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
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1. Exact Legal Name of Applicant:

Preferred	Long	Distance,	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					
175 Ste	47 Ventura Blvd. 302				
Phone	818-380-9090	Fax	818-380-9099	Email preferred@aol.com	
Name and Address of Person to be Contacted for Further Information Regarding This Application: Elizabeth B. Andrion 505 Sansome St. Ste 900 San Francisco CA 94111					
Phone	415-392-7900	Fax	415-398-4321	Email eandrion@gmssr.com	
informa Jeri 175	ation to this person): ry Nussbaum 5 47 Ventura Blvd.	o be Co	ontacted for Regulate	bry Information. (Commission will send requests for	
	Con Busine 175 Ste End Phone Name Eliz 505 Ste Sar Phone Name informa Jer 175	Corporation Business Address 17547 Ventura Blvd. Ste 302 Encino CA 91316 Phone 818-380-9090 Name and Address of Person t Elizabeth B. Andrion 505 Sansome St. Ste 900 San Francisco CA 94111 Phone 415-392-7900	Corporation Business Address 17547 Ventura Blvd. Ste 302 Encino CA 91316 Phone 818-380-9090 Fax Name and Address of Person to be Co Elizabeth B. Andrion 505 Sansome St. Ste 900 San Francisco CA 94111 Phone 415-392-7900 Fax Name and Address of Person to be Co information to this person): Jerry Nussbaum 17547 Ventura Blvd.	CorporationBusiness Address17547 Ventura Blvd. Ste 302 Encino CA 91316Phone 818-380-9090Fax 818-380-9099Name and Address of Person to be Contacted for Further I Elizabeth B. Andrion 505 Sansome St. Ste 900 San Francisco CA 94111Phone 415-392-7900Fax 415-398-4321Name and Address of Person to be Contacted for Regulate information to this person): Jerry Nussbaum 17547 Ventura Blvd.	Business Address 17547 Ventura Blvd. Ste 302 Encino CA 91316 Phone 818-380-9090 Fax 818-380-9099 Email preferred@aol.com Name and Address of Person to be Contacted for Further Information Regarding This Application: Elizabeth B. Andrion 505 Sansome St. Ste 900 San Francisco CA 94111 Phone 415-392-7900 Fax 415-398-4321 Email eandrion@gmssr.com Name and Address of Person to be Contacted for Regulatory Information. (Commission will send requests for information to this person): Jerry Nussbaum 17547 Ventura Blvd.

Phone 818-380-9090

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.

Email preferred@aol.com

Fax 818-380-9099

No

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 Yes 🔽 No the STS provider's user group, but not to customers outside the user group. If yes, applicant must complete items 10 and 11. b. Local exchange (intraexchange) switched service (i.e., local dial tone). If yes, applicant 🗌 Yes 🗹 No must complete item 10. c: Local exchange (intraexchange) nonswitched, private line service (i.e., dedicated 🗌 Yes 🔽 No transmission service). d. Interexchange, switched service (i.e., long-distance toll). If yes, applicant must complete 🖌 Yes 🗌 No item 10. 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 🖌 Yes 🗌 No 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? d. Will Applicant purchase (lease) unbundled network elements from other Oregon certified 🖌 Yes 🗌 No carriers? e. Will Applicant purchase or lease network components which are not unbundled network 🖌 Yes 🗌 No elements?

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."

N/A

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:

None

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?

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)?

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.

N/A

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 Yes No aggregate toll traffic?

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

N/A

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 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.

Yes 🔽 No

Yes 🔽 No

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 for Preferred Long Distance, Inc.	
Typewritten Name Elizabeth B. Andrion	Date 02/12/04	