MARTIN, LEIGH, LAWS & FRITZLEN, P.C.

400 Peck's Plaza 1044 Main Kansas City, Missouri 64105 816.221.1430 telephone 816.221.1044 facsimile



MEMORANDUM

Misseuri Public Service Commission

TO:	Missouri Public Service Commission			
FROM:	Berry F. Laws III			
DATE:	August 9, 2005			
RE:	Pay Phone Application for Protocol Telecom, LLC			
	~			

To expedite your receipt of same, the following is being sent to you without a cover letter:				
Amended Application for Certificate of Service				
Please:				
☐ File all documents and returned a "filed" stamped copy to me in the enclosed envelope.				
☐ Sign/Complete/Notarize the documents and return to me.				
☐ Sign the documents and forward on to:				
☐ Review a	nd call me to discuss this matter.			
☐ Review and call my office for an appointment to discuss this matter.				
☐ Keep the copy/original for your records.				
□ Call if you have any questions/concerns/changes.				
☐ For your review and information - no action is necessary.				
Other/Comments:				
Please advise if anything else is necessary to complete this application. Thank you for your attention to this matter.				
cc w/enc: David Lindgren				
	Sent by: drl			

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI In the matter of the application of)

Proto call ()

Telecom L.L.C. ()

for certificate of service authority ()

to provide private pay telephone ()

service within the State of Missouri ()

AUG 1 2 2005

Missouri Public **Service Commissio**ri



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

	SERVICE IN THE STAT			
PLEASE	EPRINT OR TYPE:			
Pr	otocall Telecom. L. L.C			
1.	NAME OF APPLICANT	DATE OF APPLICATION		
ADDRE Street	SS OF PRINCIPAL PLACE OF BUSINESS:	If the Commission or Staff has questions about this Application, they should contact:		
City: State:	Clatte KANSAS 66062	Name: David Lindgren Address: 14927 S. Caenen Ln. Olathe KS 66062		
Phone:	913-897-2194	Daytime Phone: 913-897-2194		
******	*********************	*************		
****	••			
APPLIC	ANT IS:			
	INDIVIDUAL DOING BUSINESS UNDER OWN NAM	E		
<u> </u>	INDIVIDUAL DOING BUSINESS UNDER FICTITION with Secretary of State)	JS NAME (Attach a copy of registration of fictitious name		
	PARTNERSHIP (Attach copy of partnership agreem	ent - Missouri Bar Attorney must file the application)		
	MISSOURI CORPORATION (Attach certified copy of from Secretary of State - Missouri Bar Attorney must	f Articles of Incorporation and Certificate of Incorporation tille the application)		
X	CORPORATION - NOT MISSOURI (Attach certificat Secretary of State - Missouri Bar Attorney must file t			

~ 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.
 - 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.
- 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).
- 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:	David R. Lindgun	····
PRINT or TYPE NAME:	David R Lindgren	
ADDRESS:	14927 S. Caenen Ln.	
	Olathe KS 66062	-
PHONE:	913-897-4167	

STATE OF Kansas COUNTY OF JOHNSON Comes now before me David R Lindaren and states that (s)he (Name of person signing Application) David R Lindaren of Pretocall TeleLom L. Applicant herein, and (Title
of person signing Application) (Name 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 21th day of June , 2005
BEVERLY SPRINGER Notary Public - State of Kansas My Appt. Expires O1-09-08 (Notary Public) My Commission expires: 01-09-08
ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)
SIGN HERE:
PRINT OF TYPE NAME: Thomas J. Fritzlen, Jr.
ADDRESS: 1044 Main, Suite 400 160 64/05
MISSOURI 34653 PHONE: 816-221-1430





Robin Carnahan Secretary of State

CERTIFICATE OF REGISTRATION FOREIGN LIMITED LIABILITY COMPANY

EREAS.

PROTOCALL LLC

ng in Missouri the name

PROTOCALL TELECOM L.L.C. FL0668283

existing under the laws of the State of Kansas has filed with this state its Application for istration and whereas this Application for Registration conforms to the Missouri Limited appart Act.

W, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, by ue of authority vested in me by law, do hereby certify and declare that on the 22nd day of e, 2005, the above Foreign Limited Liability Company is duly authorized to transact busin he State of Missouri and is entitled to any rights granted Limited Liability Companies.

TESTIMONY WHEREOF, I have set my d and imprinted the GREAT SEAL of the te of Missouri, on this, the 22nd day of June, 5.



