

SWIDLER BERLIN SHEREFF FRIEDMAN, LLP

3000 K STREET, NW, SUITE 300
WASHINGTON, DC 20007-5116
TELEPHONE (202)424-7500
FACSIMILE (202) 424-7645

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
00 SEP -5 AM 9:54
MAIL ROOM

NEW YORK OFFICE
405 LEXINGTON AVENUE
NEW YORK, NY 10174

September 1, 2000

VIA OVERNIGHT DELIVERY

001315-TX

Blanca S. Bayo
Director
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0870

DEPOSIT DATE
D356 SEP 06 2000

Re: Application of Sigma Networks Telecommunications, Inc. for Authority to Provide Alternative Local Exchange Service in Florida

Dear Ms. Bayo:

Enclosed for filing on behalf of Sigma Networks Telecommunications, Inc. ("Sigma"), please find an original and six (6) copies of Sigma's application for authority to provide alternative local exchange service in Florida. Please find enclosed a check in the amount of \$250.00 to cover the filing fee for the application. Also enclosed, please find a separate envelope submitted under seal and bearing the appropriate markings, which contains Sigma's confidential financial information submitted in support of this application.

Please date-stamp the enclosed extra copy and return in the self-addressed, stamped envelope provided. Should you have any questions concerning this filing, please do not hesitate to contact the undersigned.

Respectfully submitted,

Katherine A. Rolph

Katherine A. Rolph
Brian McDermott

Counsel for Sigma Networks Telecommunications, Inc.

Enclosures
cc: Philip Lin

This claim of confidentiality was filed by or on behalf of a "telco" for Confidential DN 10954-00. The document is in locked storage pending advice on handling. To access the material, your name must be on the CASR. If undocketed, your division director must obtain written EXD/Tech permission before you can access it.

DOCUMENT NUMBER-DATE
10953 SEP-58
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**

001315-TX

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**

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:
Sigma Networks Telecommunications, Inc. ("Sigma" or "Applicant")

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

4. Official mailing address (including street name & number, post office box, city, state, zip code):
Sigma Networks Telecommunications, Inc.
1290 Parkmoor Avenue, Third Floor
San Jose, CA 95126-3449

5. Florida address (including street name & number, post office box, city, state, zip code):
Sigma's registered agent in Florida is CT Corporation System, 1200 South Pine
Island Road, Plantation, FL 33324

6. Structure of organization:

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

7. **If individual**, provide:

Name: Not Applicable.

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:**

F00000003047

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:**

Sigma will not use a fictitious name or d/b/a.

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

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

Not Applicable.

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

Name: Not Applicable.

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:** Not Applicable.

14. Provide **F.E.I. Number** (if applicable): 77-0544061

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 of Sigma's officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or crime nor are any such proceedings pending.

(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.

Reed Hundt, a director of Sigma, is currently a member of the Board of Directors of two companies certificated in Florida: NorthPoint Communications, Inc. and Allegiance Telecom, Inc. Andrew Rachleff, also a director of Sigma, is on the Board of Directors of Northpoint Communications Group, Inc.

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

(a) The application:

Name: Katherine Rolph and Brian McDermott

Title: Counsel for the Applicant; Swidler Berlin Shereff Friedman, LLP

Address: 3000 K Street, N.W., Suite 300

City/State/Zip: Washington, DC 20007-5116

Telephone No.: (202) 424-7500 **Fax No.:** (202) 424-7645

Internet E-Mail Address: karolph@swidlaw.com; bmmcdermott@swidlaw.com

Internet Website Address: http://www.swidlaw.com

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

Name: Philip Lin

Title: Vice President – Business Development

Address: 1290 Parkmoor Avenue, Third Floor

City/State/Zip: San Jose, CA 95126-3449

Telephone No.: (408) 271-7500 **Fax No.:** (408) 271-7550

Internet E-Mail Address: plin@sigmanetworks.com

Internet Website Address: www.sigmanetworks.com

(c) Complaints/Inquiries from customers:

Name: Lonny J. Orona

Title: Vice President – Customer Support and Network Operations

Address: 1290 Parkmoor Avenue, Third Floor

City/State/Zip: San Jose, CA 95126-3449

Telephone No.: (408) 271-7500 **Fax No.:** (408) 271-7550

Internet E-Mail Address: lorona@sigmanetworks.com

Internet Website Address: www.sigmanetworks.com

17. List the states in which the applicant:

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

Not applicable, as Applicant has not yet operated as an alternative local exchange company in any state.

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

Applicant is currently in the process of obtaining certification to provide local exchange services in Arkansas, Arizona, California, Colorado, Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Missouri, Nebraska, New Hampshire, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, and Wisconsin.

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

Applicant is certificated to operate as an alternative local exchange company in Kentucky, Massachusetts, New York, Texas, and Washington.

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

No, Applicant has not been denied authority to operate as an alternate local exchange company in any state.

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

No, Applicant has not had regulatory penalties imposed for violations of statutes in any state.

