# Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

## APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

Please file the completed application electronically at https://psc.ga.gov/alternative-efile/.

Please also mail one (1) hard copy of the application and any attachments to:

Ms. Sallie Tanner
Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334-5701

Questions regarding filing procedures should be directed to Sallie Tanner at (404) 463-7747 or stanner@psc.ga.gov.

Questions regarding the application should be directed to Erica Wilson at (404) 651-9402 or ewilson@psc.ga.gov.

# Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

## APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

### I. APPLICANT

| | | | | | |
|---|---|---|---|---|---|
| NAME OF COMPANY | Peachtree Communications Inc | | | | |
| ADDRESS 1 | 1025 Rose Creek Dr | | | | |
| ADDRESS 2 | Ste 620-278 | | | | |
| CITY | Woodstock | STATE | GA | ZIP CODE | 30189 |
| TELEPHONE | 7709538741 | FAX | | | |

| EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS: | | | | | |
|---|---|---|---|---|---|
| NAME | Art Moore | TITLE | VP | | |
| ADDRESS 1 | 1025 Rose Creek Dr | | | | |
| ADDRESS 2 | Ste 620-278 | | | | |
| CITY | Woodstock | STATE | GA | ZIP CODE | 30189 |
| TELEPHONE | 6788428228 | FAX | | | |
| EMAIL ADDRESS | admin@peachcomm.com | | | | |

**NOTE:** FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE OF AUTHORITY.

## II. ATTORNEY OR AGENT

IF APPLICANT IS NOT A GEORGIA CORPORATION, GIVE NAME AND ADDRESS OF AN ATTORNEY OR AGENT IN THE STATE OF GEORGIA UPON WHOM PROCESS MAY BE SERVED IN ANY SUIT AGAINST APPLICANT.

| | | | | | |
|---|---|---|---|---|---|
| ATTORNEY NAME | | | | | |
| NAME OF FIRM | | | | | |
| ADDRESS 1 | | | | | |
| ADDRESS 2 | | | | | |
| CITY | | STATE | | ZIP CODE | |
| TELEPHONE | | FAX | | | |
| EMAIL ADDRESS | | | | | |

## III. ORGANIZATION

| STATE AND DATE OF INCORPORATION: | | | |
|---|---|---|---|
| STATE | GA | DATE | DEC 2001 |

| LIST THE NAMES, TITLES, AND ADDRESSES (IF DIFFERENT FROM ABOVE) OF ALL OFFICERS OR PARTNERS: | | | |
|---|---|---|---|
| NAME | Lee Moore | ADDRESS | 1025 Rose Creek Dr<br>Ste 620-278<br>Woodstock GA 30189 |
| TITLE | VP | | |
| NAME | | ADDRESS | |
| TITLE | | | |
| NAME | | ADDRESS | |
| TITLE | | | |
| NAME | | ADDRESS | |
| TITLE | | | |

| | |
|---|---|
| ATTACH A COPY OF THE CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS ISSUED BY THE GEORGIA SECRETARY OF STATE.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | EXHIBIT C |

| | |
|---|---|
| IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, ATTACH A CHART SHOWING THE RELATIONSHIP OF | |

| | |
|---|---|
| THE APPLICANT TO ALL AFFILIATED COMPANIES.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").<br>IF NO AFFILIATED COMPANIES, SO STATE. | |

## IV. EXISTING AUTHORITY

| | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT OR ANY AFFILATED COMPANY HAVE EXISTING CERTIFICATES OF AUTHORITY ISSUED BY THE GPSC?<br>(PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE CERTIFICATE NUMBER(S): | | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT OR ANY AFFILIATED COMPANY HAVE EXISTING AUTHORITY GRANTED BY ANY STATE OR FEDERAL ENTITY?<br>(PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL ENTITY THAT GRANTED SUCH AUTHORITY: | | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| HAS THE APPLICANT OR ANY AFFILIATED COMPANY HAD ANY PREVIOUS AUTHORITY REVOKED BY ANY STATE OR FEDERAL ENTITY?<br>(PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL THAT REVOKED SUCH AUTHORITY: | | | | |
| | | | | |

| | |
|---|---|
| ATTACH A COPY OF ALL ORDERS REVOKING AUTHORITY.<br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | |

