

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

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

010828 - TA

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses 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. 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**

Note: **A filing fee is required** for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).

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

**Florida Public Service Commission  
Division of Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480**

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 authority rather than apply for a new certificate.
- Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.
- Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

KMC Telecom III, Inc. ("KMC III")

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

Same

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

KMC III

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1755 North Brown Rd.

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Lawrenceville, GA 30043

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

CT Corporation System  
\_\_\_\_\_  
1200 South Pine Island Road  
\_\_\_\_\_  
Plantation, FL 33324  
\_\_\_\_\_

6. Structure of organization:

(  ) Individual (  ) Corporation  
(  ) Foreign Corporation (  ) Foreign Partnership  
(  ) General Partnership (  ) Limited Partnership  
(  ) Other, Limited Liability Company

7. **If individual**, provide:

Name: \_\_\_\_\_ N/A \_\_\_\_\_

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:**  
N/A

\_\_\_\_\_

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

(a) **The Florida Secretary of State corporate registration number:**  
Information already on file with the Commission.

\_\_\_\_\_

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**, please proof of registration to operate in Florida.

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

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

Name: N/A

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:** \_\_\_\_\_ N/A \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): \_\_\_\_\_ N/A \_\_\_\_\_

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?  
(X) Yes ( ) No

(b) If not, who will bill for your services?

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

(c) Who will the billed party contact to ask questions about the bill?

**Name:** Information already on file with the Commission.

**Telephone Number:** Information already on file with the Commission.

(d) How is this information provided?

Information already on file with the Commission.

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

(a) The application:

**Name:** M. Nicole Oden

**Title:** Attorney with Kelley, Drye & Warren, LLP

**Address:** 1200 19th Street, N.W., Suite 500

**City/State/Zip:** Washington, DC 20036

**Telephone No.:** 202-955-9785 **Fax No.:** 202-955-9792

**Internet E-Mail Address:** moden@kelleydrye.com

**Internet Website Address:** www.kelleydrye.com

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

**Name:** Tricia Breckenridge

**Title:** Executive Vice President, Business Development

**Address:** 1755 North Brown Rd.

**City/State/Zip:** Lawrenceville, GA 30043

**Telephone No.:** (678) 985-7900 **Fax No.:** (678) 985-6213

**Internet E-Mail Address:** tbreck@kmctelecom.com

**Internet Website Address:** www.kmctelecom.com

(c) Complaints/Inquiries from customers:

**Name:** Michael Duke  
**Title:** Director, Regulatory Affairs  
**Address:** 1755 North Brown Road  
**City/State/Zip:** Lawrenceville, GA 30043  
**Telephone No.:** (678)985-7900 **Fax No.:** (678)985-6213  
**Internet E-Mail Address:** mduke@kmctelecom.com  
**Internet Website Address:** www.kmctelecom.com

17. List the states in which the applicant:

- (a) has operated as an Alternative Access Vendor.

N/A

- (b) has applications pending to be certificated as an Alternative Access Vendor.

N/A

- (c) is certificated to operate as an Alternative Access Vendor.

N/A

- (d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

N/A

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

N/A

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

N/A

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**18.** 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. If so, provide explanation.

N/A

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- (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.

N/A

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19. The applicant will provide the following AAV services (check all that apply):

- a.  Intraexchange private line service to an affiliate.
- b.  Interexchange private line service to an affiliate.
- c.  Special access as part of a private line dedicated service.
- d.  Special access to an IXC switched network.
- e.  Private line services (Channel Services)
  - DS-0, 64 kb/s
  - DS-1, 1.54 Mb/s
  - DS-2, 6.31 Mb/s
  - DS-3, 44.76 Mb/s

Information already on file with the Commission.

**THIS PAGE MUST BE COMPLETED AND SIGNED**  
**\*\* 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 the 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.
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 alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

**UTILITY OFFICIAL:**

See Attached Affidavit

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Fax No.**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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 access vendor 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."**

**OFFICIAL:**

See Attached Affidavit

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Fax No.**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has (  ) or has not (  ) 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?

Information already on file with the Commission.

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b) If the services are not currently offered, when were they discontinued?

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UTILITY OFFICIAL:

See Attached Affidavit

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

Application is a joint petition by affiliates of the same parent company to effectuate an intra-company transfer. As an attorney representing the parent company, KMC Telecom Holdings, Inc. and its subsidiaries, I affirm they jointly I, **(Name)** seek this transfer.

(Title) \_\_\_\_\_ of \_\_\_\_\_

(Name of Company) \_\_\_\_\_

and current holder of certificate number \_\_\_\_\_, have

reviewed this application and join in the petitioner's

request for a ( ) sale, ( ) transfer ( ) or assignment of the above-mentioned certificate.

**UTILITY OFFICIAL:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Address: See Attached Affidavit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

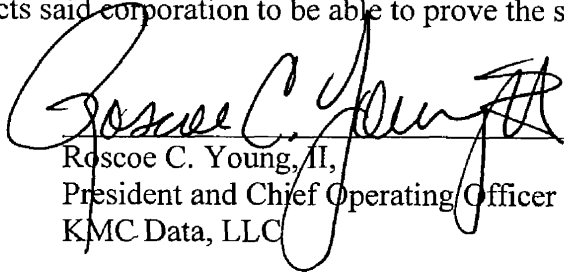
VERIFICATION

Roscoe C. Young, II, Affiant, being duly sworn according to law, deposes and says that:

He is the President and Chief Operating Officer of KMC Data, LLC

That he is authorized to and does make this affidavit for said corporation;

That the facts set forth in this Application are true and correct to the best of his knowledge, information, and belief and that he expects said corporation to be able to prove the same at any hearing hereof.

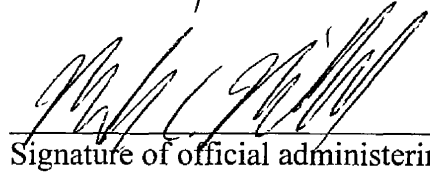
  
\_\_\_\_\_  
Roscoe C. Young, II,  
President and Chief Operating Officer  
KMC Data, LLC

[Commonwealth/State] of New Jersey :

:      **ss.**

County of Somerset :

Sworn and subscribed before me this 29th day of January, 2001.

  
\_\_\_\_\_  
Signature of official administering oath

Mark C. Millard  
A Notary Public of New Jersey  
My Commission Expires May 4, 2005

My commission expires \_\_\_\_\_

**KELLEY DRYE & WARREN LLP**  
1200 19TH STREET, N.W.  
WASHINGTON, DC 20036


15-122/540  
BRANCH 00480

DATE 4/20/01

PAY  
TO THE  
ORDER OF Florida Public Service Commission

\$ 250.00


Two hundred fifty and no/100----- DOLLARS

 Security features  
include  
Details on back

**FIRST  
UNION**<sup>®</sup>

First Union National Bank

119.07(1)(z), Florida Statutes: Bank account numbers  
or debit, charge, or credit card numbers given to an  
agency for the purpose of payment of any fee or debt  
owing are confidential and exempt from subsection (1)  
and s.24(a), Art. 1 of the State Constitution . . .

 **Lawrence K. Lambert** MP

LETIAL PLAINU KEIMIN ITHI 31ANPHEIN  
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.  
KELLEY DRYE & WARREN LLP

DATE	DESCRIPTION	AMOUNT
4/20/01	Charge 012649.0001 for transfer of KMC I AAV Certificate to KMC III, application fee	\$250.00