

Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: July 13, 2000

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: *TJM* Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 000696-TC

Please add the attached letter and revisions of the ALEC application to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

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2000 JUL 13 AM 10:36

DIVISION OF
REGULATORY OVERSIGHT

July 12, 2000

VIA FEDERAL EXPRESS

Ms. Toni McCoy
Division of Regulatory Oversight
Florida Public Service Commission
2540 Shumard Oak Boulevard
Gerald Gunter Building
Tallahassee, Florida 32399

RECEIVED

JUL 13 2000

Florida Public Service Commission
Division of Regulatory Oversight

Re: Amendment #2 to Application of Birch Telecom of the South, Inc. for Authority to Provide Resold and Facilities-Based Local Exchange Telecommunications Services within the State of Florida (Docket No. 000696-TX)

Dear Ms. McCoy:

On behalf of Birch Telecom of the South, Inc. ("Birch"), pursuant to our recent telephone conversations, we hereby submit an original and five (5) copies of the following items in support of Birch's above-captioned application:

- (1) An original, signed "Applicant Acknowledgement Statement"; and
- (2) Birch's responses to Questions 15(a) and 15(b) on the Commission's application form.

We have included an extra copy of this filing, marked "Stamp and Return," as well as a self-addressed, pre-paid overnight airbill and delivery envelope. Please stamp and return the extra copy to confirm your receipt.

Please direct any inquiries regarding this filing to the undersigned.

Respectfully submitted,
BIRCH TELECOM OF THE SOUTH, INC.



By _____
Valerie M. Furman

VME/clh
Enclosures

1177 Avenue of the Americas • 41st Floor • New York, New York 10036-2714

Tel (212) 835-1400 • Fax (212) 997-9880

<http://www.dsmo.com>

1170505 v1; P361011.DOC

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

UTILITY OFFICIAL:

<u>Gregory C. Lawton</u>	<u>June 30, 2000</u>
Signature	Date
<u>Senior Vice President</u>	<u>(816) 300-3225</u>
Title	Telephone No.
Address: <u>2020 Baltimore Avenue</u>	<u>(816)300-3247</u>
<u>Kansas City, MO 64108</u>	Fax No.

ATTACHMENTS:

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

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.**

No .

(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.

Not applicable.

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

(a) The application:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____