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October 23, 2003

Rick Willis, Executive Director  
Oregon Public Utility Commission  
Suite 215  
550 Capitol Street, NE  
Salem, Oregon 97301-2551

RE: COMMUNICATIONS NETWORK BILLING, INC.

Dear Mr. Willis:

Enclosed herewith for filing with the Commission, please find the above captioned corporation's Application for a Certificate of Authority to Provide Telecommunications Services in Oregon.

Also enclosed is a duplicate application. Please stamp the duplicate received and return same in the postage-paid envelope attached thereto.

Should you have any questions, please contact me.

Very truly yours,

EARLY, LENNON, CROCKER & BARTOSIEWICZ, P.L.C.

Patrick D. Crocker

PDC/bmr

enc

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO PROVIDE TELECOMMUNICATIONS SERVICE IN OREGON**

INSTRUCTIONS: Complete every applicable section of this application. Attach additional documents and/or sheets to complete responses (if needed). You will be notified when the Commission receives your application, and again when it has been processed. Upon acceptance of this application, the Commission will publish notice pursuant to ORS 759.020(2). After submitting this application electronically, mail one copy with original signature and all attachments.

**Classification for which application is made. Check one.**

- Competitive Telecommunications Provider (local, long-distance, shared telecommunications service).  
 Telecommunications Utility

**1. Exact Legal Name of Applicant:**

**Communications Network Billing, Inc.**

Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka)  
*Must be registered with the Corporation Division.*

Applicant's Type of Legal Entity (e.g., corporation, limited partnership)

**Corporation**

Business Address

**6701 Democracy Blvd, Suite 300  
Bethesda MD 20817**

Phone **301-961-1988**

Fax **800-339-0853**

Email

**2. Name and Address of Person to be Contacted for Further Information Regarding This Application:**

**Patrick Crocker  
Early, Lennon, Crocker & Bartosiewicz, P.L.C.  
900 Comerica Building  
Kalamazoo MI 49007**

Phone **269-381-8844**

Fax **269-381-8822**

Email **pcrocker@earlylennon.com AND  
bethr@earlylennon.com**

**3. Name and Address of Person to be Contacted for Regulatory Information. (Commission will send requests for information to this person):**

**Brenda Smith  
6701 Democracy Blvd, Suite 300  
Bethesda MD 20817**

Phone **800-407-2047**

Fax **800-757-2049**

Email **bsmith@comnetbillinc.com**

**4. Affiliated Interests:**

Are you now or have you ever been affiliated with any provider of telecommunications service that serves Oregon? If so, who? When? Describe affiliation. Affiliated interest is defined in OAR 860-032-0001.

Applicant has no affiliated interests now or in the past.

**5. Previous Certificates of Authority:**

List each certificate of authority previously granted by the Oregon PUC to Applicant and to each affiliated entity, under a legal name, an assumed business name, or any other name. Include all certificates whether or not canceled. For each certificate include: name of entity, docket number, and order number.

	Name of Entity	Docket Number	Order Number
a.			
b.			
c.			
d.			

**AUTHORITY REQUESTED**

**6. Does applicant request authority to provide the following services?**

- a. Shared telecommunications service (STS). STS includes resale of long-distance service to the STS provider's user group, but not to customers outside the user group. If yes, applicant must complete items 10 and 11.  Yes  No
- b. Local exchange (intraexchange) switched service (i.e., local dial tone). If yes, applicant must complete item 10.  Yes  No
- c. Local exchange (intraexchange) nonswitched, private line service (i.e., dedicated transmission service).  Yes  No
- d. Interexchange, switched service (i.e., long-distance toll). If yes, applicant must complete item 10.  Yes  No
- e. Interexchange, nonswitched, private line service (i.e., dedicated transmission service).  Yes  No

**7. How Services Will Initially Be Provided**

*The following is required for public notice and information purposes and does not request authority.*

- a. Will Applicant resell finished services of other Oregon certified carriers? (Resell means resale of finished services, not unbundled network elements.)  Yes  No
- b. Will applicant construct lines, loops, wires, fiber, or other transport facilities?  Yes  No
- c. Will Applicant have its own switching equipment?  Yes  No
- d. Will Applicant purchase (lease) unbundled network elements from other Oregon certified carriers?  Yes  No
- e. Will Applicant purchase or lease network components which are not unbundled network elements?  Yes  No

**8. Areas for which Applicant seeks authority:**

**a. Intraexchange Authority:**

Alternative I: List every local exchange in which Applicant seeks to provide local exchange (intraexchange)

Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority to provide local exchange (intraexchange) service.

