### NEWMAN, COMLEY & RUTH P.C.

ROBERT K. ANGSTEAD ROBERT J. BRUNDAGE MARK W. COMLEY LANETTE R. GOOCH CATHLEEN A. MARTIN ATTORNEYS AND COUNSELORS AT LAW
601 MONROE STREET, SUITE 301
P.O. BOX 537

JEFFERSON CITY, MISSOURI 65102-0537

TELEPHONE: (573) 634-2266

FACSIMILE: (573) 636-3306

www.nerpe.com

MARTIN A. MILLER STEPHEN G. NEWMAN THOMAS R. O'TOOLE JOHN A. RUTH ALICIA EMBLEY TURNER

June 19, 2006

FILED<sup>4</sup>

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

Missouri Public Service Commission

Re:

Overlord Telecommunications, L.L.C.

Dear Judge Dale:

Please find enclosed for filing in the referenced matter the original and eight 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.

Bv

Mark W. Comley

comleym@ncrpc.com

MWC:ab Enclosure

cc.

Office of Public Counsel General Counsel's Office

Linda M. Harvey

## BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOUR!



In the matter o Overlord	f the application of )	JOIN 1 2 5000			
Telecommon for certificate of to provide private to the certificate of	unications, L.L.C. of service authority ) ate pay telephone ) the State of Missouri )	Missouri Public Service Commission			
PLEASE PRIN	APPLICATION FOR CERTI AUTHORITY TO PROVIDE PR SERVICE IN THE STA IT OR TYPE:	IVATE PAY TELEPHONE			
	eriord Telecommunications, L.L NAME OF APPLICANT	.C. DATE OF APPLICATION			
ADDRESS OF Street: 25	PRINCIPAL PLACE OF BUSINESS: Meadow Ridge Drive	If the Commission or Staff has questions about this Application, they should contact:			
		Name: Linda M. Harvey			
City: St State: MC	. Peters 63371	Address: 25 Meadow Ridge Drive St. Peters, MD 63371			
	36. 422. 5213	Daytime Phone: 3/4. 3 2 3. 8 3 5 4			
********	*************	***************************************			
APPLICANT I	S:				
INDI	INDIVIDUAL DOING BUSINESS UNDER OWN NAME				
	INDIVIDUAL DOING BUSINESS UNDER FICTITIOUS NAME (Attach a copy of registration of fictitious name with Secretary of State)				
PAF	PARTNERSHIP (Attach copy of partnership agreement - Missouri Bar Attorney must file the application)				
MIS	MISSOURI CORPORATION (Attach certified copy of Articles of Incorporation and Certificate of Incorporation from Secretary of State - Missouri Bar Attorney must file the application)				
COI	CORPORATION - NOT MISSOUR! (Attach certificate of authorization to do business in Missouri from Secretary of State - Missouri Bar Attorney must file the application)				
	SSOURI LIMITED LIABILITY COMPAN				
*****					

~ 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.

Revised 6/19/2003

#### 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 7800 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).
- 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:
  - 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.
- 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 and maintain private pay telephone service in the State of Missouri as described above.

SIGN HERE:	Guida M. Harry	
PRINT or TYPE NAME:	Linda M. Harvey	
ADDRESS:	25 Meadow Ridge Drive	
	St. Peters, MO 63371	
PHONE:	636. 922. 5213	

STATE OF MISSO	URI	)				
COUNTY OF LINCE	OIN	) ss )				
Comes now before	e me Linda M.	Harvey	and states that (s)he is a			
	(Name of p Overl	person signing Application) ord Telecommunications,				
<u>member</u>	of <u>L.L.C</u>	, <u> </u>	Applicant herein, and (Title			
of person signing Application	on) (Na	ame of Applicant)				
further states that the information contained in this Application is accurate to the best of her/his knowledge and belief.						
Subscribed and sworn to before me this $13TH$ day of $JVNE$ , 2006.						
JANET RICHARDSON Notary Public - Notary Seal State of Missouri Lincoln County My Commission Expires April 18, 2009 Commission # 05549745  Quant Rechardson (Notary Public)						
My Commission expires:						
ATTORNEY'S SIGNATURE BLOCK ((for Partnership or Corporation)						
SIGN HERE						
PRINT or Mark W. Comley						
•	AUDRESS:	Monroe St., Suite 301, 1				
	MISSOURI 288	347	·			
I	PHONE:573	3-634-2266				

# State of Missouri



## Robin Carnahan Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Overlord Telecommunications, L.L.C. LC0746003

filed its Articles of Organization with this office on the June 19, 2006, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the June 19, 2006, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the June 19, 2006.

Polini Camahan

Secretary of State

