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ROBERT K. ANGSTEAD
ROBERT J. BRUNDAGE
MARK W. COMLEY
CATHLEEN A. MARTIN
STEPHEN G. NEWMAN
JOHN A. RUTH

August 2, 2004

The Honorable Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge
Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102-0360

FILED

AUG 02 2004

Re: HKH Management Services, Inc.

Missouri Public
Service Commission

Dear Judge Roberts:

Please find enclosed for filing in the referenced matter the original and five copies of an Application for Certificate of Service Authority to Provide Private Pay Telephone Service in the State of Missouri.

Would you please bring this filing to the attention of the appropriate Commission personnel?

Please contact me if you have any questions regarding this filing. Thank you.

Very truly yours,

NEWMAN, COMLEY & RUTH P.C.

By:

Mark W. Comley

Mark W. Comley
comleym@ncrpc.com

by Cathleen A. Martin

MWC:ab

Enclosure

cc: Office of Public Counsel
General Counsel's Office
Michael S. Harvey

FILED

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

AUG 02 2004

Missouri Public
Service Commission

In the matter of the application of)
HKH MANAGEMENT SERVICES, INC.,)
for certificate of service authority)
to provide private pay telephone)
service within the State of Missouri)

APPLICATION FOR CERTIFICATE OF SERVICE
AUTHORITY TO PROVIDE PRIVATE PAY TELEPHONE
SERVICE IN THE STATE OF MISSOURI

1. HKH Management Services, Inc. July __, 2004
NAME OF APPLICANT DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

Street: 25 Meadows Ridge Drive
City: St. Peters
State: MO 63376
Phone: 636.441.9908

If the Commission or Staff has questions about this Application, they should contact:

Name: Michael S. Harvey
Address: 25 Meadows Ridge
St. Peters, MO 63376
Daytime Phone: 636.441.9908

APPLICANT IS:

X MISSOURI CORPORATION (Attach certified copy of Articles of Incorporation and
Certificate of Incorporation from Secretary of State - Missouri Bar Attorney must file the
application)

~ IMPORTANT ~

PAGES 2, 3, AND 4 MUST BE ATTACHED AND APPLICATION MUST BE SIGNED AND
NOTARIZED ON PAGE 4 TO BE PROCESSED. IF APPLICANT IS A PARTNERSHIP OR
CORPORATION, APPLICATION MUST BE SIGNED BY AN AUTHORIZED MEMBER OR
CORPORATE OFFICER, NOTARIZED, AND SIGNED BY APPLICANT'S ATTORNEY.

APPLICATION SHOULD BE MAILED TO BOTH:

Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102
(Original and 8 copies)

Office of the Public Counsel
P.O. Box 2230
Jefferson City, MO 65102
(One copy)

2. Applicant proposes to provide private pay telephone service in the State of Missouri under the jurisdiction of the Missouri Public Service Commission (Commission) pursuant to Section 392.410 and 392.520 C.C.S.S.C.S. HB 360 and which is referred to therein as customer owned coin telephone telecommunications service, but will herein be referred to as private pay telephone service, and requests certificate of service authority to install, operate, control, manage and maintain private pay telephone(s).
3. Applicant requests that this certificate of service authority be made applicable to additional locations which may be served by the Applicant in the future.
4. As a provider of private pay telephone service, I agree that my private pay telephone equipment (hereafter equipment) shall have the following operational characteristics and I agree to abide by the following terms:
 - a. Users of the equipment shall be able to reach the operator without charge and without the use of a coin.
 - b. Any intrastate operator services provider employed shall hold a certificate of service authority from this Commission, and shall have on file with the Commission approved tariffs for the provision of operator services to traffic aggregators.
 - c. Users of the equipment shall be able to reach local 911 emergency service, where available, without charge and without using a coin or, if 911 is unavailable, there shall be a prominent display on each instrument of the required procedure to reach local emergency service without charge and without using a coin.
 - d. The equipment shall be mounted in accordance with all applicable Federal, State, and local laws for disabled and/or hearing impaired persons.
 - e. The equipment shall allow the completion of local and long distance calls.
 - f. The equipment shall permit access to directory assistance.
 - g. There shall be displayed in close proximity to the equipment in 12 Point Times Bold print the name, address and telephone number of the private pay telephone service provider, the procedures for reporting service difficulties, the method of obtaining customer refunds and the method of obtaining long distance access. If applicable, the notice shall state that one-way calling only is permitted. If an alternative operator service (AOS) provider is employed, the private pay telephone service provider shall display such notice as is required by this Commission.
 - h. The equipment shall be registered under Part 68 of the rules of the Federal Communications Commission=s registration program.
 - i. The equipment shall not block access to any local or interexchange telecommunications carrier.
5. I understand and agree that the certificate of service authority will permit me to provide only private pay telephone service in the State of Missouri and will not authorize me to provide any other telecommunications services regulated by the Commission.
6. I understand that the certificate of service authority to provide private pay telephone service is not transferable.

7. I understand that providing pay telephone service without a certificate of service authority or in violation of the terms and conditions prescribed for the provision of such service may subject me to penalties as provided for by law.
8. I agree to provide a complete list of served locations if this information is requested by the Commission Staff.
9. I further agree to notify the Commission, in writing, if I cease to provide private pay telephone service in the State of Missouri or if my address or phone number changes at my principal place of business.
10. Unless and until otherwise ordered by the Commission, I agree to pay my annual apportioned share of general regulator expenditures that are charged to telephone companies pursuant to Section 386.370 RSMo.
11. I understand and agree that I will be responsible to the local exchange telephone company for payment of all toll and local charges originating from or accepted at the private pay telephone(s).
12. I understand and agree that charges for private pay telephone service will be assessed in accordance with the appropriate tariff of the local exchange telephone company providing access.

