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July 9, 2002

ARIZONA CORPORATION  
AZ CORP COMMISSION  
DOCUMENT CONTROL  
JUL 15 2002  
Director of Filings

John Bostwick  
Administrative Services Officer II  
Arizona Corporation Commission, Utilities Division  
1200 West Washington Street  
Phoenix, Arizona 85007-2996

RE: Staff's May 17, 2002 Letter of Sufficiency and First Set of Data Requests to  
OCMC, Inc., Docket Nos. T-04103A-02-0274 and T-02565A-02-0274

Dear Mr. Bostwick:

Please find enclosed in duplicate our responses to the subject staff data requests and a completed new application form to supplement our original filings.

Publication has been completed. See our response to your Request No. 4.

Please advise if you require additional information. Regarding financial information, please bear in mind that OCMC, Inc., only began January 31, 2002. Therefore, there are no prior years financial statements nor has there yet been an audit report. Never-the-less the business is sound and the operations are capable hands in that One Call Communications (the holder of the 2 Arizona CC&N's) was taken over by its management through an assets purchase.

Sincerely,

David Wm. West

c: Ann C. Bernard, Corporate Counsel

DWW/rmm  
response.ltr2

Arizona Corporation Commission  
DOCKETED

MAR 15 2004

DOCKETED BY

**RESPONSES OF APPLICANT OCMC, INC.  
TO STAFF'S FIRST SET OF DATA REQUESTS**

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**DOCKET NOS. T-04103A-02-0274 And T-02565A-02-0274**

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1. Please be advised that a new form has been developed to process CC&N applications to provide resold local exchange and/or long distance; facilities-based local exchange and/or long distance; and/or alternative operator services (AOS) telecommunications services. The form is located on the Arizona Corporation Commission website at [www.cc.state.az.us/utility/forms](http://www.cc.state.az.us/utility/forms). Please use the new CC&N application form for Docket No. T-04103A-02-0274 and T-02565A-02-0274.  
**SEE ATTACHED COMPLETED NEW FORM.**
2. Please include "Attachment A". Make sure you provide percentage of ownership. Refer to item (A-8) on the new CC&N application form. **SEE ATTACHED.**
3. Please indicate if the Applicant's customers will be able to access alternative toll service providers or resellers via 1+ 101XXXX access. Resellers usually answer this item (A-13) "yes". **YES.**
4. Submit copies of affidavits of publication that the Applicant has, as required, published legal notice of the Application in all counties where the services will be provided. Refer to item (A-16) on the new CC&N application form. **NOTICE AND AFFIDAVIT HAVE BEEN FILED. COPY ATTACHED.**
5. Indicate if the Applicant is switchless reseller of the typw of telecommunications services that the Applicant will or intends to resell in the State of Arizona. Resellers usually anser this item (A17) "yes". **NO.**
6. Provide a list of the states in which the Applicant currently offers telecommunications services similar to those that the Applicant will or intends to offer in the State of Arizona. Refer to item (A-19) on the new CC&N application form.  
**SEE A-19 LIST ATTACHED.**
7. Please provide the names a addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-801. Refer to item (A-20) on the new CC&N application form. **NONE.**
8. Current financial statements are needed to complete your application. Please make sure the financial statements reflect information for a specific period in this calendar year 2002. Refer to item (B-2) on the new CC&N application form.

**SEE ATTACHMENT AND ANSWERS TO B-1 AND B-2 ATTACHED.**

Page 2

9. The fair value information being requested is also listed on the new CC&N application form as item (B-4). Fair value information is needed to complete your application.  
**SEE ANSWERS TO B-4 ATTACHED.**
10. Make sure you answer all questions/items in Sections A, B, C on the new CC&N application form. **SEE ATTACHED COMPLETED NEW FORM.**
11. Please be advised that the transfer of an existing CC&N in these two dockets involves a CC&N to provide resold interexchange services and a CC&N to provide Alternative Operator Services ("AOS"). Answer the questions in Sections A and B on the new application form to apply for a CC&N to provide AOS telecommunications services. Your answers to these items will help expedite your request to transfer the existing CC&N to provide AOS services. The rules and regulations covering AOS providers are listed in Article 10 of the resold and facilities-based telecommunications services are listed in Article 11 of the Arizona Administrative Code. **NO RESPONSE REQUIRED.**

ARIZONA CORPORATION COMMISSION

Application and Petition for Certificate of Convenience and Necessity to Provide  
Intrastate Telecommunications Services

Mail original plus 10 copies of completed application to:

For Docket Control Only:  
(Please Stamp Here)

Docket Control Center  
Arizona Corporation Commission  
1200 West Washington Street  
Phoenix, Arizona 85007-2927

Please indicate if you have current applications pending  
in Arizona as an Interexchange reseller, AOS provider,  
or as the provider of other telecommunication services.

