

NOWALSKY, BRONSTON & GOTHARD

A Professional Limited Liability Company  
Attorneys at Law

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Suite 1442  
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Monica Borne Haab  
EllenAnn G. Sands  
Bruce C. Betzer

March 29, 2001

*Via Overnight Delivery*

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

RE: Network US, Inc. d/b/a CA Affinity

Dear Mr. Huelsmann:

Enclosed herewith for filing please find an original and four (4) copies of the Information filing and proposed tariff of Network US, Inc. 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 Borne Haab

Enclosure

RECEIVED

MAR 30 2001

PUBLIC SERVICE  
COMMISSION

05152600  
0510

**Before the  
PUBLIC SERVICE COMMISSION OF KENTUCKY**

IN THE MATTER OF THE INFORMATIONAL FILING            )  
OF NETWORK US, INC. d/b/a CA AFFINITY FOR            )  
AUTHORITY TO OPERATE AS A LONG DISTANCE        ) No. \_\_\_\_\_  
RESELLER THROUGHOUT THE STATE OF KENTUCKY    )

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Network US, Inc. 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:

Network US, Inc.  
20875 Crossroads Circle  
Waukesha, WI 53186  
Ph. (800) 366-3885  
Fx. (262) 798-3888  
Toll Free: 1-800-366-3885

2. A copy of the Company's Articles of Incorporation and Certificate of Authority and Trade Name registration 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:

Ann Shah, Regulatory Contact  
20875 Crossroads Circle  
Waukesha, WI 53186  
Ph. (800) 366-3885  
Fx. (262) 798-3888

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, Network US, Inc. 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 28<sup>th</sup> day of March, 2001.

**Network US, Inc.**

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

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

**VERIFICATION OF APPLICANT**

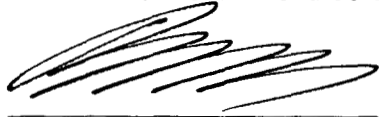
STATE OF Louisiana )  
COUNTY OF Jefferson )      SS:

I, Brian Sledz being first duly sworn, state that I am President of Network US, Inc. 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.

**Network US, Inc.**

By: Brian Sledz  
Brian Sledz, President

Sworn to and subscribed before me this 28th day of March, 2001.



Notary Public

My Commission Expires: at death

# **EXHIBIT A**

ARTICLES OF INCORPORATION



# OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

FEBRUARY 5, 1999

6033-587-7

CHARLES J SCHNEIDER & ASSOC  
180 N LASALLE ST STE 1820  
CHICAGO, ILLINOIS 60601-0000

RE NETWORK US, INC.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF INCORPORATION THAT CREATED YOUR CORPORATION. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

THESE DOCUMENTS MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS OFFICE.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF INCORPORATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

*Jesse White*

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

Springfield, Illinois 62736  
(217) 782-2201

PAID

FEB 05 1999

Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

(Rev. Jan. 1995)  
**JESSE WHITE**  
George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756

This space for use by Secretary of State

**FILED**

FEB 5 1999

**JESSE WHITE**  
SECRETARY OF STATE

**SUBMIT IN DUPLICATE!**

This space for use by Secretary of State

Date 2-5-99  
Franchise Tax \$ 25.00  
Filing Fee \$ 75.00  
Approved: *Re* 100.00

1. CORPORATE NAME: NETWORK US, INC.

(The corporate name must contain the word "corporation", "company", "incorporated", "limited" or an abbreviation thereof.)

2. Initial Registered Agent:	<u>CHARLES</u>	<u>J.</u>	<u>SCHNEIDER</u>
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>
Initial Registered Office:	<u>180 N. LASALLE STREET, SUITE 1820</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite #</i>
	<u>CHICAGO</u>	<u>IL</u>	<u>60601</u>
	<i>City</i>	<i>Zip Code</i>	<i>County</i>
			<u>COOK</u>

3. Purpose or purposes for which the corporation is organized:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

TO ENGAGE IN ANY AND ALL TRANSACTIONS OR BUSINESSES PERMITTED OR AUTHORIZED FOR CORPORATIONS PURSUANT TO THE ILLINOIS BUSINESS CORPORATION ACT.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	\$ NPV	1,000	1,000	\$ 1,000.00

TOTAL = \$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

UNLESS OTHERWISE PROVIDED BY THE BY-LAWS OF THIS CORPORATION OR BY AMENDMENT TO THE ARTICLES OF INCORPORATION, ALL SHAREHOLDERS OF THIS CORPORATION SHALL HAVE A PREEMPTIVE RIGHT TO ACQUIRE UNISSUED SHARES OF THIS CORPORATION OR SECURITIES OF THIS CORPORATION CONVERTIBLE INTO OR CARRYING A RIGHT TO SUBSCRIBE TO OR ACQUIRE SHARES.