Alternative III: If Applicant seeks authority to provide local exchange (intraexchange) service within every telephone exchange in Oregon, then specify "Statewide."

Not Applicable

**b. Interexchange Authority:**

Alternative I: List every local exchange in which Applicant seeks to provide interexchange service.

Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority to provide interexchange service.

Alternative III: If Applicant seeks authority to provide interexchange service in every telephone exchange in Oregon, then specify "Statewide."

Statewide

**9. Describe special characteristics, limitations, or restrictions that will be part of Applicant's services:**

Not Applicable

**10. Operator Services:**

a. Operator service includes, but is not limited to, billing or completion of third-party billing calls, person-to-person calls, collect calls, and credit card calls. See OAR 860-032-0001.

Will Applicant directly offer operator services?  Yes  No

b. ORS 759.690(1)(d) defines "operator service provider" as a person who furnishes operator service under contract with a call aggregator. ORS 759.690(1)(a) defines a call aggregator as a person who furnishes a telephone for use by the public, i.e., transient use.

Will Applicant be an "operator service provider" as defined in ORS 759.690(1)(d)?  Yes  No

**11. Shared Telecommunications Service:**

Shared Telecommunications Service (STS) service is defined in OAR 860-032-0001. STS includes resale of long-distance service to the STS provider's user group, but not to customers outside the user group.

a. Provide the address of the building where shared service will be provided through privately owned customer premises equipment. If Applicant intends to serve a user group located in two or more buildings, include an electronic copy of a map clearly showing the locations to be served by the Applicant. The information on the map must be precise and legible and include street names and the city where the building(s) is(are) located.

Not Applicable

b. An STS site or location consists of one building, or it consists of a complex of buildings or a campus on contiguous property. An STS provider may interconnect separate sites in order to aggregate toll traffic. An STS provider may not interconnect separate sites in order to provide local exchange service between those sites.

If serving buildings at separate sites, will applicant interconnect the buildings in order to aggregate toll traffic?  Yes  No

c. Describe the user group or association at the STS location.

Not Applicable

**NOTE: Applicant must apply to PUC for another certificate of authority in order to add subsequent STS sites.**

**Conditions of a certificate of authority:**

As a condition of a certificate of authority, applicant must comply with all applicable Commission rules and state law, as well as conditions listed in the certificate.

For your convenience, following is a summary of some conditions from OAR 860-032-0001 et seq. (Division 32). Additional conditions may be specified in the certificate.

- a. Certificate holder shall provide only telecommunications services authorized by the certificate.
- b. Certificate holder shall, at a minimum, meet the standard level of service specified in OAR 860-032-0012. The standard level of service is 99 percent probability that a call will not be blocked during the certificate holder's busy hour of the day.
- c. Certificate holder's books and records shall be open to inspection by the Commission to the extent necessary to verify information required by the Commission's rules.
- d. Certificate holder shall maintain its books and records according to generally accepted accounting principles and the applicable rules of the Commission.
- e. Certificate holder shall pay all access charges and subsidies imposed pursuant to the Commission's rules.
- f. Certificate holder shall pay an annual fee to the Commission pursuant to the Commission's rules. This fee will be based on the certificate holder's annual gross retail intrastate revenues and will be no less than \$100 per calendar year. The certificate holder shall collect the fee by charging an equitable amount to each retail customer and describe the amount of the apportioned charge on each retail customer's bill, pursuant to the Commission's rules.
- g. The certificate holder shall pay a quarterly amount to the Oregon Universal Service Fund based on a Commission-approved surcharge percentage assessed on all retail telecommunications services sold in Oregon pursuant to ORS 759.425(4).
- h. Certificate holder shall respond in a timely manner to Commission inquiries.

Pursuant to Residential Service Protection statutes, Chapter 290, Oregon Laws 1987, and Division 22, certificate holder shall be responsible to ensure that the Residential Service Protection Fund surcharge is remitted to the Commission. This surcharge is assessed against each paying retail subscriber at a rate that is set annually by the Commission.

Applicant understands that all services provided by Applicant must comply with all applicable Commission rules and state law, and with conditions of the certificate (check box at left).

*Signature of Person Authorized to Represent Applicant*

**Title**

Attorney

**Date**

1/12/04

Typewritten Name

Patrick D. Crocker