

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**101 East Gaines Street**  
**Fletcher Building**  
**Tallahassee, Florida 32399-0866**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE INTEREXCHANGE TELECOMMUNICATIONS**  
**SERVICE**  
**WITHIN THE STATE OF FLORIDA**

991102-TI

Instructions

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Appendix A).
- B. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Communications**  
**Bureau of Service Evaluation**  
**101 East Gaines Street**  
**Tallahassee, Florida 32399-086**  
**(904) 488-1280**

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

**Florida Public Service Commission**  
**Division of Administration, Room G-50**  
**101 East Gaines Street**  
**Tallahassee, Florida 32399-0850**  
**(904) 488-4733**

DOCUMENT NUMBER-DATE

09624 AUG 13 88

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 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.
- 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 carriers. 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.

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

**Concert Communications Sales LLC**  
(hereafter "**Applicant**" or "**CCS**")

Please see *Attachment A*, appended hereto.

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

**Same.**

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

**Concert Communications Sales LLC**  
**Reston Town Center**  
**11921 Freedom Drive**  
**Reston, Virginia 20190.**

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

**Applicant does not have a Florida office.**

7. Structure of organization;

- |                                     |  |                          |                     |
|-------------------------------------|--|--------------------------|---------------------|
| <input type="checkbox"/>            | Individual   | <input type="checkbox"/> | Corporation         |
| <input type="checkbox"/>            | Foreign Corporation                                    | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/>            | General Partnership                                    | <input type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Other, <b><u>Foreign Limited Liability Company</u></b> |                          |                     |

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 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.

**Please see Attachment B, appended hereto.**

Document number:                     M99000000420                    

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

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

**Not applicable.**

Fictitious name registration number:

(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.

**None.**

(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.

**None, provided however, the above-listed parties may have held de minimus amounts of stock in Florida certificated companies in the ordinary course of their private investments.**

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

(a) The Application;

**Joan M. Griffin  
Brian D Hughes  
Kelley Drye & Warren LLP  
1200 19th Street, N.W., Suite 500  
Washington, DC 20036  
(202) 955-9600  
(202) 955-9792 facsimile**

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

**Maria Silveira  
Concert Communications Sales LLC  
11921 Freedom Drive  
Reston, Virginia 20190  
(703) 467-2563  
(703) 707-4080 facsimile**

(c) Tariff;

**Joan M. Griffin  
Brian D Hughes  
Kelley Drye & Warren LLP  
1200 19th Street, N.W., Suite 500  
Washington, DC 20036  
(202) 955-9600  
(202) 955-9792 facsimile**

- (d) Complaints/Inquiries from customers;

**Customers with complaints or billing inquiries may contact the Applicant at its toll free number, (877) 428-2862.**

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.

**Applicant has pending applications for certification as an interexchange carrier in Alaska, Arizona, Arkansas, Connecticut, Georgia, Hawaii, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, New Mexico, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Vermont, West Virginia, and Wyoming.**

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

**Applicant is certificated as an interexchange carrier in Alabama, Delaware, Indiana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Ohio, Rhode Island, Washington, and Wisconsin.**

- (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:

**Applicant anticipates that it may provide bulk capacity to other certificated telephone companies in connection with large international service arrangements.**

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

13. Do you have a marketing program?

**Yes. Applicant will market its services to large multinational corporations. Applicant intends to serve the Florida intrastate telecommunications needs of such corporations in conjunction with providing comprehensive international communications services. Applicant will market its services by utilizing in-house sales representatives employed by CCS, its affiliates, or its distributors. Applicant does not expect to market its services to the general public.**

14. Will your marketing program:

**Please see Applicant's response to the previous question. In-house sales representatives will likely be compensated both as employees and through sales incentives.**

- 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.).

**Any compensation for marketing of Applicant's services will be paid to its employees or the employees of its distributors.**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Residential customers | <input checked="" type="checkbox"/> Business customers |
| <input type="checkbox"/> PATS providers        | <input type="checkbox"/> PATS station end-users        |
| <input type="checkbox"/> Hotel & motels        | <input type="checkbox"/> Hotel & motel guests          |
| <input type="checkbox"/> Universities          | <input type="checkbox"/> Univ. dormitory residents.    |
| <input type="checkbox"/> 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, to the extent required by law.**

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

**End users will receive their bill from Applicant, with Applicant's name on the bill, although an affiliate of CCS may provide the actual underlying billing functions.**

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) -

**Applicant is in the process of revising its proposed tariff in order to conform with the Commission's Rules and will file the tariff with the Commission as Attachment C to this Application immediately upon completion.**

19. The applicant will provide the following interexchange carrier services (Check all that apply):

Please see Attachment D, appended hereto.

