

# NOWALSKY, BRONSTON & GOTHARD

A Professional Limited Liability Company  
Attorneys at Law

Leon L. Nowalsky  
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Metairie, Louisiana 70002  
Telephone: (504) 832-1984  
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Monica R. Borne  
EllenAnn G. Sands

October 5, 2000

RECEIVED

OCT 06 2000

PUBLIC SERVICE  
COMMISSION

*Via Express Delivery*

Mr. Martin J. Huelsmann, Executive Director  
Kentucky Public Service Commission  
730 Schenkel Lane  
P.O. Box 615  
Frankfort, KY 40602

05156500 0510

RE: **Comtel Network, LLC**

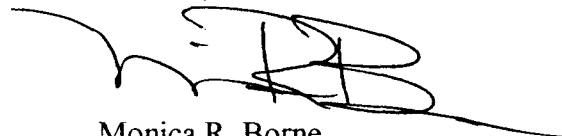
Dear Mr. Mills:

Enclosed herewith for filing please find an original and four (4) copies of the Information filing and proposed tariff of Comtel Network, LLC for authority to operate as a reseller of long distance services in the State of Kentucky.

Please acknowledge receipt of this filing by date stamping and returning the additional copy of this letter in the self-addressed envelope provided.

Thank you for your assistance. If you should have any questions regarding the application, please do not hesitate to call.

Sincerely,



Monica R. Borne

Enclosure

cc: N. Patrick Martin, Comtel  
(cover only)

**Before the  
PUBLIC SERVICE COMMISSION OF KENTUCKY**

IN THE MATTER OF THE INFORMATIONAL FILING            )  
OF COMTEL NETWORK, LLC FOR AUTHORITY            )  
TO OPERATE AS A LONG DISTANCE RESELLER        ) No. \_\_\_\_\_  
THROUGHOUT THE STATE OF KENTUCKY            )

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Comtel Network, LLC hereby submits the following information in accordance with the provisions of Administrative Case No. 359 and its proposed tariff in accordance with 807 KAR 5:011.

1. The name, post office address, telephone and fax number of the applicant company are:

Comtel Network, LLC  
670 E. Bullard, Suite 103  
Fresno, CA 93710  
Ph. (559) 261-0125  
Fx. (559) 261-2830  
Toll Free: 1-888-305-3765

2. A copy of the Company's Articles of Organization and Certificate of Authority are attached hereto as **Exhibits A and B**.

3. The name, street address, telephone and fax numbers of the responsible contact person(s) for customer complaints and regulatory issues:

Customer Service and Regulatory Contact:

N. Patrick Martin  
Manager/Member  
670 E. Bullard, Suite 103  
Fresno, CA 93710  
Ph. (559) 261-0125  
Fx. (559) 261-2830

4. A notarized statement that the company has not provided or collected for intrastate service in Kentucky prior to filing its tariff is attached as **Exhibit C**.
5. The company does not seek authority to provide operator assisted services to traffic aggregators as defined in Administrative Case No. 330.
6. The company's proposed tariff is attached as **Exhibit D**.
7. A sample Company bill is attached as **Exhibit E**.

WHEREFORE, Comtel Network, LLC requests that the Public Service Commission of the Commonwealth of Kentucky grant Applicant authority to engage in the resale of interexchange telecommunications services to the public in accordance with applicable laws currently in effect or hereinafter enacted by the Commission.

Respectfully submitted this 4<sup>th</sup> day of October, 2000.

**Comtel Network, LLC**

By: \_\_\_\_\_



Monica R. Borne  
Nowalsky, Bronston & Gothard  
3500 N. Causeway Blvd.  
Suite 1442  
Metairie, Louisiana 70002  
Ph. (504) 832-1984

**VERIFICATION OF APPLICANT**

STATE OF Louisiana)

COUNTY OF Jefferson)

ss:

I, N. Patrick Martin being first duly sworn, state that I am Manager/Member of Comtel Network, LLC the Applicant herein; that I have reviewed the matters set forth in the Application and Exhibits and the statements contained therein are true to the best of my knowledge, except as to those matters which are stated on information or belief, and as to those matters I believe them to be true.

**Comtel Network, LLC**

By:

Pat Martin  
N. Patrick Martin, Manager/Member

Sworn to and subscribed before me this 4<sup>th</sup> day of October, 2000

[Signature]  
Notary Public

My Commission Expires:

upon my death.

