

Alpha Telecom, Inc.



April 24, 2001

Ms. Blanca Bayo, Division Chief
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Alpha Telecom, Inc.

Dear Ms. Bayo,

020380-TC

On August 24, 2001, Alpha Telecom, Inc. filed Chapter 11 Bankruptcy in the United States Bankruptcy Court District of Oregon. Since that time, Mr. Thomas F. Lennon has been appointed permanent Receiver for the company as well. Because of the restructuring that has taken place over the last eight or nine months we have lost many of the people in who previously dealt with the Florida Public Service Commission. Terry Craine, Matilda Fox, and Eugene Bond are all no longer with us. Please note that the new contact person will be me, Michele Pedraita. Please have all correspondence pertaining to the Public Service Commission addressed to me. I will respond to the Florida Public Service Commission in a timely and efficient manner.

I have gone over all the files Eugene compiled. In a letter dated June 21, 2001 from Kimberly M. Pena, she advised Mr. Bahn of the steps needed to bring Alpha Telecom, Inc and it's former subsidiaries together under one name. That would be to register the fictitious names, which we have done, and then open a docket to change the name of Alpha to include the fictitious names. The certificate then would be amended to reflect the names as registered with the Secretary of State.

Since that correspondence, Alpha has had its certificate cancelled. We are in the process of applying for a new one. The other names Alpha Telecom, Inc. will be doing business as are as follows: 2001 Telecommunications, Inc., Florida Payphone Systems, and Florida Payphone Services. Each of these companies has filed for corporate standing in the state of Florida and each has a fictitious name filed with the Florida Department of State, Division of Corporations.

I have included with our application, a check in the amount of \$100.00 to cover our settlement offer (Docket #010696-TC), a check for \$100.00 to cover the application fee, a check for RAF for Alpha Telecom, Inc in the amount of \$93.33. Also included is a check for RAF for 2001 Telecommunications penalty in the amount of \$3.

You may reach me at 541-956-2050 extension 3124 or e-mail at mpedraita@alphatelcom.com. Please don't hesitate to call. I would like to get this processed as quickly as possible.

Very sincerely

A handwritten signature in black ink that reads "Michele Pedraita". The signature is written in a cursive, flowing style.

Michele Pedraita
Regulatory/Auditing Department

DOCUMENT ALPHATEL.COM

04664 APR 29 2001

FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):

Alpha Tel.com, Inc.

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

3. Official mailing address:

Street: 1905 N.W. WASHINGTON Blvd.

P.O. Box: _____

City: GRANTS PASS

State: OREGON Zip: 97526

4. Florida address:

Street: 4426 NE 8TH AVENUE

P.O. Box: _____

City: OAKLAND PARK

State: FLORIDA Zip: 33334

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: F00000000704

State of Florida



Department of State

I certify from the records of this office that ALPHA TEL-COM, INC. is an Oregon corporation authorized to transact business in the State of Florida, qualified on February 4, 2000.

The document number of this corporation is F0000000704.

I further certify that said corporation has paid all fees due this office through December 31, 2001, that its most recent annual report/uniform business report was filed on December 11, 2001, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twelfth day of December, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: Please see attachment A

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: not applicable

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

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

1. **Name:** not applicable

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

Attachment #A to be included in Alpha Telcom, Inc. application

#7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

- a. Florida Payphone Services d/b/a # G01155900347 FEI# 65-0341051
- b. Florida Payphone Systems d/b/a #G01134900408 FEI # 65-0494591
- c. 2001 Telecommunications d/b/a #G01134900407 FEI# 65-0065826

Please see copies of d/b/a's attached.

Florida Department of State, Division of Corporations



www.sunbiz.org

Public Inquiry

2001 TELECOMMUNICATIONS, INC.

2751 HIGHLAND AVE
GRANTS PASS, OR 97526-

Document Number G01134900407	Status ACTIVE	Date Filed 05/16/2001
Expiration Date 12/31/2006	Current Owners 000000001	County MULTIPLE
Total Pages 000000001	Events Filed 000000000	FEI Number NONE

No Filing History

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[Return to List](#)
[Next on List](#)

Owner Information

Name & Address	FEI Number	Charter Number
ALPHA TELCOM, INC 2751 HIGHLAND AVE GRANTS PASS, OR 97526	930933024	F00000000704

Document Images

Document Number
Enter Document Number <input type="text"/>

[Submit](#)
[Reset](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Fictitious Name Inquiry](#)

[Fictitious Name Help](#)

Florida Department of State, Division of Corporations

www.sunbiz.org

Public Inquiry

FLORIDA PAYPHONE SYSTEMS, INC.

2751 HIGHLAND AVE
GRANTS PASS, OR 97526-

Document Number G01134900408	Status ACTIVE	Date Filed 05/16/2001
Expiration Date 12/31/2006	Current Owners 000000001	County MULTIPLE
Total Pages 000000001	Events Filed 000000000	FEI Number NONE

No Filing History

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Owner Information

Name & Address	FEI Number	Charter Number
ALPHA TELCOM, INC 2751 HIGHLAND AVE GRANTS PASS, OR 97526	930933024	F00000000704

Document Images

Document Number
Enter Document Number <input type="text"/>

[Submit](#)

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[Fictitious Name Inquiry](#)

[Fictitious Name Help](#)

Florida Department of State, Division of Corporations

www.sunbiz.org Public Inquiry

FLORIDA PAYPHONE SERVICES, INC.