## V. COMPLIANCE WITH COMMISSION RULES AND ORDERS

| | | | | |
|---|---|---|---|---|
| COMMISSION RULE 515-12-1-.34 CODE OF CONDUCT FOR WINBACK ACTIVITIES REQUIRES CLECS TO ANNUALLY FILE BY MARCH 31 OF EACH YEAR CUSTOMER SERVICE CONTACT INFORMATION AND COMPANY CONTACT ESCALATION. | | | | |
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.34? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | x | NO | |

| | | | | |
|---|---|---|---|---|
| COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY REQUIRES CLECS TO SUBMIT AN AFFIDAVIT UPON CERTIFICATION AND ON JANUARY 31 OF EACH ODD-NUMBERED YEAR THEREAFTER AN AFFIDAVIT ATTESTING THAT THE CARRIER WILL COMPLY WITH THE REQUIREMENTS OF THE RULE. | | | | |
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.37? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | x | NO | |
| DOWNLOAD CURRENT FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT FROM THE GPSC WEBSITE.<br><br>ATTACH EXECUTED AND NOTARIZED AFFIDAVIT TO THE APPLICATION.<br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., EXHIBIT A). | | | | |

| | | | | |
|---|---|---|---|---|
| COMMISSION RULE 515-12-1-.38 TELECOMMUNICATIONS RELAY SERVICE REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE TELECOMMUNICATIONS RELAY SERVICE FUND. | | | | |
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.38? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | x | NO | |

| | | | | |
|---|---|---|---|---|
| COMMISSION RULE 515-12-1-.39 UNIVERSAL ACCESS FUND REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE UNIVERSAL ACCESS FUND. | | | | |
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.39? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | x | NO | |

| | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT AGREE TO COMPLY WITH ALL OTHER APPLICABLE COMMISSION RULES AND ORDERS? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | x | NO | |

## VI. COMPETIVE LOCAL EXCHANGE SERVICE

| | | |
|---|---|---|
| WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE?<br>(PLACE AN "X" IN THE APPROPRIATE BOXES.) | BUSINESS | x |
| | RESIDENTIAL | |
| | OTHER (LIST BELOW) | |
| | | |

| | | |
|---|---|---|
| SELECT THE METHOD(S) BY WHICH SERVICE WILL BE PROVIDED.<br>(PLACE AN "X" IN THE APPROPRIATE BOXES.) | RESALE | x |
| | FACILITIES-BASED | |

| | | |
|---|---|---|
| IF FACILITIES-BASED, PLEASE ANSWER THE FOLLOWING QUESTIONS. | | |
| WILL THE FACILITIES BE NEWLY CONSTRUCTED OR ACQUIRED THROUGH LEASE OR PURCHASE?<br>(PLACE AN "X" IN THE APPROPRIATE BOXES.) | NEW CONSTRUCTION | |
| | ACQUISITION | |
| IF NEW CONSTRUCTION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE CONSTRUCTED. | | |
| | | |
| IF AQUISITION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE ACQUIRED. | | |
| | | |
| PROVIDE A BREAKDOWN OF ANTICIPATED COSTS OF FACILITIES. | | |
| | | |

| | | | | |
|---|---|---|---|---|
| TARIFFS FOR LOCAL EXCHANGE SERVICES ARE NO LONGER REQUIRED TO BE FILED WITH THE COMMISSION. DOES THE COMPANY WISH TO MAINTAIN A LOCAL EXCHANGE SERVICES TARIFF WITH THE COMMISSION? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |
| IF YES, PLEASE ATTACH A LOCAL EXCHANGE SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | | | | |
| IF NO, PLEASE PROVIDE THE WEB ADDRESS WHERE THE APPLICANT'S GEORGIA TARIFFS OR PRICE GUIDES MAY BE FOUND. | https://www.peachcomm.com | | | |

| | | | | |
|---|---|---|---|---|
| PURSUANT TO O.C.GA. § 46-5-166(E), PROVIDERS OF ACCESS SERVICES MUST FILE ACCESS SERVICES TARIFFS WITH THE COMMISSION. DOES THE APPLICANT INTEND TO PROVIDE ACCESS SERVICES? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |
| IF YES, PLEASE ATTACH AN ACCESS SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | | | | |

## VII. TECHNICAL CAPABILITY

| | |
|---|---|
| ATTACH RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM. DESCRIBE EACH TEAM MEMBER'S TECHNICAL QUALIFICATIONS, INCLUDING ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | EXHIBIT A |

## VIII. FINANCIAL CAPABILITY

| | |
|---|---|
| PROVIDE AUDITED FINANCIAL STATEMENTS FOR THE MOST RECENT FISCAL YEAR. IF AUDITED FINANCIAL STATEMENTS ARE UNAVAILABLE, PROVIDE UNAUDITED INCOME STATEMENT, BALANCE SHEET, AND STATEMENT OF CASH FLOWS FOR MOST RECENT FISCAL YEAR.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | EXHIBIT B |

| | | | | |
|---|---|---|---|---|
| IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | x |

