc. d/b/a Dial & Save

Dial & Save of Florida, Alpha Inc.

Dial & Save of Florida, Beta, Inc.

Dial & Save of Florida, Gamma Inc.

Dial & Save of Florida, Delta Inc.

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

(a) The application:

Thomas M. Forte
Consultant to Telco Billing, Inc.
Technologies Management, Inc.
P.O. Drawer 200
Winter Park, FL 32790-0200
Telephone: (407) 740-8575
Facsimile: (407) 740-0613

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

Bryan Rachlin
Telco Billing, Inc.
4219 Lafayette Center Drive
Chantilly, Virginia 20151
Telephone: (703) 631-5600
Facsimile: (703) 803-3430

(c) Tariff:

Thomas M. Forte
Consultant to Telco Billing, Inc.
Technologies Management, Inc.
P.O. Drawer 200
Winter Park, FL 32790-0200
Telephone: (407) 740-8575
Facsimile: (407) 740-0613

(d) Complaints/Inquiries from customers:

Bryan Rachlin
Telco Billing, Inc.
4219 Lafayette Center Drive
Chantilly, Virginia 20151
Telephone: (703) 631-5600
Facsimile: (703) 803-3430

11. List the states in which the applicant:

(a) Has operated as an interexchange carrier.

None

(b) Has applications pending to be certificated as an interexchange carrier.

None.

(c) Is certificated to operate as an interexchange carrier.

None

(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 carrier or other telecommunications entity, and the circumstances involved.

None.

12. What services will the applicant offer to other certified telephone companies:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Operators |
| <input checked="" type="checkbox"/> Billing and Collection | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Other: _____ | |

13. Do you have a marketing program?

No.

14. Will your marketing program:

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

15. Explain any of the offers checked in question 13 (to whom, what amount, type of franchise, etc.).

Not Applicable

16. Who will receive the bills for your service (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Residential customers | <input type="checkbox"/> Business customers |
| <input type="checkbox"/> PATS providers | <input type="checkbox"/> PATS station end-users |
| <input type="checkbox"/> Hotels & motels | <input type="checkbox"/> Hotel & motel guests |
| <input type="checkbox"/> Universities | <input type="checkbox"/> Univ. dormitory residents |
| <input type="checkbox"/> Other: (specify) _____ | |

Any customer who orders and uses billing and collection services provided by Telco Billing, Inc. End users will receive bills from the LEC which reflect charges of other certificated entities for which Telco will have provided the clearinghouse function.

17. 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, in some cases the name of the company may be on the bill along with the name of the certificated entity for whom Telco provides clearinghouse services.

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

Not Applicable

18. 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).

See Attachment II.

19. 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

- 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

- MTS 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 mbps, DS-3, etc.)
- Travel service
 - Method of access is 950
 - Method of access is 800
- 900 service
- Operator Services
 - Available to presubscribed customers
 - Available to non presubscribed customers (for example, patrons of hotels, students in universities, patients in hospitals)
 - Available to inmates
- Services included are:
 - Station assistance
 - Person to person assistance
 - Directory assistance
 - Operator verify and interrupt
 - Conference calling

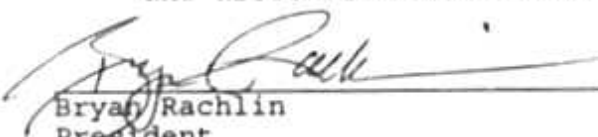
20. What does the end user dial for each of the interexchange carrier services that were checked in services that were checked in services included (above).

None. Telco does not offer interexchange carrier services.

21. Other: None

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 one and one-half percent, or currently applicable rates, on all intra and interstate business.
3. SALES TAX: I understand that a seven percent sales tax, or other currently applicable percentage, must be paid on intra and interstate revenues.
4. APPLICATION FEE: A non-refundable application fee of \$250.00 must be submitted with the application.
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.


Bryan Rachlin
President
Telco Billing, Inc.

10/13/97
Date

APPENDICES

- A - Certificate of Transfer Statement
- B - Customer deposits and advance payments
- C - Intrastate network
- D - Florida telephone exchanges and EAS routes
- E - Glossary

ATTACHMENTS:

- I - Florida Secretary of State Registration
- II - Proposed Tariff

APPENDIX A

CERTIFICATE OF TRANSFER STATEMENT

I, Bryan Rachlin, current holder of certificate number 3537, have reviewed this application and join in the petitioner's request.



Bryan Rachlin
President
Telco Development Group of
Delaware, Inc.

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):

- (X) 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.)



Bryan Rachlin
President
Telco Billing, Inc.

Date:

10/15/97

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) None. 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.

POP-to-POP TYPE OWNERSHIP

1) None

2)

3)

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)

Statewide.

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

Not applicable.

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 service begin?

Not applicable.

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

Not applicable.



Bryan Rachlin
President
Telco Billing, Inc.

Date:

10/13/97

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).

Jacksonville
Gainesville
Daytona Beach
Ocala
Orlando
Cocoa
Melbourne
West Palm Beach
Miami
Pensacola
Panama City
Tallahassee
Titusville

Tampa
Clearwater
St. Petersburg
Lakeland
Winter Park
Ft. Lauderdale
Pompano Beach
Hollywood
North Dade
Sarasota
Ft. Myers
Naples

Telco Billing, Inc. intends to offer service throughout the State of Florida.


Bryan Rachlin
President
Telco Billing, Inc.

Date: 10/13/97

ATTACHMENT I

AUTHORITY TO OPERATE IN FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 13, 1997

CECILE I. LUCAS
TELCO COMMUNICATIONS GROUP
4219 LAFAYETTE CENTE DRIVE
CHANTILLY, VA 20151

Re: Document Number F96000001325

The Amendment to the Application of a Foreign Corporation for TELCO DEVELOPMENT GROUP OF DELAWARE, INC. which changed its name to TELCO BILLING, INC., a Delaware corporation authorized to transact business in Florida, was filed on February 6, 1997.

Should you have any questions regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.

Velma Shepard
Corporate Specialist
Division of Corporation

Letter Number: 897A00007652

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

97 FEB -6 AM 8:11
 RECEIVED
 1/21/97

1. Telco Development Group of Delaware, Inc.
 Name of corporation as it appears on the records of the Department of State.
2. Delaware 3. March 14, 1996
 Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Delaware
5. Telco Billing, Inc.
 Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
No Change
 New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
No Change
 New Jurisdiction


 Signature

2/15/97
 Date

Bryan K. Rachlin
 Typed or printed name

President
 Title

ATTACHMENT II

PROPOSED TARIFF

Labels are attached for the conversion of the existing Telco Development Group of Delaware, Inc. to the Telco Billing, Inc. tariff.

Telco Billing, Inc.

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Winter Park, FL
32790-0200

210 N. Park Avenue
Winter Park, FL 32789
(407) 740-8575



250 PARK AVENUE
WINTER PARK, FLORIDA 32789

17706

NUMBER
17706

PAY: TWO HUNDRED FIFTY DOLLARS

DATE AMOUNT
10/13/97 *****\$250.00

TO THE ORDER OF
FLORIDA PUBLIC SERVICE COMM.
RECORDS & REPORTING
2540 SHUMARD OAK BLVD.
TALLAHASSEE FL 32399-0850

DOCUMENT NUMBER-DATE

10550 OCT 14 97

TECHNOLOGIES MANAGEMENT, INC.

C. M. Williams