Docket Nos.

T-04103A-02-0274

T-02565A-02-0274

Type of Service: \_\_\_\_\_

Docket No.: \_\_\_\_\_ Date: \_\_\_\_\_

Date Docketed: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Docket No.: \_\_\_\_\_ Date: \_\_\_\_\_

Date Docketed: \_\_\_\_\_

A. COMPANY AND TELECOMMUNICATION SERVICE INFORMATION

(A-1) Please indicate the type of telecommunications services that you want to provide in Arizona and answer the appropriate numbered items:

- Resold Long Distance Telecommunications Services (Answer Sections A, B, C).
- Resold Local Exchange Telecommunications Services (Answer Sections A, B, C).
- Facilities-Based Long Distance Telecommunications Services (Answer Sections A, B, D).
- Facilities-Based Local Exchange Telecommunications Services (Answer Sections A, B, D, E)
- Alternative Service Provider Telecommunications Services (Answer Sections A, B)

(A-2) The name, address, telephone number (including area code), facsimile number (including area code), e-mail address, and World Wide Web address (if one is available for consumer access) of the Applicant:

OCCMC, Inc. d/b/a One Call Communications, Inc. +  
Opticom, 801 Congressional Blvd, IN 46032. 317/843-1300,  
317/580-7471 ann.bernard@ocld.com

(A-3) The d/b/a ("Doing Business As") name if the Applicant is doing business under a name different from that listed in Item (A-2):

Opticom, One Call Communications, Inc.,  
1-800-Max Svc, Advent Tel, Region Tel, Live Tel,  
Super Tel.

(A-4) The name, address, telephone number (including area code), facsimile number (including area code), and E-mail address of the Applicant's Management Contact:

Ann C. Bernard, 801 Congressional Blvd., Carmel,  
IN 46032. 317/580-7276, 317/580-7471.  
annbernard@ocld.com

(A-5) The name, address, telephone number (including area code), facsimile number (including area code), and E-mail address of the Applicant's Attorney and/or Consultant:

Douid Wm. West, Law Offices of Douid Wm.  
West, P.C., 1340 E. Missouri Ave., Phoenix, AZ  
85014-2324. Tel. 602/263-7891. Fax 602/263-5031

(A-6) The name, address, telephone number (including area code), facsimile number (including area code), E-mail address of the Applicant's Complaint Contact Person:

Martha (Meg) Miller, 801 Congressional Blvd., Carmel,  
IN 46032. 317/843-1300, 800/732-9622.  
megmiller@ocld.com

(A-7) What type of legal entity is the Applicant?

- Sole proprietorship
- Partnership: \_\_\_ Limited, \_\_\_ General, \_\_\_ Arizona, \_\_\_ Foreign
- Limited Liability Company: \_\_\_ Arizona, \_\_\_ Foreign
- Corporation: \_\_\_ "S", \_\_\_ "C", X Non-profit, \_\_\_ Arizona, \_\_\_ Foreign
- Other, specify: \_\_\_\_\_

(A-8) Please include "Attachment A":

Attachment "A" must include the following information:

1. A copy of the Applicant's Certificate of Good Standing as a domestic or foreign corporation, LLC, or other entity in the State of Arizona. Attached.
2. A list of the names of all owners, partners, limited liability company managers (or if a member managed LLC, all members), or corporation officers and directors (specify).
3. Indicate percentages of ownership. Attached

(A-9) Include your Tariff as "Attachment B".

Your Tariff must include the following information:

1. Proposed Rates and Charges for each service offered (reference by Tariff page number).
2. Tariff Maximum Rate and Prices to be Charged (reference by Tariff page number).
3. Terms and Conditions Applicable to provision of Service (reference by Tariff page number).
4. Deposits, Advances, and/or Prepayments Applicable to provision of Service (reference by Tariff page number).
5. The proposed fee that will be charged for returned checks (reference by Tariff page number).