6033-587-7

(over)

*2599X*

*2-4*

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**  
 Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated FEBRUARY 1, 19 99

Signature and Name	Address
1. <u></u> Signature CHARLES J. SCHNEIDER (Type or Print Name)	1. 180 N. LASALLE ST., SUITE 1820 Street CHICAGO IL 60601 City/Town State Zip Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State Zip Code
3. _____ Signature (Type or Print Name)	3. _____ Street City/Town State Zip Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

**FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The **minimum total due** (franchise tax + filing fee) is **\$100.**  
 =(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.  
 Illinois Secretary of State Springfield, IL 62756  
 Department of Business Services Telephone (217) 782-9522 or 782-9523



# **EXHIBIT B**

**KENTUCKY CERTIFICATE OF AUTHORITY  
AND TRADE NAME REGISTRATION**

COMMONWEALTH OF KENTUCKY  
JOHN Y. BROWN III  
SECRETARY OF STATE

0508474.09



John Y. Brown III  
Secretary of State  
Received and Filed  
01/09/2001 08:22 AM  
Fee Receipt #50.00  
dday - P101

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of KRS Chapter 271B, 273 or 274, the undersigned hereby applies for authority to transact business in Kentucky on behalf of the corporation named below and for that purpose submits the following statements:

- The corporation is  a business corporation (KRS 271B).  a nonprofit corporation (KRS 273).  
 a professional service corporation (KRS 274).
- The name of the corporation is  
NETWORK US, INC.
- The name of the corporation to be used in Kentucky is  
\_\_\_\_\_  
(If "real name" is unavailable for use)
- Illinois is the state or country under whose law the corporation is incorporated.
- 02/05/99 is the date of incorporation and the period of duration is perpetual.
- The street address of the corporation's principal office is  
4821 Sheridan, Metairie, LA 70002
- The street address of the corporation's registered office in Kentucky is  
400 West Market Street, Suite 1800, Louisville, KY 40202  
and the name of the registered agent at that office is  
National Registered Agents, Inc.
- The names and usual business addresses of the corporation's current officers and directors are as follows:  

President	<u>Gordon Dumont</u>	<u>4821 Sheridan, Metairie, LA 70002</u>
Vice President	_____	_____
Secretary	<u>Bernard Goldman</u>	<u>4821 Sheridan, Metairie, LA 70002</u>
Treasurer	<u>Bernard Goldman</u>	<u>4821 Sheridan, Metairie, LA 70002</u>
Directors	<u>Gordon Dumont</u>	<u>4821 Sheridan, Metairie, LA 70002</u>
	<u>Bernard Goldman</u>	<u>4821 Sheridan, Metairie, LA 70002</u>

(Attach a continuation sheet, if necessary)

- If a professional service corporation, all the individual shareholders, not less than one half of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.
- A certificate of existence duly authenticated by the Secretary of State accompanies this application.
- This application will be effective upon filing, unless a delayed effective date and/or time is specified: \_\_\_\_\_  
(Delayed effective date and/or time)

Signature  
Gordon Dumont, President  
Type or Print Name & Title

Date: \_\_\_\_\_, 19\_\_\_\_

I, National Registered Agents, Inc.  
Type or print name of registered agent, consent to serve as the registered agent on behalf of the corporation.  
  
Signature of Registered Agent  
Charles A. Coyle - Assistant Secretary  
Type or Print Name & Title



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

NETWORK US, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE FEBRUARY 5, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*

*In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* \_\_\_\_\_ *29TH* *day of* \_\_\_\_\_ *DECEMBER* *A.D.* \_\_\_\_\_ *2000* .

*Jesse White*

SECRETARY OF STATE

COMMONWEALTH OF KENTUCKY  
JOHN Y. BROWN III  
SECRETARY OF STATE



CERTIFICATE OF ASSUMED NAME

This certifies that the assumed name of  
CA Affinity

[Name under which the business will be conducted]

has been adopted by NETWORK US, INC.

[Real name - KRS 365.015(1)]

which is the "real name" of [YOU MUST CHECK ONE]

a Domestic General Partnership

a Foreign General Partnership

a Domestic Registered Limited Liability Partnership

a Foreign Registered Limited Liability Partnership

a Domestic Limited Partnership

a Foreign Limited Partnership

a Domestic Business Trust

a Foreign Business Trust

a Domestic Corporation

a Foreign Corporation

a Domestic Limited Liability Company

a Foreign Limited Liability Company

a Joint Venture

organized and existing in the state or country of Illinois, and whose address is

20875 Crossroads Circle, Waukesha, WI 53186

Street address, if any

City

State

Zip Code

The certificate of assumed name is executed by

*Brian Sledz*  
Signature

Brian Sledz, President

Print or type name and title

3/12/01

Date

*Tim Sledz*  
Signature

Timothy Sledz, President

Print or type name and title

3/12/01

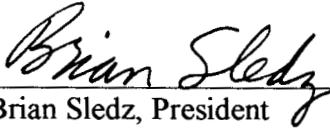
Date

# **EXHIBIT C**


NOTARIZED STATEMENT

**AFFIDAVIT**

I, Brian Sledz President of Network US, Inc. do hereby certify that the Company has not provided or collected for intrastate service in Kentucky prior to filing of this application and tariff.

  
\_\_\_\_\_  
Brian Sledz, President  
Network US, Inc.

Sworn to and subscribed before me  
this 28th day of March,  
2001.

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

My Commission Expires: at death

# **EXHIBIT D**

PROPOSED TARIFF