

Before the
PUBLIC SERVICE COMMISSION OF KENTUCKY

RECEIVED
JUL 12 2004
PUBLIC SERVICE
COMMISSION

IN THE MATTER OF THE INFORMATIONAL FILING OF)
DIGITAL TELECOMMUNICATIONS, LLC FOR AUTHORITY)
TO OPERATE AS A PROVIDER OF PRE-PAID CALLING) No. _____
CARD SERVICES THROUGHOUT KENTUCKY)

Digital Telecommunications, LLC hereby submits the following information in accordance with the Commission Decision in Administrative Case Numbers 359 and 370, dated August 8, 2000.

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

Digital Telecommunications, LLC
PO Box 302
Mt. Pleasant, SC 29465-0302
Ph: (843) 856-7232
Fx: (843) 856-7481

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

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

Customer Service Contact:

Angel Gabrielson, Supervisor
1286-G Citizens Parkway
Morrow, GA 30260
Ph: (770) 960-0330 or 1-877-402-0108 (toll free)
Fx: (770) 960-0330

Regulatory Contact:

William G. Kastner, Compliance Inspector
401 W. Coleman Blvd., Suite C
Mt. Pleasant, SC 29464
Ph: (843) 856-7232 X4
Fx: (843) 856-7481

WHEREFORE, Digital Telecommunications, LLC requests that the Public Service Commission of the Commonwealth of Kentucky grant authority to engage in providing pre-paid calling card services to the public in accordance with applicable laws currently in effect or hereinafter enacted by the Commission.

Respectfully submitted this 7th day of July, 2004

Digital Telecommunications, LLC




Billie F. Attaway, Jr.
Member
401 W. Coleman Blvd., Suite C
Mt. Pleasant, SC 29464
Ph: (843) 856-7232

VERIFICATION OF APPLICANT

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

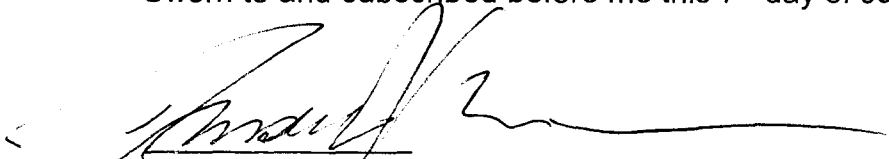
I, Billie F. Attaway, Jr., being first duly sworn, state that I am a Member of Digital Telecommunications, LLC, the Applicant herein; that I have reviewed the matters set forth in the Application and Exhibits and the statements contained therein are true to the best of my knowledge, except as to those matters which are stated on information or belief, and as to those matters I believe them to be true.

Digital Telecommunications, LLC



Billie F. Attaway, Jr., Member

Sworn to and subscribed before me this 7th day of July, 2004



Russell J. Iserman
Notary Public

My Commission Expires:

June 10 2003

EXHIBIT A

ARTICLES OF ORGANIZATION

MAR 15 2004

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

FILED

MAR 15 2004

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE 1

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is DIGITAL TELECOMMUNICATIONS, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

PO. BOX 302
Street Address
MT. PLEASANT 29465
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is

RUSSELL J. ISERMAN [Signature]
Name Signature

and the street address in South Carolina for this initial agent for service of process is

401 W. COLEMAN BLVD. SUITE C
Street Address
MT. PLEASANT 29464
City Zip Code

4. The name and address of each organizer is

(a) BILLIE ATTAWAY
Name
401 W. COLEMAN BLVD. SUITE C
Street Address City
MT. PLEASANT 29464
State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5. Check this box only if the company is to be a term company. If so, provide the term specified:

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
Name

_____ City
Street Address

_____ Zip Code
State

(b) _____
Name

_____ City
Street Address

_____ Zip Code
State

(c) _____
Name

_____ City
Street Address

_____ Zip Code
State

(d) _____
Name

_____ City
Street Address

_____ Zip Code
State

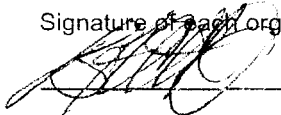
(Add additional lines if necessary)

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer



(Add Additional lines if necessary)

Date 3/1/04

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first and April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State on or before the fifteenth day of the fourth month following the close of the limited liability company's taxable year.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

EXHIBIT B

KENTUCKY CERTIFICATE OF AUTHORITY

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE

0585838.06

Dcornish
L902

Trey Grayson
Secretary of State
Received and Filed
05/11/2004 2:03:56 PM
Fee Receipt: \$90.00



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
Digital Telecommunications, LLC

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

(if "real name" is unavailable for use)

4. South Carolina is the state or country of organization.

5. 3/15/2004 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 At Will

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

401 W. Coleman Blvd., Suite C Mt. Pleasant SC 29464

Street

City

State

Zip Code

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

Name

Address

Name

Address

(Attach a continuation, if necessary)

8. The street address of the registered office in Kentucky is

315 High Street Frankfort KY 40602

Street

City

State

Zip Code

and the name of the registered agent at that office is

Sam G. McNamara

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.

Signature
Billie F. Attaway, Jr. Member

Type or Print Name & Title

Date: April 27, 20 04

Sam G. McNamara

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Type or print name of registered agent

Signature of Registered Agent
Sam G. McNamara

Type or Print Name & Title