IF YES, PLEASE DESCRIBE EACH CASE IN DETAIL (PARTIES, SUBJECT MATTER, JURISDICTION, CASE NUMBER, ETC.):

## IX. AFFIDAVIT

| OFFICER OR ATTORNEY/ AGENT: | | | | | |
|---|---|---|---|---|---|
| NAME | Art Moore | | | | |
| TITLE | VP | | | | |
| ADDRESS 1 | 1025 Rose Creek Dr | | | | |
| ADDRESS 2 | Ste 620-278 | | | | |
| CITY | Woodstock | STATE | GA | ZIP CODE | 30189 |

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.

SIGNATURE OF AFFIANT

2/5/2026
DATE

SUBSCRIBED AND SWORN TO ME THIS
~~3rd~~ 5th DAY OF February, 2026.

NOTARY PUBLIC

(SEAL)

PHYLLIS GRAY
NOTARY PUBLIC
Cherokee County
State of Georgia
My Comm. Expires May 30th, 2027

Exhibit A

The Applicant's management team consists of the following key individual:

**Art Moore Position:** President

**Technical Qualifications, Relevant Work Experience, Education, and Training:**

Mr. Moore has more than 16 years of direct, hands-on telecommunications experience. Since 2008 he has managed telecom vendors and service providers on a daily basis. His primary focus has been the planning, execution, and post-cutover support of large-scale VoIP migrations.

Key technical accomplishments include:

- Personally directed the migration of **hundreds of business VoIP customers** from legacy TDM/analog telephone service to full-featured VoIP platforms.
- Managed all aspects of each migration, including: – Number porting (local and toll-free) from incumbent carriers – User account creation and configuration (extensions, call routing, hunt groups, voicemail, etc.) – Device provisioning and assignment (IP phones, analog telephone adapters, softphones, and gateways) – SIP trunk configuration and carrier interoperability testing – Comprehensive troubleshooting and issue resolution during and after cutover

This work has given Mr. Moore deep practical expertise in VoIP architecture, Session Initiation Protocol (SIP), number portability processes, quality-of-service considerations, and the operational realities of moving customers from traditional telco circuits to IP-based services with zero or minimal downtime.

**Education** Bachelor of Science in Economics, University of Georgia (UGA).

**Income Statement 2025**

| | |
|---|---|
| Revenue | |
| Total Sales & Deposits (Stripe, Mobile, Terminal, Bank, Misc) | $2,612,873.56 |
| Cost of Goods Sold (COGS) | $101,275.93 |
| Gross Profit | $2,511,597.63 |
| Operating Expenses | |
| RVS Expense Total (Recurring Vendor Services) | $1,571,921.45 |
| Payroll Total | $286,551.92 |
| 1099 Total (Contractors) | $144,625.68 |
| Advertising Total | $144,018.84 |
| Outsourced Technical Support Total | $62,545.40 |
| Retirement Total | $57,527.26 |
| Employee Loan Total | $38,522.00 |
| Saas & Cloud Services Total | $38,146.61 |
| Auto Total | $23,355.01 |
| Rent Total | $21,146.35 |
| Office Expenses Total | $20,956.09 |
| Healthcare Total | $20,562.23 |
| Taxes Total (Business Taxes Paid) | $17,780.65 |
| Travel Total | $13,607.47 |
| Education Total | $9,672.66 |
| Charity Total | $9,484.43 |
| Repair & Maintenance Total | $8,303.69 |
| Insurance Total | $7,368.57 |
| Professional Services Total | $6,246.42 |
| Cleaning Total | $4,640.00 |
| Shipping Total | $3,217.44 |
| Bank Fees Total | $1,543.30 |
| Gifts Total | $1,457.31 |
| Total Operating Expenses | $2,513,200.78 |
| Operating Income (EBIT) | -$1,603.15 |
| Other Income/(Expense) | $0 |
| Net Income Before Taxes | -$1,603.15 |
| Net Income | -$1,603.15 |

Peachtree Communications
**Balance Sheet**
As of December 31, 2025

**Assets**

| | | |
|---|---|---|
| Current Assets | | |
| Cash | $7,010 | |
| Accounts Receivable | | $27,341 |
| Inventory | $0 | |
| Total Current Assets | | $34,351 |
| | | |
| Fixed Assets | | |
| Fixed Assets (net book value) | | $9,200 |
| Total Fixed Assets | | $9,200 |
| | | |
| Total Assets | | $43,551 |

