

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

010592-TX

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

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:

Advanced Tel, Inc.

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

EATEL

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

913 South Burnside Avenue, Gonzales, LA 70737

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

Not applicable.

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: _____

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:

F00000005170

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:

Applied for. Will submit under separate cover when received.

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

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

12. **If 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 (Charter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide F.E.I. Number(if applicable): 72-1025691

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: Janet S. Britton

Title: Manager of Legal and Regulatory Affairs

Address: 913 South Burnside Avenue

City/State/Zip Gonzales, LA 70737

Telephone No.: (225) 621-4498 **Fax No:** (225) 647-7927

Internet E-Mail Address: janet@eatel.com

Internet Website Address: Same

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

Name: Janet S. Britton

Title: Manager of Legal and Regulatory Affairs

Address: 913 South Burnside Avenue

City/State/Zip Gonzales, LA 70737

Telephone No.: (225) 621-4498 **Fax No:** (225) 647-7927

Internet E-Mail Address: janet@eatel.com

Internet Website Address: www.eatel.com

(c) Complaints/Inquiries from customers:

Name: Janet S. Britton

Title: Manager of Legal and Regulatory Affairs

Address: 913 South Burnside Avenue

City/State/Zip Gonzales, LA 70737

Telephone No.: (225) 621-4498 **Fax No:** (225) 647-7927

Internet E-Mail Address: janet@eatel.com

Internet Website Address: www.eatel.com

17. List the states in which the applicant:

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

Louisiana

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

Alabama

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

Mississippi and Louisiana

(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 applicants 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 applicants 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.

The EATEL family of companies, including Advanced Tel, Inc., has a 65-year tradition of providing telecommunications services. During that time, EATEL has proven and maintained its capabilities through its operation as an incumbent local exchange company, competitive local exchange company and an interexchange company. In addition, Advanced Tel has the financing wherewithal to obtain any funding required for operation.

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

Advanced Tel has the financial capability and strength to maintain services requested of Florida end users. Further, Advanced Tel has access to financing or lines of credit to maintain the requested service.

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

Advanced Tel has excellent credit and meets all lease or ownership obligations. The credit report attached demonstrates Advanced Tel's history of prompt payment. Advanced Tel has access to financing or lines of credit to meet its lease or ownership obligations. Advanced Tel does annual and 5 year planning to ensure that all obligations are met.

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

Suzanne Hill-Director of Finance	Kevin Dolan-Vice President and Chief Financial Officer	Cynthia Bourg-Controller Daniel J. Ahern, President
David Butler-Vice President and Chief Technology Officer	John D. Scanlan, Executive President	Arthur G. Scanlan, II-CEO and Treasurer

- 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.

David Butler, Chief Technical Officer
Daniel J. Ahern, President
Galen Gautreau, Director of Information Services
John Scanlan, Executive Vice-President
Arthur G. Scanlan, II-CEO & Treasurer

**** 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:

<u><i>Robert Wagnon</i></u> Signature	ROBERT WAGNON, CPA	<u>4/24/01</u> Date
<u>Manager of Tax, Audit & Treasury Services</u> Title		<u>(225) 621-4303</u> Telephone No.
<u>913 South Burnside Avenue, Gonzales, LA 7073</u> Address		<u>(225) 644-6325</u> Fax No.

ATTACHMENTS:

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

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

(Name) NOT APPLICABLE

(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) None at the time of filing 2) _____

3) _____ 4) _____

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

1) None at the time of filing 2) _____

3) _____ 4) _____

2. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

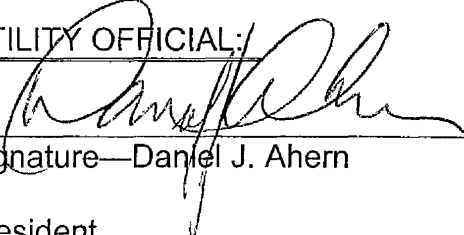
1) None at the time of filing 2) _____

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. 775.062 and s.775.083."

<u>UTILITY OFFICIAL:</u> 	
Signature—Daniel J. Ahern	Date <u>7/24/01</u>
President	(225) 621-4114
Title	Telephone No.
913 South Burnside, Gonzales, LA 70737	(225) 644-8566
Address	Fax No.

AFFIDAVIT

BEFORE ME, the undersigned notary, personally came and appeared:

**KEVIN DOLAN, Vice-President and Chief Financial Officer
Advanced Tel, Inc.
913 South Burnside Avenue
Gonzales, Louisiana 70737**


Who after first being duly sworn by me did declare and state that:

The Unaudited Financial Statements attached hereto and made a part hereof are true and correct to the best of my knowledge, information and belief.



KEVIN DOLAN, VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER

Sworn to and subscribed before me, Notary, on this 21st day of April, 2001 in my offices in Gonzales Louisiana.



JANET S. BRITTON, NOTARY PUBLIC

*my Commission
Expires at Death*