

1. Name of company or name of individual (not fictitious name or d/b/a):

Great Lakes Telephone, LLC

021141-TP

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

SAME

3. Official mailing address:

Street: 2333 Commercial Drive

P.O. Box: _____

City: Auburn Hills

State: MI

Zip: 48326

4. Florida address:

Street: _____

P.O. Box: _____

City: _____

State: _____

Zip: _____

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other: _____

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

Florida Secretary of State

Corporate Registration Number: _____

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: NEI Acquisition Company, LLC DBA
Great Lakes Telephone

8. F.E.I. Number (if applicable): 75-3083241

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

1. The application:

Name: Robert Miller
Title: VP
Address: 2333 Commercial Dr.
City/State/Zip: Auburn Hills, MI 48326
Telephone No.: 248 836-6600 Fax No.: 248 836-6633
Internet E-Mail Address: robert.miller@ameritech.net
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Paul Young
Title: Operations Mgr.
Address: 2333 Commercial Drive
City/State/Zip: Auburn Hills, MI 48326
Telephone No.: 248 836-6600 Fax No.: 248 836-6633
Internet E-Mail Address: N/A
Internet Website Address: N/A

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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, provide explanation: NONE

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

Michigan, Ohio, Wisconsin

2. Has applications pending to be certified as a pay telephone provider.

Ohio

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None

16. Please check (✓) the services that will be provided:

- (✓) LOCAL
- (✓) LONG DISTANCE
- (✓) COIN
- () CALLING CARD
- () CREDIT CARD
- () OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 300

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes
 No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes
 No Explain: _____

**** APPLICANT FEE/TAX STATEMENT ****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount 0f15 of one percent of the 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 the seven percent sales tax must be paid on intra- and interstate revenues.
4. APPLICATION FEE: I understand that a non-refundable application fee ~~\$100.00~~ must be submitted with the application.

UTILITY OFFICIAL:

Robert Miller
Print Name

Robert Miller
Signature

VP
Title

10/22/02
Date

248 836-6600
Telephone No.

248 836-6639
Fax No.

Address: 2333 Commercial Dr.
Auburn Hills, MI 48326

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:

<u>Robert Miller</u> Print Name	<u>Robert Miller</u> Signature
<u>V.P.</u> Title	<u>10/22/02</u> Date
<u>248 836-6600</u> Telephone No.	<u>248 836-6639</u> Fax No.
Address: <u>2333 Commercial Dr.</u>	
<u>Auburn Hills, MI 48326</u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Great Lakes Telephone, LLC

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Robert Miller
Print Name

Robert Miller
Signature

V.P.
Title

10/22/02
Date

248 836-6600
Telephone No.

248 836-6633
Fax No.

Address: 2333 Commercial Dr.

Auburn Hills, MI 48326

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NCI Acquisition Company, LLC d/b/a Great Lakes Telephone
(Name of foreign limited liability company)

2. Michigan 3. 75-3083241
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/02/2002 5.
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 10/09/2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2333 Commercial Drive, Auburn Hills, MI 48236

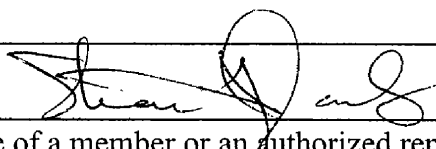
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:
Stuart Carter, 2333 Commercial Drive, Auburn Hills, MI 48236

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Pay telephone services



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stuart Carter

Typed or printed name of signee

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES										
Date Received	(FOR BUREAU USE ONLY)									
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.										
<table border="1" style="width: 100%;"> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>		Name			Address			City	State	Zip Code
Name										
Address										
City	State	Zip Code								
EXPIRATION DATE: DECEMBER 31,										

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

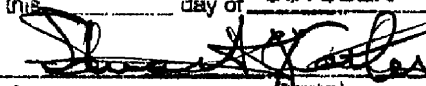
CERTIFICATE OF ASSUMED NAME
For use by Corporations, Limited Partnerships and Limited Liability Companies
(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:	
NCI ACQUISITION COMPANY, LLC	
2. The identification number assigned by the Bureau is:	B3489G
3. The assumed name under which business is to be transacted is:	
GREAT LAKES TELEPHONE	
4. This document is hereby signed as required by the Act.	

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY

Signed this _____ day of **OCTOBER**, 2002

By 

(Signature)

Stuart Carter, President of Great Lakes Telecommunications

(Type or Print Name) (Type or Print Title)

Corp., its sole member

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)