FILED

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

MAY 1 2000

In the matter of the application of	Missouri Public Service Commission - 2000 - 715
APPLICATION FOR CERT AUTHORITY TO PROVIDE PR SERVICE IN THE STA PLEASE PRINT OR TYPE:	NVATE PAY TELEPHONE
	Anily Ann
OIX, Inc. 1. NAME OF APPLICANT	AD N 1/7 2000 DATE OF APPLICATION
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: Street	If the Commission or Staff has questions about this Application, they should contact:
4220 5. Nocher Dr. Sh 280	Name: Charlic Empion
city Independence	Address: 4220 S. Hucker Dr. Stc 180
State Misseri 64055	Independence, MD 64055
Phone (816) 373-7595	Daytime Phone <u>(7/5)</u> 373 - 7595
APPLICANT IS:	****************************
INDIVIDUAL DOING BUSINESS UNDER OWN NA	ME
INDIVIDUAL DOING BUSINESS UNDER FICTITION	JS NAME (Attach a copy of registration of fictitious name

~ IMPORTANT ~

CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business in Missouri from

PARTNERSHIP (Attach copy of partnership agreement - Missouri Bar Attorney must file the application)

from Secretary of State - Missouri Bar Attorney must file the application)

Secretary of State - Missouri Bar Attorney must file the application)

MISSOURI CORPORATION (Attach certified copy of Articles of Incorporation and Certificate of Incorporation

PAGES 2, 3, AND 4 MUST BE ATTACHED AND APPLICATION MUST BE SIGNED AND NOTARIZED ON PAGE 4 TO BE PROCESSED. IE 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 14 copies)

with Secretary of State)

Office of the Public Counsel P.O. Box 7800 Jefferson City, MO 65102 (One copy)

Revised 02/03/98

- 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).
- 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.
 - 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.
- I understand that the certificate of service authority to provide private pay telephone service is not transferable.
- 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.
- 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 a	and maintain private pay telephone service in the State of Missouri as described above.
SIGN HERE:	
PRINT or TYPE NAME:	Charles L Empson Jr.
ADDRESS:	4220 S. Hocker Dr. St. 280
	Tidos I was 64055

PHONE: \$16-373-7595

STATE OF MISSOLLY)	
COUNTY OF TACKSON) ss)	
Comes now before me(N	Nane of person signing Application)	and states that (s)he
(Title of person signing Application)	of <u>Oエメ、エ</u> ヽパ (Name of Applicant)	Applicant herein, and
further states that the information contained	in this Application is accurate to the best of	f her/his knowledge and belief.
Subscribed and sworn to before n	ne this 17 day of April	2000
My Commission expires: APCI 18	- Landing (N	otary Public)
ATTORNEY'S	SIGNATURE BLOCK (for Partnership or	· Corporation)
	£60 a =	
SIGN HERE:		
PRINT or TYPE NAME:	thil Orscheld	<u> </u>
ADDRESS:	· · · · · · · · · · · · · · · · · · ·	2580_
	Kansas City, no 6	4112

MISSOURI BAR#:

PHONE:

32651 816-531-8877





Judith K. Moriarty

SECRETARY OF STATE

CORPORATION DIVISION
CERTIFICATE OF INCORPORATION

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF OIX, INC.

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, JUDITH K. MORIARTY, SECRETARY OF STATE OF THE STATE OF MISSOURI, 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 26TH DAY OF APRIL, 1994.

Gudith K. Marie ty

\$53.00

ARTICLES OF INCORPORATION OF

OIX, INC.



HONORABLE JUDITH K. MORIARTY SECRETARY OF STATE STATE OF MISSOURI P.O. BOX 778 JEFFERSON CITY, MO 65102

Edita K. Praniation

APR 26 aga

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

ARTICLE ONE

The name of the corporation (which is hereinafter referred to as the "Corporation") is OIX, INC.

ARTICLE TWO

The address, including street and number, if any, of the Corporation's initial registered office in this state is 4224 South Hocker, Suite 200, Independence, MO 64055, and the name of its initial agent at such address is David G. Orscheln.

ARTICLE THREE

The aggregate number, class and par value, if any, of shares which the Corporation shall have authority to issue shall be 1,000 shares of \$1.00 par value common stock.

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

All shares have equal rights.