# **EXHIBIT A**

ARTICLES OF ORGANIZATION



State of California  
Bill Jones  
Secretary of State

LLC-1

LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

**IMPORTANT** - Read the instructions before completing the form.

This document is presented for filing pursuant to Section 17050 of the California Corporations Code.

1. Limited liability company name:  
(End the name with LLC, (L.L.C., Limited Liability Company or Ltd. Liability Co.)

COMTEL NETWORK, LLC

2. Latest date (month/day/year) on which the limited liability company is to dissolve.  
December 31, 2008

3. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the ~~Beverly-Killea~~ Limited Liability Company Act.

4. Enter the name of initial agent for service of process and check the appropriate provision below:

N. PATRICK MARTIN, which is  
 an individual residing in California.  
 a corporation which has filed a certificate pursuant to Section 1505 of the California Corporations Code.  
Skip Item 5 and proceed to Item 6.

5. If the initial agent for service of process is an individual, enter a business or residential street address in California:

Street address: 670 E. BULLARD, SUITE 103  
City: FRESNO State: California Zip Code: 93710

6. The limited liability company will be managed by: (check one)

one manager  more than one manager  limited liability company members

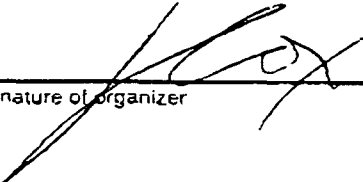
7. Describe type of business of the Limited Liability Company.

TELECOMMUNICATIONS SERVICES

8. If other matters are to be included in the Articles of Organization attach one or more separate pages.

Number of pages attached, if any:

9. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

  
\_\_\_\_\_  
Signature of organizer  
RAY N. COX, ATTORNEY  
\_\_\_\_\_  
Type or print name of organizer

Date: September 14, 1998

For Secretary of State Use

101998260075

File No. \_\_\_\_\_

**FILED**  
In the office of the Secretary of State  
of the State of California

SEP 17 1998

  
BILL JONES, Secretary of State

**CPS EDD**  
Serving the People of California

This form will be the basic record of YOUR ACCOUNT. DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00. Please read the INSTRUCTIONS on the back before completing this form. PLEASE PRINT OR TYPE. Retain this form ID: \_\_\_\_\_

EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS & EXAM GROUP MID 08  
P.O. BOX #28880  
SACRAMENTO CA 95890-0001  
(916) 664-7841 FAX (916) 664-9211

**REGISTRATION FORM FOR COMMERCIAL EMPLOYERS**

ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAX CODE

**A. BUSINESS NAME**  
**Comtel Network LLC**

**B. OWNER, CORPORATION, LLC, LLP NAME**  
**N. Patrick Martin**  
**Rick Thompson**

**OWNERSHIP BEGAN OPERATING**  
MONTH: **08** DAY: **01** YEAR: **98**

**FEDERAL I.D. NUMBER**  
**77-0492271**

**DRIVER'S LICENSE NUMBER**  
**NEVADA: 3689092-9148**

**LISTED PARTNER\* or corporate officers or LLC members/managers/officers**

NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
<b>N. Patrick Martin</b>	<b>Managing Member</b>	<b>573-56-5852</b>	<b>H0633543</b>
<b>Rick Thompson</b>	<b>Member</b>	<b>544-54-6045</b>	<b>NEVADA: 3689092-9148</b>

**C. BUSINESS LOCATION Street and Number (See Instructions)**  
**670 E. Bullard Ave., Suite 103**

**CITY OR TOWN**  
**Fresno**

**STATE**  
**CA**

**ZIP CODE**  
**93710-5455**

**COUNTY**  
**Fresno**

**MAILING ADDRESS (In care of P.O. Box or Rural Box Number)**  
**SAME**

**CITY OR TOWN**  
**Fresno**

**STATE**  
**CA**

**ZIP CODE**  
**93710-5455**

**PHONE NUMBER**  
**(209) 261-0125**

**D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?**  
 No  Yes

**E. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEEDED \$100.**  
 Jan.-Mar. 19  Apr.-June 19  July-Sept. 19  Oct.-Dec. 19 **98**

