

ORIGINAL

LAW OFFICES
MESSER, CAPARELLO & SELF
A PROFESSIONAL ASSOCIATION

215 SOUTH MONROE STREET, SUITE 701
POST OFFICE BOX 1876
TALLAHASSEE, FLORIDA 32302-1876
TELEPHONE: (850) 222-0720
TELECOPIERS: (850) 224-4359; (850) 425-1942

May 2, 2000

BY HAND DELIVERY

Ms. Blanca Bayo, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

000537-TX

Dear Ms. Bayo:

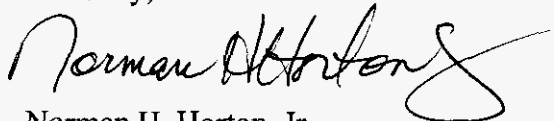
Enclosed for filing are an original and six copies of One Call Communications, Inc.'s Application for Authority to Provide Alternative Local Exchange Service Within the State of Florida. Also enclosed is a check in the amount of \$250.00 for the application fee.

The financial information requested with the application is considered by the applicant to be proprietary and confidential. This information would be of use to competitors and disclosure would impede the activities of the Company. Applicant thus requests that the financial data be treated as confidential material pursuant to section 364.183, Florida Statutes. Redacted versions of the information are attached to the application.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,



Norman H. Horton, Jr.

Enclosure
to be returned to sender for deposit.
Please to forward a copy of check
to HHH with proof of deposit.

Initials of person who forwarded check:



NHH/amb
Enclosure

cc: Ann Bernard, Esq.

DOCUMENT NUMBER-DATE

05468 MAY-28

FPSC-RECORDS/REPORTING

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DOCUMENT NUMBER-DATE

05468 MAY-28

FPSO-RECORDS/REPORTING

APPLICATION

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.

2. Name of company:

One Call Communications, Inc.

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

Opticom a division of One Call Communications, Inc.

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

One Call Communications, Inc.

801 Congressional Blvd.

Carmel, IN 46032

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

One Call Communications, Inc.
c/o Messer, Caparello & Self, P.A.

P.O. Box 1876
Tallahassee, FL 32302-1876

6. Structure of organization:

- () Individual () Corporation
(x) 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:**

Not applicable

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

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

P26824

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:**

G96999033127

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.

The officers and directors are the same as Opticom. Opticom is seeking to expand its authority.

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

(a) The application:

Name: Norman H. Horton, Jr.

Title: Attorney

Address: Messer, Caparello & Self, P.A.
P.O. Box 1876

City/State/Zip: Tallahassee, FL 32302-1876

Telephone No.: (850) 222-0720 **Fax No.:** (850) 224-4359

Internet E-Mail Address: nhorton@lawfla.com

Internet Website Address: www.lawfla.com

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

Name: Ann C. Bernard

Title: Corporate Counsel

Address: 801 Congressional Blvd.

City/State/Zip: Carmel, IN 46032

Telephone No.: (317)843-1300 **Fax No.:** (317)580-7471

Internet E-Mail Address: abernard@onecall.net

Internet Website Address: onecall.net

(c) **Complaints/Inquiries from customers:**

Name: Laura Clore

Title: Regulatory Manager

Address: 801 Congressional Blvd.

City/State/Zip: Carmel, IN 46032

Telephone No.: (317)843-1300 **Fax No.:** (317)580-7496

Internet E-Mail Address: regulate@onecall.net

Internet Website Address: _____

17. **List the states in which the applicant:**

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

none

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

Connecticut

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

Indiana

(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.

Tennessee and Florida - settlement attached

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

Yes. One Call is suing Ameritech for return of set use fees paid. It is currently before the FCC. The case has been combined with MCI and Frontier.

18. Submit the following:

- A. Financial capability. Attached

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.*

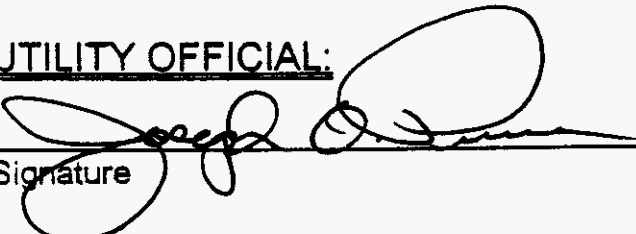
Further, the following (which includes supporting documentation) should be provided:

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. Attached
- 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. Attached

**** 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:

| | |
|--|----------------|
|  | 4-27-00 |
| Signature | Date |
| President | (317) 843-1300 |
| Title | Telephone No. |
| Address: 801 Congressional Boulevard | (317) 580-7496 |
| Carmel, Indiana 46032 | Fax No. |

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:

| | |
|--|----------------|
|  | 4-27-00 |
| Signature | Date |
| President | (317) 843-1300 |
| Title | Telephone No. |
| Address: 801 Congressional Boulevard | (317) 580-7496 |
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May 2, 2000

DEPOSIT

DATE

D289

MAY 04 2000

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Room 110, Easley Building
Florida Public Service Commission
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Tallahassee, Florida 32399-0850

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| | | |
|---|-----------------------------------|--------------------------------|
| LAW OFFICES | | 63-778 |
| MESSER, CAPARELLO & SELF, P.A. | | 631 |
| OPERATING ACCOUNT | | |
| 215 S. Monroe St., Suite 701 | | |
| Post Office, Box 1876 | | 365024 |
| Tallahassee, Florida 32302-1876 | | |
| (850) 222-0720 | | May 2000 |
| PAY TO THE ORDER OF | Florida Public Service Commission | \$250.00 |
| **Two hundred fifty and 00/100 dollars***** | | |
| CREDIT BANK, TALLAHASSEE, N.A. | | MESSER, CAPARELLO & SELF, P.A. |
| TALLAHASSEE, FLORIDA | | <i>Norman Johnston</i> |
| | | ASSISTANT TREASURER |
| 365024 | | |