2751 HIGHLAND AVE
GRANTS PASS, OR 97526-

Table with 3 columns: Document Number, Status, Date Filed, Expiration Date, Current Owners, County, Total Pages, Events Filed, FEI Number.

No Filing History

Previous on List

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Owner Information

Table with 3 columns: Name & Address, FEI Number, Charter Number.

Document Images

Form with input field for Document Number and label 'Enter Document Number'.

Submit

Reset

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Fictitious Name Inquiry

Fictitious Name Help

2. Name: not applicable
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

1. The application:

Name: Michele Pedraita
Title: Regulatory / Auditing Manager
Address: 1905 NW Washington Blvd.
City/State/Zip: Grants Pass, Or 97526
Telephone No.: 541-956-2050 Fax No.: 541-956-2017
ex 3124
Internet E-Mail Address: mpedraita@alphatel.com.com
Internet Website Address: www.alphatel.com.com

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Steve Lewis
Title: Director of Operations
Address: 1905 NW Washington Blvd.
City/State/Zip: Grants Pass, Or. 97526
Telephone No.: 541-956-2050 Fax No.: 541-956-2050
Internet E-Mail Address: slewis@alphatel.com.com
Internet Website Address: www.alphatel.com.com

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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: Alpha Tel-com, Inc. has filed Chapter 11 Bankruptcy with the US Bankruptcy Court District of Oregon on Aug. 24, 2001. Our case number is 301-40109-elp11. We are also in receivership - the court has appointed Mr. Thomas Lennon as permanent receiver. A copy of the order appointing him is enclosed.

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

Yes, our certificate was canceled due to non payment in a timely manner of a settlement fee owing. The certificate holder was Alpha Tel-com, Inc. Our certificate number was 7418.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

Alpha is currently providing service in all states with the exception of Alaska + Hawaii

2. Has applications pending to be certified as a pay telephone provider.

No

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

No

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

Yes, late filing fees

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2941

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

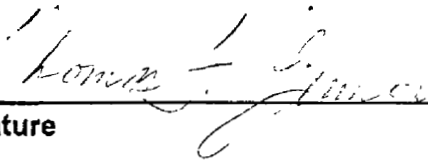
- Yes
- No Explain: _____

****APPLICANT FEE/TAX STATEMENT****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Thomas F. Lennon
Print Name


Signature

Receiver
Title

April 19, 2002
Date

541 476 0332
Telephone No.

541 956 9469
Fax No.

Address: 1905 NW Washington Boulevard

Grants Pass, OR 97526

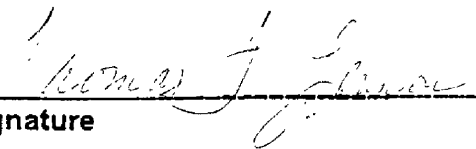
****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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."

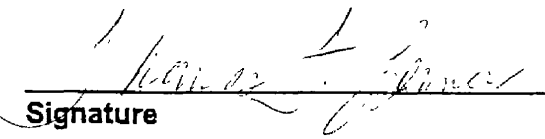
UTILITY OFFICIAL:

<u>Thomas F. Lennon</u> Print Name	 Signature
<u>Receiver</u> Title	<u>April 19, 2002</u> Date
<u>541 476 0332</u> Telephone No.	<u>541 956 9469</u> Fax No.
Address: <u>1905 NW Washington Boulevard</u> <u>Grants Pass, OR 97526</u> <hr/> <hr/> <hr/>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Alpha Tel-Com, Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

<u>Thomas F. Lennon</u>	
Print Name	Signature
<u>Receiver</u>	<u>April 19, 2002</u>
Title	Date
<u>541 476 0332</u>	<u>541 956 9469</u>
Telephone No.	Fax No.

Address: 1905 NW Washington Boulevard
Grants Pass, OR 97526

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/28/2001

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG693-01-0-R
Alpha Tel-Com, Inc.
1905 N.W. Washington Blvd.
Grants Pass, OR 97526-3469

Docket # 010696-TC

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

Alpha Tel-com, Inc 1905 N.W. Washington Blvd. Grants Pass, OR 97526
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>99,173.75</u>
2.	Gross Intrastate Revenue	<u>59,504.25</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(0)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>59,504.25</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>89.26</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 15%	<u>13.39</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back) 3%	<u>2.68</u>
8.	TOTAL AMOUNT DUE	\$ <u>93.33</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 146

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

BY: William Johnston
(Signature of Company Official)

PROJECT MANAGER A/22/02
(Title) (Date)

Michele Pedeaite
(Preparer of Form - Please Print Name)

Telephone Number 541 956-2050 Fax Number 541 956-2017
F.E.I. No. 93-0933024

COMPANY IDENTIFICATION

Printed on 04/23/2002 at 15:01:53 by PJI

Complete Name: 2001 Telecommunications Inc.

Mailing Name: 2001 Telecommunications Inc.

Company Code: TX212 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000

Reg. Date: 08/18/1998 Inactive Date: 03/05/2001
 Service: ALX - Alternative Local Exchange
 Received: Actual RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$2.50	\$0.00	\$2.50
Interest	\$0.50	\$0.00	\$0.50
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$53.00	\$50.00	\$3.00

Last modification was made on Tuesday, March 13, 2001 at 5:58 PM by Jackie Knight

Period covered: 01/01/2000 through 12/31/2000 RAF rate: 0.0015
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 02/28/2001
 Delinquent letter mailed on 02/20/2001
 RAF form mailed on 12/05/2000

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
02/28/2001	03/13/2001	03/13/2001-JIK	GI035	38833	\$50.00
	RAF paid		GI035		\$50.00