**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

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

**Applicant has not yet determined the exact nature of the highly individualized services it will provide its customers, and therefore, has not yet developed the relevant dialing protocols for such services. However, Applicant anticipates that end users will need only dial a minimal number of digits to initiate most of the services listed above.**

21. \_\_\_\_\_ Other;

**ATTACHMENTS:**

- A – OWNERSHIP STATEMENT
- B – PROOF OF AUTHORITY TO OPERATE IN FLORIDA
- C – PROPOSED TARIFF
- D – DESCRIPTION OF SERVICES

**APPENDICES:**

- A - CERTIFICATE TRANSFER STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - FLORIDA TELEPHONE EXCHANGES and FACILITIES
- D - APPLICANT ACKNOWLEDGEMENT STATEMENT



**\*\* APPENDIX A \*\***

**CERTIFICATE TRANSFER STATEMENT**

**Not Applicable.**

I, (TYPE NAME) \_\_\_\_\_,

(TITLE) \_\_\_\_\_, of (NAME OF COMPANY)

\_\_\_\_\_ and current

holder of certificate number \_\_\_\_\_, have reviewed this application and join

in the petitioner's request for a transfer of the above-mention certificate

UTILITY OFFICIAL: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Title

\_\_\_\_\_  
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):

- (X)           **The applicant will not collect deposits nor will it collect payments for service more than one month in advance.**

**The applicant may however, seek deposits or advance payments in the future. Should it choose to do so, applicant will first obtain and file with the Commission a surety bond in the appropriate amount.**

- ( )           **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 (and must accompany application.).**

UTILITY OFFICIAL:



Signature

CHERYL LYNN SCHNEIDER

July 26, 1999

Date

Assistant Secretary Manager

Title

(703) 707-4283

Telephone No.

**\*\* APPENDIX C \*\***

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

**Not applicable.**

- |    |    |
|----|----|
| 1) | 2) |
| 3) | 4) |

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

**The Applicant does not have any switches at this time.**

- |    |    |
|----|----|
| 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).

**None.**

- |    |                   |             |                  |
|----|-------------------|-------------|------------------|
| 1) | <u>POP-to-POP</u> | <u>TYPE</u> | <u>OWNERSHIP</u> |
|----|-------------------|-------------|------------------|

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).

**Applicant seeks to provide service on a statewide basis. Accordingly, the Applicant seeks authority to originate service from all of the exchanges in Florida.**

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

**Applicant will rely upon its underlying carrier(s) to ensure compliance with the traffic restrictions contained in Commission Rule 25-24.471(4)(a).**

6. **CURRENT FLORIDA STATE SERVICE:** 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: 

Signature  
CHERYL LYNN SCHNEIDER

July 26, 1999  
Date

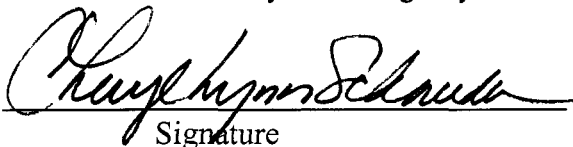
Assistant Secretary Manager  
Title

(703) 707-4283  
Telephone No.

**\*\*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 AAV 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.

UTILITY OFFICIAL:

  
Signature

CHERYL LYNN SCHNEIDER

Assistant Secretary Manager  
Title

July 26, 1999

Date

(703) 707-4283  
Telephone No.

**ATTACHMENT A**

**Concert Communications Sales LLC**  
**Application for Local Exchange Authority**  
**Attachment A**

On July 26, 1998, British Telecommunications ("BT") and AT&T Corp. ("AT&T") announced that they would create a \$10 billion global venture (the "Global Venture") to serve the communications needs of multinational companies and the international calling needs of individuals and businesses around the world. AT&T is a New York corporation that provides domestic and international voice and data telecommunications services. Upon consummation of the transaction, Applicant will become a part of the Global Venture. Specifically it will become an indirect subsidiary of VLT Co. LLC, a joint venture in which AT&T and BT each will indirectly maintain a 50 percent ownership interest and share control. Consummation of the transaction is subject to receipt of various approvals from the Federal Communications Commission ("FCC") and other agencies. At present, the parties expect to consummate the transaction in October, 1999. Applicant will notify the Commission in writing in the event the transaction is consummated and CCS becomes part of the Global Venture.

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**ATTACHMENT B**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 23, 1999

MARIA STEPHENS  
CSC

Qualification documents for CONCERT COMMUNICATIONS SALES LLC were filed on March 23, 1999, and assigned document number M9900000420. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date.

A limited liability company annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6051, the Registration and Qualification Section.

