

Control Number: 25000



Item Number: 4040

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INFOCORP., INC.

2017 FEB 13 AM 10: 20

PUBLIC UTILITY COMMISSION FILING CLERK

14170 CLUBHOUSE ROAD

GAINESVILLE, VA 20155

(703) 869-0090

Infocorpcom02@gmail.com

February 7, 2017

VIA U.S. POSTAL SERVICE

Public Utility Commission of Texas

1701 N. Congress Avenue

P.O. Box 13326

Austin, TX 78711-3326

Attn: Telecommunications Division

Re: Registration for an Interexchange Carrier - Control Number 25000

Dear Sir or Madam:

Enclosed please find an original and three copies of the completed Registration for an Interexchange Carrier being submitted for and on behalf of **TCIPS**, **Inc**.

Please date stamp and return the extra copy of this transmittal in the self-addressed and postage pre-paid envelope provided for this purpose.

Please feel free to contact the undersigned with any questions or concerns. Thank you.

Sincerely,

Jane M. Scott

Legal Assistant





Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7180

Web Site: www.puc.texas.gov

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PUBLIC UTILITY COMMISSION FILING CLERK

Project No. 25000, Item No. _____

REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANY AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER

Registrant Name (Name under which services will be provided): TCIPS, Inc. Legal Name of Registrant and all assumed names under which the Registrant conducts business in Texas or any other state, if any:								
2.	Company Contact Information Company Contact Name: STEPHANIE HOLLOWAY Company Title: CEO Company/Physical Address (Street Address): 655 WATERBROOK TERRACE (Suite, Floor, Apartment Number, etc.): (City, State, Zip Code): ROSWELL, GA 30076 Phone Number: 855-997-9160, EXT. 102 Email Address: TCIPSINC2@GMAIL.COM Fax Number (Optional): 770-635-7257 Toll-free Customer Service Phone Number: 855-997-9160 Company Website Address (Optional):							
3.	Mailing Address (If different from the Physical Address): (Street Address/P.O. Box): SAME AS ABOVE (Suite, Floor, Apartment Number, etc.): (City, State, Zip Code):							

4. Authorized Representative:

Name: "STEPHANIE HOLLOWAY ,

Company Title: CEO

Address (Street Address): 655 WATERBROOK TERRACE

(Suite, Floor, Apartment Number, etc.):

(City, State, Zip Code): ROSWELL, GA 30076

Phone Number: 855-997-9160, EXT. 102 Fax Number (Optional): 770-635-7257

Email Address: TCIPSINC2@GMAIL.COM

5. Regulatory Representative:

Name: LISA EVANS

Company Title: REGULATORY REP.

Address (Street Address): 655 WATERBROOK TERRACE

(Suite, Floor, Apartment Number, etc.):

(City, State, Zip Code): ROSWELL, GA 30076

Phone Number: 855-997-9160, EXT. 106 Fax Number (Optional): 770-635-7257

Email Address: LEVANSREGLATORY@GMAIL.COM

6. Complaint Representative:

Name: MARGE BROWN

Company Title: CUSTOMER SERVICE MANAGER

Address (Street Address): 655 WATERBROOK TERRACE

(Suite, Floor, Apartment Number, etc.):

(City, State, Zip Code): ROSWELL, GA 30076

Complaint Phone Number: 855-997-9160

Phone Number: 855-997-9160, EXT. 108

Fax Number (Optional): 770-635-7257
Email Address: MBROWNCUSTSERVMANAGER@GMAIL.COM

7. Emergency Contact (List a primary and a secondary contact)

Name: MARGE BROWN & LISA EVANS

Company Title: CUSTOMER SERVICE MANAGER & REGULATORY

Phone Number: 855-997-9160, EXT. 108 & 855-997-9160, EXT. 106

Fax Number (Optional): 770-635-7257

Cell Phone Number (Optional): ___

Home Phone Number (Optional): —

Email Address: MBROWNCUSTSERVMANAGER@GMAIL.COM & LEVANSREGULATORY@GMAIL.COM

8.	Form of Business (corporation, partnership, sole proprietorship, etc.): CORPORATION							
	State and Date where registered business was formed: DELAWARE 04/30/2015							
	Texas Secretary of State (or County) File Number: PENDING							
	Texas Comptroller's office Tax Id. No.: PENDING							
9.	Carrier Identification:							
•	FCC Carrier Identification Code (CIC) (if available): N/A							
	National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): N/A							
	y							
10.	Affiliates:							
	Names of all Telecommunications Affiliates: NONE							
	States where Affiliates are Providing Services: NONE							
	Affilities in Texas – Provide Certification/Registration Number and relationship to registrant: NONE							
	Provide Organizational Chart (if available).							
11.	Owners, Directors, Officers, or Partners Information (List the information requested							
	below for each person):							
	Name: STEPHANIE HOLLOWAY							
	Company Title: PRESIDENT, SECRETARY, TREASURER, DIRECTOR							
	Phone Number: 855-997-9160, EXT. 102							
	Email Address: TCIPSINC2@GMAIL.COM							
12.	Legal Status:							
·	Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation:							

AFFIDAVIT

STATE OF 9	EORGI	<u> </u>	§						
COUNTY O	F FULTO	ON	§ §						
1. PRESIDENT	My	name	is	STEPHANIE H	OLLOWAY	the	İ reporting	am comp	the anv
TCIPS, INC.					_		repering	vomp	
authority to n the statement	n-domi nake th s and re pany u	nant Car iis report epresenta inderstan	riers, on bations ds ar	that I have per that I am com ehalf of the co made in this r ad will continuers.	petent to te empany. I freport are tr	stify to to the structure	hem, and tha wear or affirn orrect. I swea	t I have n that al ar or af	the ll of firm
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SWORN TO	AND S	SUBSCR	IBEC	before me on	MH		January, MMM and For the	. 20 <u>17</u> .	
My commissi	on exp	ires:	, No7	1.24, 2020	, 	711111	TERINA CATERINA NOTA PROPERTY NOTA	BLA CHOIRES	