

BEFORE THE MISSOURI PUBLIC SERVICE COMMISSION

In the matter of the application of )  
PAYCOM VOICE ENTERPRISES, L.L.C. )  
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. Name of Applicant: PayCom Voice Enterprises, L.L.C. Date of Application: April 26, 2013

Address of principal place of business: 109 White School Road St. Elizabeth, MO 65075 Phone: 314/568-4468	If the Commission or Staff has questions about this Application, they should contact: Name: Jim Nesselhauf Address: 109 White School Road St. Elizabeth, MO 65075 Daytime Phone: 314/568-4468
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APPLICANT IS:

\_\_\_\_\_ INDIVIDUAL DOING BUSINESS UNDER OWN NAME

\_\_\_\_\_ INDIVIDUAL DOING BUSINESS UNDER FICTITIOUS NAME (Attach a copy of  
registration of fictitious name with Secretary of State)

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

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

\_\_\_\_\_ CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business  
in Missouri from Secretary of State - Missouri Bar Attorney must file the application)

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~ 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

Office of the Public Counsel  
P.O. Box 2230  
Jefferson City, MO 65102

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.

PAYCOM VOICE ENTERPRISES, L.L.C.

SIGN HERE BY:

Jim Nesselhauf

TYPE NAME: Jim Nesselhauf

ADDRESS: 109 White School Road, St. Elizabeth, MO 65075

PHONE: 314/568-4468

STATE OF MISSOURI )

COUNTY OF Miller )

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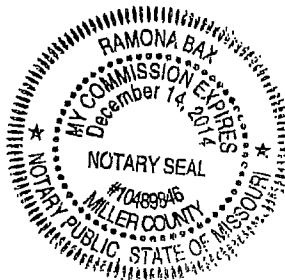
Comes now before me Jim Nesselhauf and states that he is a Member of PayCom Voice Enterprises, L.L.C., Applicant herein, and further states that the information contained in this Application is accurate to the best of his knowledge and belief. Jim Nesselhauf further states that he is authorized to execute this application on behalf of PayCom Voice Enterprises, L.L.C.

Subscribed and sworn to before me this 25 day of April, 2013.

Ramona Bax

Notary Public

My Commission expires: 12/14/14



Respectfully submitted,

/s/ Mark W. Comley

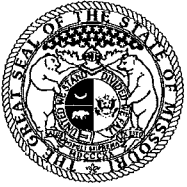
Mark W. Comley #28847  
Newman, Comley & Ruth P.C.  
601 Monroe Street, Suite 301  
P.O. Box 537  
Jefferson City, MO 65102  
Telephone: (573) 634-2266  
Facsimile: (573) 636-3306  
Email: [comley@ncrpc.com](mailto:comley@ncrpc.com)

ATTORNEYS FOR APPLICANT

### **CERTIFICATE OF SERVICE**

I do hereby certify that a true and correct copy of the foregoing document has been served electronically on the Office of Public Counsel at [opcservice@ded.mo.gov](mailto:opcservice@ded.mo.gov) and on the General Counsel's office at [staffcounsel@psc.mo.gov](mailto:staffcounsel@psc.mo.gov), this 26<sup>th</sup> day of April, 2013.

/s/ Mark W. Comley



**State of Missouri**  
**Robin Carnahan, Secretary of State**

File Number: 200616790154  
LC0745647  
Date Filed: 06/16/2006  
Robin Carnahan  
Secretary of State

**Articles of Organization**

1. The name of the limited liability company is:

**PayCom Voice Enterprises, L.L.C.**

2. The purpose(s) for which the limited liability company is organized:

**The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.**

3. The name and address of the limited liability company's registered agent in Missouri is:

**Jim Nesselhauf**

**4771 Wickerwood Drive, St. Louis MO 63129**

*Name*

*Address*

4. The management of the limited liability company is:

☐

Manager

☒

Member

5. The duration (period of existence) for this limited liability company is:

**06/16/2105**

6. The name(s) and street address(es) of each organizer:

**Jim Nesselhauf, 4771 Wickerwood Drive, St. Louis MO 63129**

7. The effective date of this document is:

**06/16/2006**

**In Affirmation thereof, the facts stated above are true and correct:**

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**Jim Nesselhauf**

*(Organizer Name)*

# State of Missouri



Robin Carnahan  
Secretary of State

## CERTIFICATE OF ORGANIZATION

WHEREAS,

*PayCom Voice Enterprises, L.L.C.*  
*LC0745647*

filed its Articles of Organization with this office on the June 16, 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 16, 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 16, 2006.

*Robin Carnahan*

Secretary of State