Tammi Cline  
Document Specialist  
Division of Corporations

Letter Number: 899A00014390

Account number: 072100000032

Account charged: 285.00



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

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

1. Concert Communications Sales LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. -----  
(FEI number, if applicable)
4. February 22, 1999  
(Date of Organization)
5. 30 years  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Will begin upon approval.  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 11921 Freedom Drive  
Reston, VA 20190  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

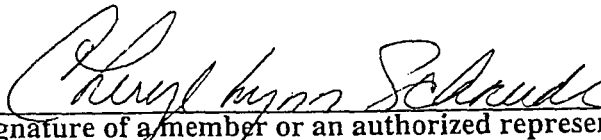
See attachment.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 MAR 23 AM 10:33

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

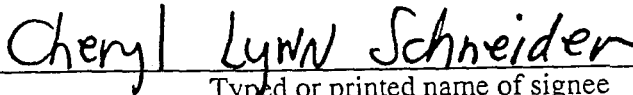
The undersigned member or authorized representative of a member of Concert Communications Sales LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1000.00 .  
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 23 AM 10:33

**Filing Fee: \$250.00 for Application and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Concert Communications Sales LLC

---

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address

(NOT ACCEPTABLE)

Tallahass

*for CSC  
to SGM*

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By:

*Anthony L. Johnson*

(Signature)

**Filing Fee: \$ 35 for Designation of Registered Agent**

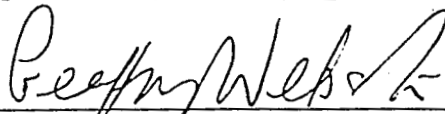
**EXHIBIT 1**  
**LISTING OF MANAGERS**

By a vote of the Member the following Managers were elected to operate the Company pursuant to Article 5 of the Agreement:

NAME:	ADDRESS:
Peter Macleod Chief Executive Manager	11921 Freedom Drive Reston, Virginia 20190
Steve Clutton Chief Financial Manager	11921 Freedom Drive Reston, Virginia 20190
William Flynn Tax Manager	11921 Freedom Drive Reston, Virginia 20190
Geoff Webster Secretary Manager	11921 Freedom Drive Reston, Virginia 20190
Geoffrey Beedham Assistant Secretary Manager	BT, 81 Newgate Street London, UK EC1A 7AJ
Cheryl Schneider Assistant Secretary Manager	11921 Freedom Drive Reston, Virginia 20190
Cindy Perkinson Assistant Secretary Manager	11921 Freedom Drive Reston, Virginia 20190
Kha Nguyen Assistant Secretary Manager	11921 Freedom Drive Reston, Virginia 20190
Michelle Gallagher Assistant Secretary Manager	11921 Freedom Drive Reston, Virginia 20190

The above listed Managers will serve in their capacities until they are removed for any reason by a vote of the Member as defined by Article 5 or upon their voluntary resignation.

Signed and Agreed this 16<sup>th</sup> day of March, 1999.



CONCERT GLOBAL NETWORKS (USA) INC.

Member

**ATTACHMENT C**

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**ATTACHMENT D**

**Concert Communications Sales LLC**  
**Application for Local Exchange Authority**  
**Attachment D**

Applicant intends to provide a range of intrastate interexchange services, including various forms of Message Toll Service. Applicant also intends to provide additional interexchange services such as Toll Free, WATS services, Travel services, and Private Line services. However, Applicant's business plan is founded upon meeting the specific telecommunications needs of large multinational corporations. Such needs may require individually tailored services. As such, Applicant can propose categories of service, e.g., MTS or Private Line, but cannot presently specify methods of access, e.g., Feature Group D or via dedicated facilities.

ORIGINAL

KELLEY DRYE & WARREN LLP

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

1200 19TH STREET, N.W.

SUITE 500

WASHINGTON, D.C. 20036

(202) 955-9600

FACSIMILE

(202) 955-9792

DIRECT LINE (202) 955-9238

NEW YORK, NY

LOS ANGELES, CA

MIAMI, FL

CHICAGO, IL

AMSTERDAM, NL

PARIS, NY

SELBIE, IL

HONG KONG

AFFILIATE OFFICES

BANGKOK, THAILAND

JAKARTA, INDONESIA

MANILA, THE PHILIPPINES

MUMBAI, INDIA

TOKYO, JAPAN

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SERVICE COMMISSION  
99 AUG 13 AM 10:14  
MAIL ROOM

August 12, 1999

DEPOSIT

D187

DATE

AUG 13 1999

VIA OVERNIGHT DELIVERY

Ms. Blanca Bayo  
Director  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399

991102-TI

Re: Applications of Concert Communications Sales LLC

Dear Ms. Bayo:

Enclosed for filing with the Florida Public Service Commission ("Commission"), please find an original and 12 copies of Concert Communications Sales LLC's Applications for authority to provide (1) Alternative Local Exchange Service and (2) Interexchange Service. The company will provide the services on a resold basis. Also enclosed are two checks to cover each of the \$250 filing fees.

Finally, also enclosed are duplicate copies of these filings and a self-addressed stamped envelope. Please date-stamp the duplicates upon receipt and return it in the envelope provided. Please do not hesitate to call me if you have any questions.

KELLEY DRYE & WARREN LLP

1200 19TH STREET, N.W.

WASHINGTON, DC 20036

FIRST UNION NATIONAL BANK  
WASHINGTON, DC

68-122/540 00480

005627

July 23, 1999

PAY TO THE ORDER OF Florida Public Service Commission

\$ 250.00

Two-Hundred and Fifty-----00/100-----DOLLARS

DOCUMENT NO.

09624-99

8-13-99

*Lawrence K. Lambert*

MEMO Filing fee 007854.0003

005627