

APPLICATION

RECEIVED
FEBRUARY 11 2000
MAIL ROOM

ORIGINAL

00 FEB 11 AM 8 27

MAIL ROOM

000189-TX

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.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

DEPOSIT

DATE

D248

FEB 16 2000

2. Name of company:

ET Telephone, Inc.

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

ET Telephone, Inc.

4. Official mailing address (including street name & number, post office box, city, state, zip code):

ET Telephone, Inc.

112 E. Seminary Drive, Ste B.

FT. WORTH, TX 76115

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

NONE

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. If Individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

- (a) The Florida Secretary of State corporate registration number:

9. If foreign corporation, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

399A00050360

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) The Florida Secretary of State fictitious name registration number:

n/a

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number**(if applicable): _____

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

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

None

(b) an 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

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

(a) The application:

Name: VLA Associates, LLC c/o Mark Angell

Title: Vice President

Address: 1075 Rosewood Drive

City/State/Zip: Grapevine, Texas 76051

Telephone No.: 817-329-7424 Fax No.: 817-421-4789

Internet E-Mail Address: mark.angell@gte.net

Internet Website Address: _____

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

Name: Bryon Young

Title: President

Address: 112 E. Seminary Dr., Ste B

City/State/Zip: Ft. Worth, TX 76115

Telephone No.: 817-371-5279 Fax No.: 817-920-9096

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

Texas

(b) has applications pending to be certificated as an alternative local exchange company.

none

(c) is certificated to operate as an alternative local exchange company.

Texas

- (d) has been denied authority to operate as an alternative local exchange company 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

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The 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.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** 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 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:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Signature	<u><i>[Handwritten Signature]</i></u>	Date	<u>2-7-00</u>
Title	<u>President</u>	Telephone No.	<u>817-371-5279</u>
Address:	<u>112 E. Seminary Dr.</u>	Fax No.	<u>817-920-9096</u>
	<u>Ste B.</u>		
	<u>FT. Worth, TX 76115</u>		

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of (Name of Company)

_____ and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for
a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

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

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

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

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.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

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 alternative local exchange 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."

UTILITY OFFICIAL:

Signature	<u><i>[Handwritten Signature]</i></u>	Date	<u>2-7-01</u>
Title	<u>President</u>	Telephone No.	<u>817-371-5279</u>
Address:	<u>112 E. Seminary Dr.</u>	Fax No.	<u>817-920-9096</u>
	<u>Ste B.</u>		
	<u>Ft. Worth, TX 76115</u>		

State of Florida



Department of State

I certify from the records of this office that ET TELEPHONE, INC., is a corporation organized under the laws of Texas, authorized to transact business in the State of Florida, qualified on October 14, 1999.

The document number of this corporation is F99000005360.

I further certify that said corporation has paid all fees due this office through December 31, 1999, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Nineteenth day of October, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 19, 1999

ANGIE GLISAR
CSC NETWORKS
TALLAHASSEE, FL

Qualification documents for ET TELEPHONE, INC. were filed on October 14, 1999 and assigned document number F99000005360. Please refer to this number whenever corresponding with this office.

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

The certification you requested is enclosed.

A corporation 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 corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Buck Kohr
Corporate Specialist
Division of Corporations

Letter Number: 399A00050360

Account number: 072100000032

Account charged: 87.50

APPLICATION

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

00 FEB 11 AM 8:27

MAIL ROOM

000189TX

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.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

DEPOSIT

DATE

2. Name of company:

D248

FEB 16 2000

ET Telephone, Inc.

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

ET Telephone, Inc.

4. Official mailing address (including street name & number, post office box, city, state, zip code):

ET Telephone, Inc.

112 E. Seminary Drive, Ste B.

FT. Worth, TX 76115

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

NONE

EXPRESS TELECOMMUNICATION 6-97 1505
 DBA PHONE AMERICA
 112 E. SEMINARY DR., STE. B
 FORT WORTH, TX 76115

Date 9-20 99 32-2/1110 TX 6900

Pay to the Order of PUC \$ 250.00
two hundred fifty and 00/100's Dollars

NationsBank
 Bank, N.A.

For ALEC

1505

DOCUMENT NUMBER-DATE

02004 FEB 15 8

FPSC-RECORDS/REPORTING