

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 an uncertificated 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.
- 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 the resold service by enrolling unaffiliated customers.

8/20/96
 Place in Docket
 # 960497-TI

MORCOM

Frank - TEU

REC _____
 TCF _____
 REC _____

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

NorCom, Inc

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

NorCom, Inc.

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

5520 Pacific Blvd Suite 218, Boca Raton, FL, 33433

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

5520 Pacific Blvd, Suite 218, Boca Raton, FL, 33433

7. Structure of organization;

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input 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.

(a) Provide proof of compliance with the foreign limited 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 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: P93000019016(3)

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

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

Fictitious name registration number: _____

- (c) 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

(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 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;

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

(c) Tariff;

(d) Complaints/Inquiries from customers;
Eric Mostram - President (561) 392-0716
5520 Pacific Blvd #218, Boca Raton, FL 33433

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 company or other telecommunications entity, and the circumstances involved. *NONE*

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

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

13. Do you have a marketing program? *yes*

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 14 (To whom, what amount, type of franchise, etc.).

Commissions payable to sales agents, 10% of billing

16. 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) _____

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

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

Prulm Inc Rt. 3 Box 696, Bruceton Mills, WV, 26525

18. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide interexchange telecommunications service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

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.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should affirm that the financial statements are true and correct.

B. Managerial capability.

Eric Rostrum - 8yrs in Long Distance industry

C. Technical capability.

Eric Rostrum - ASX Training, Bell Schools attendee, 8yrs in Long Distance

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). *already submitted*

20. 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 mbs., 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 to 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

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

1 + phone number, 800 + phone number

22. Other:

**** 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 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:** A non-refundable application fee of \$250.00 must be submitted with the application.
5. **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 service.
6. **ACCURACY OF APPLICATION:** By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement.
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:

J. M. ...
Signature

7/22/96
Date

President
Title

(561) 392-0716
Telephone No.

**** 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.)

UTILITY OFFICIAL:

Eri Hartman
Signature

7/22/96
Date

President
Title

(561) 392-0716
Telephone No.

**** APPENDIX C ****

INTRASTATE NETWORK

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

1) 2)

3) 4)

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

1) 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. *NA*

1) POP-to-POP TYPE OWNERSHIP

2)

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).

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).

NorCom will not offer 10XXX dialing or intralata calling

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

UTILITY OFFICIAL:

Jim Anderson
Signature

7/22/94
Date

President
Title

(561) 372-0716
Telephone No.

NORCOM, INC. INCOME STATEMENT
End of year 1995

Sales	
Long Distance Service Commissions	\$360,000.00
Phone Systems	\$276,000.00
Total Sales	\$636,000.00
Cost of Goods Sold	
Material	\$138,000.00
Labor	\$130,000.00
Total Variable COGS	\$268,000.00
Total Fixed Costs (overhead)	\$118,000.00
Total Cost of Goods Sold	\$386,000.00
Gross Profit	\$250,000.00
Operating Expenses	
Sales and Marketing	\$ 80,000.00
Research and Development	\$ 30,000.00
General and Admin.	\$102,000.00
Total Operating Expenses	\$212,000.00
Income From Operations	\$ 38,000.00
Interest Income	\$ 3,450.00
Interest Expense	\$ 1,500.00
Income Before Taxes	\$ 39,950.00
Taxes on Income	\$ 3,995.00
Net Income After Taxes	\$ 35,955.00

NORCOM, INC. BALANCE SHEET
As of the month ending

JUN 96

Assets

Current Assets

Cash	\$63,475.00
Accounts receivable	\$24,700.00
Inventory	\$ 8,150.00
Total Current Assets	\$95,325.00

Plant & Equipment

Land	0
Buildings	0
Office Equipment	\$12,400.00
Total Net Plant & Equipment	\$12,400.00

Other Assets

Other Assets	0
Total Assets	\$107,725.00

Liabilities & Owners' Equity

Current Liabilities

Short Debt	0
Accounts Payable	\$2,850.00
Other Payables	0
Accrued Liabilities	0
Total Current Liabilities	\$2,850.00

Long Term Debt

Long Term Debt	0
Total Current Liabilities	\$2,850.00

Owner/Stockholder Equity

Common Stock	\$104,875.00
Retained Earnings	(\$74,000.00)
Dividends Payable	0
Total Owners Equity	\$30,875.00

Total Liabilities & Equity	\$107,725.00
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