ARTICLE FOUR

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

ARTICLE FIVE

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

<u>Name</u>

Street

City

James L. O'Loughlin P. O. Box 280 Moberly, MO 65270 2000 U.S. Highway 63 South

ARTICLE SIX

The number of directors to constitute the Board of Directors is three.

ARTICLE SEVEN

The duration of the Corporation is perpetual.

ARTICLE EIGHT

The Corporation is formed for the following purposes: Conveyance of goods and materials; and to engage in any other business lawful and permitted pursuant to the laws of the State of Missouri; and to do anything permitted of corporations pursuant to the provisions of Section 351.385 of the General Business Corporations Act of Missouri, as amended from time to time.

ARTICLE NINE

The power to make, alter, amend, or repeal the By-Laws of the Corporation shall be vested exclusively in the Board of Directors of the Corporation.

IN WITNESS WHEREOF, these Articles of Incorporation have been signed this 22 25 day of April 1994.

INCORPORATOR

James L. O'Loughlin

#RR26 EM

CESTETARY OF STATE

NOTARIAL WORDING FOR ARTICLES OF INCORPORATION

STATE OF MISSOURI)

SS.
COUNTY OF RANDOLPH)

I, M. Lorraine McCully, a Notary Public, do hereby certify that on this 22 day of April 1994, personally appeared before me, James L. O'Loughlin, who being by me first duly sworn declared that he is the person who signed the foregoing document as incorporator and that the statements therein contained are true.

M. Lorraine McCully Notary Public

[NOTARIAL SEAL]

My commission expires: January 10, 1996

AFR 26 AND SECRETARY OF STATE

(m:\wp\oix\oix.al I)

Access Line Request

Southwestern Bell	restern Bell Telephone: 800 231-1863 Fax: 800 511-7988						: 800 511-7988			
Payphone Service Co										
370 Third St, Rm. 41										
San Francisco, CA 9	4107									
T. 4-14- B-4-		D d	D D		A :	<u> </u>		<u> </u>		
Today's Date:		Desired	טue ט	ate:	Assigned	Due I	Jai	te:	Request Confirmation:	
4-17-2000					· · · · · · · · · · · · · · · · · · ·		₩ Fax Back [] Call Back			
Business Name:			ice Address: City:			State:			ZIP:	
OIX, Inc	422	10 S. Ha	S. Hacker Dr Independent Placed By:		duce	Ince Mo				64055
Vendor Name:		Order Placed By:			Contact Tel. No.:					Tel. No.:
QIX, Inc				Empson 816-373-7595			595	816-373-9437		
Billing Information:	-						N	lote:		_ 1
Bill To: N Vendor [er-Plea		Below	-		#	of Li	nes Requested
Name:	Add	ress:		City:		State	e:			ZIP:
	<u> </u>			ļ		ļ				
Summary Billing Nur	mber:		Speci	al Billing In	structions:	L	T	Tax Exe	empt:	<u> </u>
8/6-373-75 9 5						[] Fede	deral [] State			
	Service Order Requirements: Long Distance Carrier:									
Service Order Redu	<u>ii Ciric</u>	<u></u>			A	T+T				
Directory Information Non-published	n:		Payp	hone Servi	ce Provider	Com	mi	ission Ag	reem	ent[]Yes []No
[] Listed As Follows	5		Scree	ening Optio						Repair Plan
[] International Bloc								[]Yes		
Type of Service: [] 900 Blocking				[] No				[] No		
				[] Operator Screening (SCOCS)				SWBT Oper Comm		
				Technician Information:					[]Yes	
[] Outgoing Only [] Coin-less				ire to MPO		iol	~ (horacc	Annlı	[] No
[] Fax				all Before D	(Time & Ma Dispatch			li After	Appi	0
[] r ux				pletion	/ispatcii		-	ii Aitoi		
LOA:		PUC C	PUC Certification Line Information				Add	litional Information:		
[] Attached		[] Arka	insas		⅓ New					
⅓ On File		[] Kan	1.5			[] Disconnect				
[] Blanket		Missouri			[] Change Out				1	
[] Oklahoma			[] Move					•		
[]Texas			[] Other							
Physical Location of Set for 911 Records: Line 1:										
Line 2:							-			
Line 3:										
										