WHEREFORE, Applicant requests the Commission to grant its certificate of service authority to Applicant to install, operate, control, manage and maintain private pay telephone service in the State of Missouri as described above.

HKH MANAGEMENT SERVICES, INC

SIGN HERE:

TYPED NAME:

ADDRESS:

PHONE:

Michael S. Harvey
Michael S. Harvey, President
25 Meadows Ridge Drive
St. Peters, MO 63376
636.441.9908

STATE OF MISSOURI)

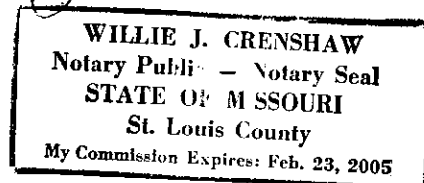
COUNTY OF St. Louis) ss

Comes now before me Michael S. Harvey and states that he is President of HKH Management Services, Inc., Applicant herein, and further states that the information contained in this Application is accurate to the best of ^{his} knowledge and belief.

Subscribed and sworn to before me this 28 day of July, 2004.

Willie J. Crenshaw
Notary Public

3



Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Mark W. Comley", is written over a horizontal line.

Mark W. Comley #28847
NEWMAN, COMLEY & RUTH P.C.
601 Monroe Street, Suite 301
P.O. Box 537
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(573) 634-2266
(573) 636-3306 FAX

Attorneys for HKH Management Services, Inc.



File Number: 200409911209
08980023
Date Filed: 04/07/2004
Matt Blunt
Secretary of State

State of Missouri
Matt Blunt, Secretary of State

Corporations Division
P.O. Box 778 / 400 W. Main Street, Room 532
Jefferson City, MO 65102

Articles of Incorporation

(To be submitted in duplicate by an attorney or an incorporator)

The undersigned natural person(s) of the age of eighteen years or more for the purpose of forming a corporation under the General and Business Corporation Law of Missouri adopts the following Articles of Incorporation:

Article One

The name of the corporation is HYH Management Services, Inc.

Article Two

The address, including street and number, if any, of the corporation's initial registered office in this state is

25 Meadow Ridge St. Peters MO 63376
(Street Address (P.O. Box may only be used in conjunction with a physical street address)) City State/Zip

and the name of its initial agent at such address is Linda M. Harvey

Article Three

The aggregate number, class and par value, if any, of shares which the corporation shall have authority to issue shall be:

Authorized Shares		Shares Issued
10,000	No Par Value	1,000

The preferences, qualifications, limitations, restrictions, and the special or relative rights, including convertible rights, if any, in respect to the shares of each class are as follows:

Article Four

The extent, if any, to which the preemptive right of a shareholder to acquire additional shares is limited or denied.

State of Missouri
Creation - General Business - Domestic 3 Page(s)



T0409907041

Article Five

The name and place of residence of each incorporator is as follows:

Name

Street

Linda M. Harvey 25 Meadow Ridge Dr. St. Peters, MO 63376

Article Six

(Designate which and complete the applicable paragraph.)

☒ The number of directors to constitute the first board of directors is 4.
Thereafter the number of directors shall be fixed by, or in the manner provided by the bylaws. Any changes in the number will be reported to the Secretary of State within thirty calendar days of such change. (NOTE: If the number of directors is to be one or two, do not check this box.)

OR

☐ The number of directors to constitute the board of directors is _____. (The number of directors to constitute the board of directors must be stated herein if there are to be less than three directors. The person to constitute the first board of directors may, but not need, be named.)

Article Seven

The duration of the corporation is perpetual.
(Indicate either perpetual or the date the corporation expires)

Article Eight

The corporation is formed for the following purposes: (add additional page(s) as necessary)

The transaction of any or all lawful purposes for which corporations may be incorporated under Missouri Law.

IN WITNESS WHEREOF, these Articles of Incorporation have been signed on _____
month/day/year

Linda M. Harvey
Signature

Linda M. Harvey
Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

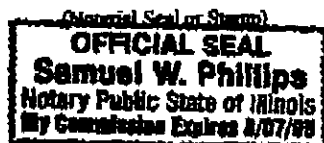
Printed Name

State of Illinois } ss
County of Marion

I, Samuel W. Phillips, A Notary Public, do hereby certify that on April 3, 2004
month/day/year

personally appeared before me Linda M. Harvey, and being duly sworn by me, acknowledged that
he/she signed as his/her own free act and deed the foregoing document in the capacity therein set forth and declared that the statements
therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.



Samuel W. Phillips
Notary Public

My commission expires 8-7-5

My County of Commission Marion Co., IL

STATE OF MISSOURI



Matt Blunt
Secretary of State

CERTIFICATE OF INCORPORATION

WHEREAS, duplicate originals of Articles of Incorporation of

HKH Management Services, Inc.
00580023

have been received and filed in the Office of the Secretary of State, which Articles, in all respects, comply with the requirements of General and Business Corporation Law.

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the General and Business Corporation Law.

IN TESTIMONY WHEREOF, I have set
my hand and imprinted the GREAT SEAL
of the State of Missouri, on this, the 7th day
of April, 2004.



Matt Blunt

STATE OF MISSOURI



Matt Blunt
Secretary of State


**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**HKH MANAGEMENT SERVICES, INC.
00580023**

was created under the laws of this State on the 7th day of April, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 28th day of July, 2004


Secretary of State



Certification Number: 6893011-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>