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

No, Applicant has not been involved in any civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity in any state.

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.

Please see Exhibit 1.

2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.

Please see Exhibit 1.

3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

Please see Exhibit 1.

- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

Please see Exhibit 2.

- 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.

Please see Exhibit 2.

**** 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

6/1/00

Date

Vice President – Business Development

Title

(408) 271-7508

Telephone No.

Address:

(408) 271-7550

Fax No.

1290 Parkmoor Avenue, Third Floor

San Jose, CA 95126-3449

ATTACHMENTS:

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

APPENDICES

APPENDIX A	Applicant Acknowledgment Statement
APPENDIX B	Certificate Sale, Transfer, or Assignment Statement
APPENDIX C	Intrastate Network (if available)
APPENDIX C	Affidavit

EXHIBITS

EXHIBIT 1	Financial Statements
EXHIBIT 2	Managerial and Technical Qualifications
EXHIBIT 3	Proposed Tariff

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

**** NOT APPLICABLE. SIGMA NETWORKS TELECOMMUNICATIONS, INC. IS APPLYING FOR ORIGINAL AUTHORITY.**

I, (Name) Not Applicable.

(Title) Not Applicable of _____

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:

Not Applicable.

Signature

_____ Date

Not Applicable

Title

_____ Telephone No.

Address: Not Applicable

_____ 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) <u>To be determined</u>	2) _____
_____	_____
3) _____	4) _____
_____	_____

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

1) <u>To be determined</u>	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.

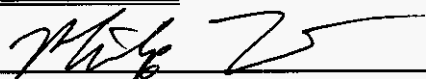
<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) <u>To be determined</u>	_____
2) _____	_____
3) _____	_____
4) _____	_____

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

6-1-00

Date

Vice President – Business Development

Title

(408) 271-7508

Telephone No.

Address:
1290 Parkmoor Avenue, Third Floor

(408) 271-7550

Fax No.

San Jose, CA 95126-3449

EXHIBIT 1

(Confidential Treatment Requested)

FINANCIAL STATEMENTS

Sigma has access to the financing and capital necessary to provide the requested service in the geographic area proposed to be served, to maintain the requested service and to meet its lease or ownership obligations. Initially, Sigma will rely on its parent company, Sigma Networks, Inc. ("Sigma Networks") for the necessary financial support for the operations described in this application. Both Sigma and Sigma Networks are recently formed corporations. Thus, no historical financial statements are available at this time. In lieu of historical financial statements, Sigma is submitting as Exhibit 1 the most recent pro forma financial statements of Sigma Networks. Pursuant to Commission rules, the chief executive officer of Sigma and Sigma Networks has attested to the correctness of the information contained in Exhibit 1.

The exhibit is being offered to demonstrate Sigma's financial ability to provide the proposed services. Sigma possesses the sound financial resources necessary to effectively procure, install, and operate the facilities and services requested in this Application.

SWIDLER BERLIN SHEREFF FRIEDMAN, LLP

3000 K STREET, NW, SUITE 300
WASHINGTON, DC 20007-5116
TELEPHONE (202) 424-7500
FACSIMILE (202) 424-7645

NEW YORK OFFICE
1405 LEXINGTON AVENUE
NEW YORK, NY 10174
00 SEP -5 AM 9:18
MAIL ROOM

September 1, 2000

VIA OVERNIGHT DELIVERY

Blanca S. Bayo
Director
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0870

DEPOSIT DATE
D356 SEP 06 2000

001315-TX

Re: Application of Sigma Networks Telecommunications, Inc. for Authority to Provide Alternative Local Exchange Service in Florida

Dear Ms. Bayo:

Enclosed for filing on behalf of Sigma Networks Telecommunications, Inc. ("Sigma"), please find an original and six (6) copies of Sigma's application for authority to provide alternative local exchange service in Florida. Please find enclosed a check in the amount of \$250.00 to cover the filing fee for the application. Also enclosed, please find a separate envelope submitted under seal and bearing the appropriate markings, which contains Sigma's confidential financial information submitted in support of this application.

Please date-stamp the enclosed extra copy and return in the self-addressed, stamped

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

SWIDLER BERLIN SHEREFF FRIEDMAN, LLP
3000 K STREET, N.W. SUITE 300
WASHINGTON, DC 20007

CHECK DATE
08/31/00

CHECK NO. D 124328

Citibank DC Operating
1775 Pennsylvania Avenue, NW
Suite 440
Washington, DC 20006

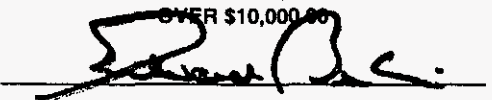
CHECK AMOUNT
250.00*****

TWO HUNDRED FIFTY AND 00/100 Dollars

TWO SIGNATURES REQUIRED ON CHECK
OVER \$10,000.00

PAY
TO THE
ORDER OF

Florida Public Service Commission


OPERATING ACCOUNT

DOCUMENT NUMBER-DATE

10953 SEP-58

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

1 24328