**F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?**  
 No  Yes

**G. ORGANIZATION TYPE**

<input type="checkbox"/> (A) INDIVIDUAL OWNER	<input type="checkbox"/> (M) JOINT VENTURE	<input type="checkbox"/> (L) LIQUIDATION	<input type="checkbox"/> (LO) LIMITED LIABILITY CO.
<input type="checkbox"/> (MW) HUSBAND/CO-OWNERSHIP	<input type="checkbox"/> (RC) RECEIVERSHIP	<input type="checkbox"/> (LP) LIMITED PARTNERSHIP	<input type="checkbox"/> (PL) LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> (GP) GENERAL PARTNERSHIP	<input type="checkbox"/> (BK) BANKRUPTCY	<input type="checkbox"/> (TR) TRUSTEESHIP	<input type="checkbox"/> (OT) OTHER (Specify)
<input type="checkbox"/> (CP) CORPORATION	<input type="checkbox"/> (AS) ASSOCIATION	<input type="checkbox"/> (EA) ESTATE ADMINISTRATION	

**H. EMPLOYER TYPE (See Instructions)**  
 (01) Commercial  (10) Church  (11) Indian Reservation  (22) Pacific Maritime  (28) Fishing Boat

**NUMBER OF EMPLOYEES**  
**4**

**I. BUSINESS TYPE**

<input type="checkbox"/> (A) Mining	<input type="checkbox"/> (F) Finance	<input type="checkbox"/> (I) Insurance	1) Describe kind of product or type of service: <b>Telecommunication Services</b> 2) If MANUFACTURING, list principal products in order of importance: <b>Long distance service</b>
<input type="checkbox"/> (C) Construction	<input checked="" type="checkbox"/> (B) Communications	<input type="checkbox"/> (E) Real Estate	
<input type="checkbox"/> (M) Manufacturing	<input type="checkbox"/> (S) Services	<input type="checkbox"/> (O) Other	
<input type="checkbox"/> (T) Transportation	<input type="checkbox"/> (L) Utilities		
<input type="checkbox"/> (R) Retail Trade	<input type="checkbox"/> (W) Wholesale Trade		

**J. CONTACT PERSON FOR BUSINESS**

**NAME**  
**N. Patrick Martin**

**ADDRESS PHONE**  
**670 E. Bullard Ave., Fresno, CA 93710-5455 (209) 261-0125**

**K. SUPPORTIVE SERVICES**

If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes.

<input type="checkbox"/> (1) Control Administrative (Headquarters, etc.)	<input type="checkbox"/> (3) Storage (warehouse)	<input checked="" type="checkbox"/> (5) Does not apply
<input type="checkbox"/> (2) Research, development, or testing	<input type="checkbox"/> (4) Other (specify)	

**L. IS THIS AN:**  
 New business  On going business just purchased ( All  Part)  Other \_\_\_\_\_

Change of partner(s)  Change in form - Close proprietor to partnership; partnership to corporation; merger; corporation to LLC, etc.)

**IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:**

Previous Owner	Business Name	Purchase Price	Date of Transfer	EDD Account Number

**M. DECLARATION**

These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.

**Signature** \_\_\_\_\_ **Date** **08/27/1998** **Residence Phone** **(209) 431-2665**

**Title** **Managing Member** **Residence Address** **5413 N. Fruit, Fresno, CA 93711-3027**

(Owner, Partner, Officer, Member, Manager, etc.) **Street** **City** **State** **ZIP Code**

7297

Form SS-4

Application for Employer Identification Number

EIN 77-0492271

(Rev. February 1998)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

Department of the Treasury Internal Revenue Service

Keep a copy for your records.

Please type or print clearly

1 Name of applicant (legal name) (see instructions)  
Comtel Network LLC

2 Trade name of business (if different from name on line 1)  
COMTEL NETWORK

3 Executor, trustee, "care of" name  
N. Patrick Martin

4a Mailing address (street address) (room, apt., or suite no.)  
670 E. Bullard Ave., Suite 103

6a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
Fresno CA 93710-5455

6b City, state, and ZIP code

5 County and state where principal business is located  
Fresno

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ▶ 573-56-5852  
N. Patrick Martin

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN) \_\_\_\_\_
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶ \_\_\_\_\_
- Other (specify) ▶ \_\_\_\_\_
- Estate (SSN of decedent) \_\_\_\_\_
- Personal service corp.
- National Guard
- Farmer's cooperative
- Federal government/military
- Plan administrator (SSN) \_\_\_\_\_
- Other corporation (specify) ▶ \_\_\_\_\_
- Trust
- Other (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State \_\_\_\_\_ Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ \_\_\_\_\_
- Banking purpose (specify purpose) ▶ \_\_\_\_\_
- Hired employee (Check the box and see line 12)
- Created a pension plan (specify type) ▶ \_\_\_\_\_
- Changed type of organization (specify new type) ▶ \_\_\_\_\_
- Purchased going business
- Created a trust (specify type) ▶ \_\_\_\_\_
- Other (specify) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
08/01/1998