(A-10) Indicate the geographic market to be served:

- Statewide. (Applicant adopts statewide map of Arizona provided with this application).
- Other. Describe and provide a detailed map depicting the area.

(A-11) Indicate if the Applicant has been or if the Applicant is currently involved in any formal or informal complaint proceedings pending before any State or federal Regulatory Commission:

- Yes  No

If "Yes", please provide the following information:

1. States in which the Applicant has been or is involved in proceedings.
2. Detailed explanations of the Substance of the Complaints.
3. Commission Orders that resolved any and all Complaints.
4. Actions taken by the Applicant to remedy and/or prevent the Complaints from re-occurring.

(A-12) Indicate if the Applicant has been or is currently involved in any civil or criminal investigations AND/OR had judgment entered against it in any civil matter or been convicted of any criminal acts related to the delivery of telecommunications services within the last five (5) years:

- Yes  No

If "Yes", please provide the following information.

1. States involved in the judgments and/or convictions.
2. Reasons for the investigation and/or judgment.
3. Copy of the Court order, if applicable.

(A-13) Indicate if the Applicant's customers will be able to access alternative toll service providers or resellers via 1+101XXXX access.

Yes

No

(A-14) Is applicant willing to post a Performance Bond? Please check appropriate box(s).

For Long Distance Resellers, a \$10,000 bond will be recommended for those resellers who collect advances, prepayments or deposits.

Yes

No

*We do not collect advance on prepayments.*

If "No", continue to question (A-15).

For Local Exchange Resellers, a \$25,000 bond will be recommended.

Yes

No

If "No", continue to question (A-15).

For Facilities-Based Providers of Long Distance, a \$100,000 bond will be recommended.

Yes

No

If "No", continue to question (A-15).

For Facilities-Based Providers of Local Exchange, a \$100,000 bond will be recommended.

Yes

No

If "No", continue to question (A-15).

*Note: Amounts are cumulative if the Applicant is applying for more than one type of service.*

(A-15) If No to any of the above, provide the following information. Clarify and explain the Applicant's deposit policy (reference by tariff page number). Provide a detailed explanation of why the applicant's superior financial position limits any risk to Arizona consumers.

*One Call does not collect advances, prepaids or deposits. Further, One Call's balance sheet and income statement reflects cash balances in excess of business conducted previously in Arizona by One Call.*

(A-16) Submit copies of affidavits of publication that the Applicant has, as required, published legal notice of the Application in all counties where the services will be provided.

Prior to issuance of the CC&N, the Applicant must complete and submit an Affidavit of Publication Form. Refer to Attachment C - Legal Notice Material (Newspaper Information, Sample Legal Notice and Affidavit of Publication).

(A-17) Indicate if the Applicant is a switchless reseller of the type of telecommunications services that the Applicant will or intends to resell in the State of Arizona:

Yes

No

If "Yes", provide the name of the company or companies whose telecommunications services the Applicant resells.

(A-18) List the States in which the Applicant has had an application approved or denied to offer telecommunications services similar to those that the Applicant will or intends to offer in the State of Arizona:

Approved: AL, AR, CO, CT, DC, IA, ID, KY, MI, MT, ND, NM, NV, NY, OH, OR, RI, TN, TX, VA, WA, WI. No Denials.

One Call is applying in all States.

(A-19) List the States in which the Applicant currently offers telecommunications services similar to those that the Applicant will or intends to offer in the State of Arizona.

See above.

(A-20) List the names and addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-301.

None.

#### B. FINANCIAL INFORMATION

(B-1) Indicate if the Applicant has financial statements for the two (2) most recent years.

Yes

No

If "No," explain why and give the date on which the Applicant began operations.

January 31, 2002.

(B-2) Include "Attachment D".

Provide the Applicant's financial information for the two (2) most recent years.

1. A copy of the Applicant's balance sheet.
2. A copy of the Applicant's income statement.
3. A copy of the Applicant's audit report. *Nothing audited to date.*

4. A copy of the Applicant's retained earnings balance.
5. A copy of all related notes to the financial statements and information.