**Liabilities**

| | | |
|---|---|---|
| Current Liabilities | | |
| Accounts Payable | | $18,392 |
| Loans / Credit Cards Payable | | $0 |
| Total Current Liabilities | | $18,392 |
| | | |
| Total Liabilities | | $18,392 |

**Owner's Equity**

| | | |
|---|---|---|
| Owner's Capital | | |
| + Net Income (2024) | | –$1,603 |
| Total Owner's Equity | | $25,159 |
| | | |
| Total Liabilities + Owner's Equity | | $43,551 |

**Statement of Cash Flows**
For the Year Ended December 31, 2025

| | |
|---|---|
| Cash Flows from Operating Activities | |
| Net Income | –$1,603.15 |
| Adjustments to reconcile net income to net cash from operations: | |
| Changes in operating assets and liabilities: | |
| Increase in Accounts Receivable | ($10,000) |
| Increase in Accounts Payable | $6,000 |
| Depreciation and amortization | $0 |
| Net Cash Provided by Operating Activities | –$5,603 |
| Cash Flows from Investing Activities | |
| Purchases of fixed assets | $0 |
| Proceeds from sale of fixed assets | $0 |
| Net Cash Provided by Investing Activities | $0 |
| Cash Flows from Financing Activities | |
| Owner contributions | $0 |
| Owner distributions / draws | $0 |
| Proceeds from loans / credit cards | $0 |
| Repayments of loans / credit cards | $0 |
| Net Cash Provided by Financing Activities | $0 |
| Net Decrease in Cash | –$5,603 |
| Cash at Beginning of Year | $12,613 |
| Cash at End of Year | $7,010 |

# Exhibit C

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**313 West Tower**
**2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

**Annual Registration**

*Electronically Filed*
Secretary of State
Filing Date: 01/24/2025 21:27:48

**BUSINESS INFORMATION**

| | |
|---|---|
| **BUSINESS NAME** | : PEACHTREE COMMUNICATIONS, INC. |
| **CONTROL NUMBER** | : 0153408 |
| **BUSINESS TYPE** | : Domestic Profit Corporation |
| **ANNUAL REGISTRATION PERIOD** | : 2025 |

**BUSINESS INFORMATION CURRENTLY ON FILE**

| | |
|---|---|
| **PRINCIPAL OFFICE ADDRESS** | : 1025 Rose Creek Dr., Suite 620, #278, Woodstock, GA, 30189, USA |
| **REGISTERED AGENT NAME** | : Art Moore |
| **REGISTERED OFFICE ADDRESS** | : 600 Glen Oaks, Woodstock, GA, 30189, USA |
| **REGISTERED OFFICE COUNTY** | : Cherokee |

| OFFICER | TITLE | ADDRESS |
|---|---|---|
| A. Lee Moore, JR. | CEO | 1025 Rose Creek Pkwy, Suite 620, #278, Woodstock, GA, 30189, USA |
| Arthur L. Moore, III | CFO | 600 Glen Oaks Dr., Woodstock, GA, 30189, USA |
| Arthur L. Moore, III | Secretary | 600 Glen Oaks Dr., Woodstock, GA, 30189, USA |

**UPDATES TO ABOVE BUSINESS INFORMATION**

| | |
|---|---|
| **PRINCIPAL OFFICE ADDRESS** | : 1025 Rose Creek Dr., Suite 620, #278, Woodstock, GA, 30189, USA |
| **REGISTERED AGENT NAME** | : Art Moore |
| **REGISTERED OFFICE ADDRESS** | : 1025 Rose Creek Dr, Ste 620-278, Woodstock, GA, 30189, USA |
| **REGISTERED OFFICE COUNTY** | : Cherokee |

| OFFICER | TITLE | ADDRESS |
|---|---|---|
| Arthur Lee Moore, III | CEO | 1025 Rose Creek Pkwy, Suite 620, #278, Woodstock, GA, 30189, USA |
| Arthur L. Moore, III | CFO | 1025 Rose Creek Dr, Ste 620-278, Woodstock, GA, 30189, USA |
| Arthur L. Moore, III | Secretary | 1025 Rose Creek Dr, Ste 620-278, Woodstock, GA, 30189, USA |

**AUTHORIZER INFORMATION**

| | |
|---|---|
| **AUTHORIZER SIGNATURE** | : Art Moore |
| **AUTHORIZER TITLE** | : Officer |