11 Closing month of accounting year (see instructions)  
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 11/01/1998

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
4	0	0

14 Principal activity (see instructions) ▶ Telecommunication services

15 Is the principal business activity manufacturing?  Yes  No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.  
 Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this application, and in the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
(209) 261-0125

N. Patrick Martin

Fax telephone number (include area code)  
(209) 261-2830

Name and title (Please type or print clearly.) ▶ Managing Member

Signature ▶ *Pat Martin*

Date ▶ 8-26-98

Note: Do not write below this line. For official use only

Please leave blank ▶	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4. DXA

Form SS-4 (Rev. 2-98)



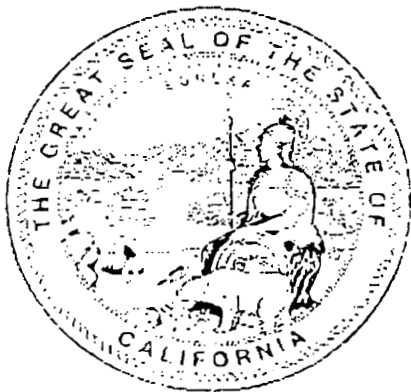
# State of California

## SECRETARY OF STATE

I, WILLIAMS, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the records file, of which it purports to be a copy, and that it is full, true and correct.

*IN WITNESS WHEREOF*, I execute this certificate and affix the Great Seal of the State of California this day of \_\_\_\_\_



*Bill Jones*

Secretary of State

# **EXHIBIT B**

KENTUCKY CERTIFICATE OF AUTHORITY

COMMONWEALTH OF KENTUCKY  
JOHN Y. BROWN III  
SECRETARY OF STATE

0502660.06



John Y. Brown III  
Secretary of State  
Received and Filed  
09/25/2000 02:49 PM  
Fee Receipt: \$90.00  
Praine-1907

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of KRS Chapter 275, the undersigned hereby applies for authority to transact business in Kentucky on behalf of the limited liability company named below and for that purpose submits the following statements:

1. The company is  a limited liability company (LLC).  
 a professional limited liability company (PLLC).

2. The name of the limited liability company is  
COMTEL NETWORK, LLC

3. The name of the limited liability company to be used in Kentucky is  
COMTEL NETWORK, LLC

(if "real name" is unavailable for use)

4. California is the state or country of organization.

5. September 17, 2000 is the date of organization and, if the limited liability company has a specific date of dissolution, the latest date upon which the limited liability company is to dissolve is perpetual.

6. The street address of the office required to be maintained in the state of formation or, if not so required, the principal office address is  
670 E. Bullard, Suite 103, Fresno, California 93710

7. The names and usual business addresses of the current managers, if any, are as follows:

N. Patrick Martin 670 E. Bullard, Ste. 103, Fresno, CA 93710  
Name Address  
Name Address

(Attach a continuation, if necessary)

8. The street address of the registered office in Kentucky is  
400 West Market Street, Suite 1800, Louisville, KY 40202

Street

City

State

Zip Code

and the name of the registered agent at that office is  
National Registered Agents, Inc.

9. This application will be effective upon filing, unless a delayed effective date and/or time is specified:

(Delayed effective date and/or time)

I certify that, as of the date of filing this application, the above-named limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

N. Patrick Martin  
Signature

N. Patrick Martin, Member/Manager  
Type or Print Name & Title

Date: September 20, 19 2000

I, National Registered Agents, Inc., consent to serve as the registered agent on behalf of the limited liability company.

Type or print name of registered agent

Charles A. Coyle  
Signature of Registered Agent

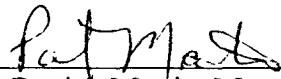
Charles A. Coyle, Assistant Secretary  
Type or Print Name & Title

# **EXHIBIT C**


NOTARIZED STATEMENT

**AFFIDAVIT**

I, N. Patrick Martin Manager/Member of Comtel Network, LLC do hereby certify that the Company has not provided or collected for intrastate service in Kentucky prior to filing of this application and tariff.

  
\_\_\_\_\_  
N. Patrick Martin, Manager/Member  
Comtel Network, LLC

Sworn to and subscribed before me  
this 4<sup>th</sup> day of October,  
2000.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
upon my death.