

ORIGINAL

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

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

Application Form for Authority to Provide  
Interexchange Telecommunications Service  
Between Points Within the State of Florida

Instructions

- ◆ This form is used as an application for an original certificate and for approval of 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 Page 16).
- ◆ 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**

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another company.

- ◆ 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**

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FORM PSC/CMU 31 (12/96)  
Required by Commission Rule Nos. 25.24-470,  
25-24.471, and 25-24.473, 25-24.480(2).

DOCUMENT NUMBER-DATE

09002 AUG 26 88

FPSC-COMMISSION CLERK

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:

Buyers United International, Inc.

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

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

14870 Pony Express Road, Bluffdale Utah 84065

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

None

6.  
Select type of business your company will be conducting  (check all that apply):

**Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- ( ) **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- ( ) **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- (x) **Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- ( ) **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- ( ) **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- |                           |                         |
|---------------------------|-------------------------|
| ( ) Individual            | ( x ) Corporation       |
| ( x ) Foreign Corporation | ( ) Foreign Partnership |
| ( ) General Partnership   | ( ) Limited Partnership |
| ( ) Other _____           |                         |

8. **If individual**, provide:

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

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

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

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

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

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

(a) **The Florida Secretary of State Corporate Registration number:**

\_\_\_\_\_

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

(a) **The Florida Secretary of State Corporate Registration number:**

\_\_\_\_\_ F98000000478 \_\_\_\_\_

11. **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:**

\_\_\_\_\_

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

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

13. **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: \_\_\_\_\_

14. **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:** \_\_\_\_\_

15. Provide **F.E.I. Number** (if applicable): \_\_\_\_\_

16. 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) How is this information provided?

\_\_\_\_\_

\_\_\_\_\_

17. Who will receive the bills for your service?

- Residential Customers                       Business Customers  
 PATs providers                               PATs station end-users  
 Hotels & motels ( ) Hotel & motel guests  
 Universities                                   Universities dormitory residents  
 Other: (specify) \_\_\_\_\_

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

(a) The application:

**Name:** Liz Petroni \_\_\_\_\_

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

901 N Brutscher Street, D 358

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

**City/State/Zip:** Newberg, Oregon 97132 \_\_\_\_\_

**Telephone No.:** 801-558-8149                      **Fax No.:** 801-406-0261

**Internet E-Mail Address:** liz@capitolhillconsulting.com \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

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

Name: Kimm Partridge \_\_\_\_\_

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

Address: 14870 South Pony Express Drive \_\_\_\_\_

City/State/Zip: Bluffdale, Utah 84065 \_\_\_\_\_

Telephone No.: 801-320-8929 \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: kimm.partridge@buyersonline.com \_\_\_\_\_

Internet Website Address: www.buyersonline.com \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Kimm Partridge \_\_\_\_\_

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

Address: 14870 South Pony Express Drive \_\_\_\_\_

City/State/Zip: Bluffdale, Utah 84065 \_\_\_\_\_

Telephone No.: 801-320-8929 \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: kimm.partridge@buyersonline.com \_\_\_\_\_

Internet Website Address: www.buyersonline.com \_\_\_\_\_

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

All states, except Alaska, Hawaii, and South Dakota

(b) has applications pending to be certificated as an interexchange telecommunications company.

Hawaii, South Dakota

(c) is certificated to operate as an interexchange telecommunications company.

Same as (a)

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(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

none

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

Arkansas, Florida, and Wisconsin for failure to file

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annual report.

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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.

None

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20. 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, please explain.

None

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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.

None

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21. The applicant will provide the following interexchange carrier services  (check all that apply):

a. \_\_\_\_\_ **MTS with distance sensitive per minute rates**

- \_\_\_\_\_ Method of access is FGA  
\_\_\_\_\_ Method of access is FGB  
\_\_\_\_\_ Method of access is FGD  
\_\_\_\_\_ Method of access is 800

b. \_\_\_\_\_ **MTS with route specific rates per minute**

- \_\_\_\_\_ Method of access is FGA  
\_\_\_\_\_ Method of access is FGB  
\_\_\_\_\_ Method of access is FGD  
\_\_\_\_\_ Method of access is 800

c.  \_\_\_\_\_ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

d.  **MTS for pay telephone service providers**

c.  **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f.  **800 service (toll free)**

g.  **WATS type service (bulk or volume discount)**

- Method of access is via dedicated facilities
- Method of access is via switched facilities

h.  **Private line services (Channel Services)**  
(For ex. 1.544 mbs., DS-3, etc.)

i.  **Travel service**

- Method of access is 950
- Method of access is 800

j.  **900 service**

k.  **Operator services**

- Available to presubscribed customers
- Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).
- Available to inmates

1. **Services included are:**

- Station assistance
- Person-to-person assistance
- Directory assistance
- Operator verify and interrupt
- Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

**A. Managerial capability;** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

**B. 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.

**C. 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. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served. Please see below
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service. Please see below
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations. Please see below

Buyers United International, Inc ("the company") is financially qualified to provide the telecommunications services outlined in its application for authority to provide switchless rebiller services in Florida. In particular, Buyers United International, Inc. has access to the financing and capital necessary to conduct its telecommunications operations as specified in this application as well as the financial capability to meet its lease obligations.

Buyers United International, Inc. will rely on the financial resources and capital internally generated from existing operations to provide initial capital investment and to fund ongoing operations in Florida. Moreover, the company believes it will have access to additional debt or equity capital if the Company requires additional capital.

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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:**

Paul Jarman

**Print Name**

Secretary

**Title**

800-363-6177

800-921-9366

**Telephone No.**

**Fax No.**

*Paul Jarman*

**Signature**

*Aug 20, 2002*

**Date**

**Address:** 14870 South Pony Express Drive

Bluffdale, Utah 84065

**THIS PAGE MUST BE COMPLETED AND SIGNED**


**CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please  check one):

- (  ) The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.
- (  ) The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.  
(The bond must accompany the application.)

**UTILITY OFFICIAL:**

**Print Name** Paul Jarman  
Secretary  
**Title**  
800-363-6177  
888 884 8888  
**Telephone No.**

**Signature**   
**Date** Aug 20, 2002  
**Fax No.**

**Address:**

14870 South Pony Express Drive  
Bluffdale, Utah 84065


**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 interexchange telecommunications 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:**

<p>Paul Jarman _____ <b>Print Name</b> Secretary</p> <p>_____ <b>Title</b> 800-363-6177 800-921-9366</p> <p>_____ <b>Telephone No.</b></p> <p><b>Address:</b> 14870 South Pony Express Drive Bluffdale, Utah 84065 _____ _____ _____</p>	<p> _____ <b>Signature</b></p> <p>Aug 20, 2002 _____ <b>Date</b></p> <p>_____ <b>Fax No.</b></p>
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**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?

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

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**UTILITY OFFICIAL:**

Paul Jarman

**Print Name**

Secretary

**Title**

801-523-8929

**Telephone No.**

**Address:**

14870 South Pony Express Drive

Bluffdale, Utah 84065

*Paul Jarman*

**Signature**

*Aug 20, 2002*

**Date**

**Fax No.**

**CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT**