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December 17, 2003

VIA OVERNIGHT DELIVERY

Public Utility Commission of Oregon 550 Capitol Street, NE Salem, Oregon 97310-1380 Attention: Ms. Lois Meerdink

Re: Touchtone Communications Inc.

Dear Lois:

Enclosed please find an original and two (2) copies of the Application for Certificate of Authority to Provide Telecommunications Service in Oregon for Touchtone Communications Inc. along with an original signed signature page. **This filing has been electronically submitted.**

I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope.

If you have any questions or if I may provide you with additional information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

Lance J.M. Steinhart Attorney for Touchtone Communications Inc.

Enclosures

cc: Marcello Anzalone

CERTIFICATE OF AUTHORITY

PUBLIC UTILITY COMMISSION OF OREGON 550 CAPITOL STREET NE, STE. 215 PO BOX 2148 SALEM, OREGON 97308-2148 (503) 378-8959

APPLICATION FOR CERTIFICATE OF AUTHORITY

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.

TO PROVIDE TELECOMMUNICATIONS SERVICE IN OREGON

75	9.020(2)). After submitting thi	s applicati	on electronically, r	naii one copy	with original signature and all att	acnments.	
Classification for which application is made. Check one. ☑ Competitive Telecommunications Provider (local, long-distance, shared telecommunications service). ☐ Telecommunications Utility								
1.		egal Name of Applica						
		Applicant's Assumed Busines 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						
	16 S	ss Address outh Jefferson Roa ppany NJ 07981	d					
	Phone	973-739-9300	Fax	973-739-9366	Email	support@touchtone.net		
2.	Name a	Name and Address of Person to be Contacted for Further Information Regarding This Application:						
	1720 Suit	ce J.M. Steinhart, P() Windward Concou e 250 naretta GA 30005						
	Phone	770-232-9200	Fax	770-232-9208	Email	Isteinhart@telecomcounsel.co	m	
3.	Name and Address of Person to be Contacted for Regulatory Information. (Commission will send requests for information to this person):							
	16 S	/ Glodek outh Jefferson Roa ppany NJ 07981	d					
	Phone	973-739-9300	Fax	973-739-9366	Email	gcglodek@touchtone.net		
4.	Are you	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.						
	No.							

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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

	b.			
	c.			
	d.			
_				
L		AUTHORITY REQUESTED		
6.	Do	pes 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.		ow Services Will Initially Be Provided ne 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.	Ar	eas for which Applicant seeks authority:		
	a.	Intraexchange Authority:		
	Alternative I: List every local exchange in which Applicant seeks to provide local exchange (intraexchang			
Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority 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."			

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

n/a

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

Applicant proposes to provide outbound 1+ and 101XXXX 800/888 toll-free, travel cards and prepaid calling cards.

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U. C	Operator Services:			
а	 a. Operator service includes, but is not limited to, billing or completion of third calls, collect calls, and credit card calls. See OAR 860-032-0001. 	-party billing calls, person-to-persor	1	
	Will Applicant directly offer operator services?	☐ Yes 🗹 N	10	
b	b. ORS 759.690(1)(d) defines "operator service provider" as a person who fu service under contract with a call aggregator. ORS 759.690(1)(a) defines as a person who furnishes a telephone for use by the public, i.e., transient	a call aggregator		
	Will Applicant be an "operator service provider" as defined in ORS 759.69	0(1)(d)? ☐ Yes ☑ N	lo	
1. S	Shared Telecommunications Service:			
	Shared Telecommunications Service (STS) service is defined in OAR 860-03 long-distance service to the STS provider's user group, but not to customers			
а	a. Provide the address of the building where shared service will be provided premises equipment. If Applicant intends to serve a user group located in electronic copy of a map clearly showing the locations to be served by the must be precise and legible and include street names and the city where the service of the provided in the city where th	two or more buildings, include an Applicant. The information on the r	gs, include an ormation on the map	
	Not applicable.			
b	 An STS site or location consists of one building, or it consists of a complex contiguous property. An STS provider may interconnect separate sites in provider may not interconnect separate sites in order to provide local exch 	order to aggregate toll traffic. An ST	īS	
	If serving buildings at separate sites, will applicant interconnect the buildin aggregate toll traffic?	gs in order to	lo	
	c. Describe the user group or association at the STS location.			

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 Dividion 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.

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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 Regulatory Counsel	
Typewritten Name Lance J.M. Steinhart	Date 12/3/03	

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