(B-3) Indicate if the Applicant will rely on the financial resources of its Parent Company, if applicable.

NO

(B-4) The Applicant must provide the following information.

1. Provide the projected total revenue expected to be generated by the provision of telecommunications services to Arizona customers for the first twelve months following certification, adjusted to reflect the maximum rates for which the Applicant requested approval. Adjusted revenues may be calculated as the number of units sold times the maximum charge per unit. *\$800,000.*
2. Provide the operating expenses expected to be incurred during the first twelve months of providing telecommunications services to Arizona customers following certification. *\$600,000.*
3. Provide the net book value (original cost less accumulated depreciation) of all Arizona jurisdictional assets expected to be used in the provision of telecommunications service to Arizona customers at the end of the first twelve months of operation. Assets are not limited to plant and equipment. Items such as office equipment and office supplies should be included in this list. *Zero.*
4. If the projected value of all assets is zero, please specifically state this in your response.
5. If the projected fair value of the assets is different than the projected net book value, also provide the corresponding projected fair value amounts.

**C. RESOLD LONG DISTANCE AND/OR LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(C-1) Indicate if the Applicant has a resale agreement in operation

Yes

No

If "Yes", please reference the resale agreement by Commission Docket Number or Commission Decision Number.

*We buy our lines from Qwest  
and from MCI.*

**D. FACILITIES-BASED LONG DISTANCE AND/OR FACILITIES BASED LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(D-1) Indicate if the Applicant is currently selling facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services in the State of Arizona. This item applies to an Applicant requesting a geographic expansion of their CC&N:

Yes

No

If "Yes," provide the following information:

1. The date or approximate date that the Applicant began selling facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services for the State of Arizona.
2. Identify the types of facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services that the Applicant sells in the State of Arizona.

If "No," indicate the date when the Applicant will begin to sell facilities-based long distance telecommunications AND/OR facilities-based local exchange telecommunications services in the State of Arizona:

(D-2) Check here if you wish to adopt as your petition a statement that the service has already been classified as competitive by Commission Decision:

- Decision # 64178 Resold Long Distance
- Decision # 64178 Resold LEC
- Decision # 64178 Facilities Based Long Distance
- Decision # 64178 Facilities Based LEC

**E. FACILITIES-BASED LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(E-1) Indicate whether the Applicant will abide by the quality of service standards that were approved by the Commission in Commission Decision Number 59241:

- Yes  No

(E-2) Indicate whether the Applicant will provide all customers with 911 and E911 service, where available, and will coordinate with incumbent local exchange carriers ("ILECs") and emergency service providers to provide this service:

- Yes  No

(E-3) Indicate that the Applicant's switch is "fully equal access capable" (i.e., would provide equal access to facilities-based long distance companies) pursuant to A.A.C. R14-2-1111 (A):

- Yes  No

I certify that if the applicant is an Arizona corporation, a current copy of the Articles of Incorporation is on file with the Arizona Corporation Commission and the applicant holds a Certificate of Good Standing from the Commission. If the company is a foreign corporation or partnership, I certify that the company has authority to transact business in Arizona. I certify that all appropriate city, county, and/or State agency approvals have been obtained. Upon signing of this application, I attest that I have read the Commission's rules and regulations relating to the regulations of telecommunications services (A.A.C. Title 14, Chapter 2, Article 11) and that the company will abide by Arizona state law including the Arizona Corporation Commission Rules. I agree that the Commission's rules apply in the event there is a conflict between those rules and the company's tariff, unless otherwise ordered by the Commission. I certify that to the best of my knowledge the information provided in this Application and Petition is true and correct.

Ann C Bernard

(Signature of Authorized Representative)

6/4/02

(Date)

Ann C. Bernard

(Print Name of Authorized Representative)

General Counsel

(Title)

SUBSCRIBED AND SWORN to before me this 4 day of June, 2002

Margaret A. Maroney  
NOTARY PUBLIC

My Commission Expires July 20, 2009

## ATTACHMENT A

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### PERCENT OWNERSHIP:

1.	Monument Capital Partners, 2, LP	--	55%
2.	J. V. Partners 1, LLC	--	30%
3.	Joseph A. Pence	--	8.6%
4.	Brad A. Benge	--	2.4%
5.	Ann C. Bernard	--	1.9%

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