

HENDREN AND ANDRAE, L.L.C.

HENRY ANDRAE (RETIRED)  
RICHARD S. BROWNLEE III  
MICHAEL A. DALLMEYER  
DUANE E. SCHREIMANN  
DOUGLAS L. VAN CAMP  
MICHAEL G. BERRY  
JOHN W. KUEBLER  
SUSAN M. TURNER  
CHRISTOPHER P. RACKERS  
SARA C. MICHAEL  
PATRICIA D. PERKINS  
BRIAN K. FRANCKA

ATTORNEYS AT LAW  
RIVERVIEW OFFICE CENTER  
221 BOLIVAR STREET, SUITE 300  
P.O. BOX 1069  
JEFFERSON CITY, MISSOURI 65102

(573) 636-8135

JOHN H. HENDREN (1907-1988)  
CHARLES H. HOWARD (1925-1970)  
JOHN E. BURRUSS, JR. (1933-1985)  
GERALD E. ROARK (1956-1995)

FACSIMILE  
(573) 636-5226

November 12, 1999

FILED MAIL  
hend@socket.net

NOV 12 1999

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

Missouri Public  
Service Commission

TA-2000-327

Re: In The Matter of the Application of Patricia L. Stone,  
d/b/a Future Talk for Certificate of Service Authority to  
Provide Private Pay Telephone Service Within the State of  
Missouri

}

Dear Mr. Roberts:

Enclosed please find for filing the original plus fourteen  
(14) copies of the Application of Patricia L. Stone, d/b/a Future  
Talk for Certificate of Service Authority to Provide Private Pay  
Telephone Service within the State of Missouri filed this date on  
behalf of Future Talk in the above-captioned matter.

If you should have any questions concerning the enclosed,  
please do not hesitate to contact me. Thank you.

Very truly yours,

HENDREN AND ANDRAE, L.L.C.

*Richard S. Brownlee III*  
Richard S. Brownlee, III

RSB/s  
Enclosures  
cc: Public Counsel  
Patricia L. Stone

FILED

NOV 12 1999

Missouri Public  
Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MISSOURI

In the matter of the application of )  
Patricia L. Stone, DBA )  
Future Talk )  
for certificate of service authority )  
to provide private pay telephone )  
service within the State of Missouri )

TA - 2000 - 327

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

PLEASE PRINT OR TYPE:

Patricia L. Stone/DBA Future Talk

November 12, 1999

1. NAME OF APPLICANT

DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

Street 2811 Justin Road

Unit D

City Flower Mound

State Texas 75028

Phone 972 874-7242

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

Name: Patricia Stone/Terry Golden

Address: P.O. Box 293445

Lewisville, TX 75029-3445

Daytime Phone 972 874-7242

\*\*\*\*\*  
APPLICANT IS:

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

X 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)

\_\_\_\_ MISSOURI CORPORATION (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)

\*\*\*\*\*  
~ 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 14 copies)

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

Revised 02/03/98

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.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.

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.

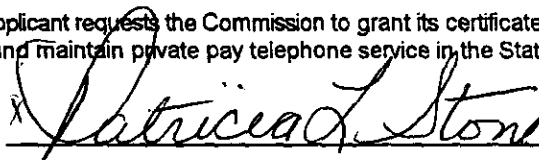
Unless and until otherwise ordered by the Commission, I agree to pay my annual apportioned share of general regulator expenditures that are charged to telephone companies pursuant to Section 386.370 RSMo.

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:



PRINT or  
TYPE NAME:

Patricia L. Stone

ADDRESS:

P.O. Box 293445

Lewisville, TX 75029-3445

PHONE:

(800) 238-2475

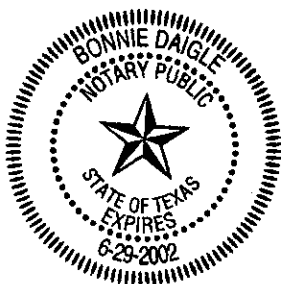
STATE OF TEXAS )  
 )  
COUNTY OF DENTON ) ss

Comes now before me Patricia L. Stone and states that ~~(s)he~~ she  
(Name of person signing Application)

OWNER of Patricia L. Stone/Future Tal 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 23<sup>RD</sup> day of X August, 1999.



X Bonnie Daigle  
(Notary Public)

My Commission expires: X 6-29-2002

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE:

Richard S. Brownlee III

PRINT or  
TYPE NAME:

Richard S. Brownlee, III

ADDRESS:

HENDREN AND ANDRAE, L.L.C.

221 Bolivar Street, Suite 300

P.O. Box 1069

Jefferson City, MO 65102

PHONE:

(573) 636-8135



# State of Missouri

No. X **364070**

Rebecca McDowell Cook, Secretary of State

Corporation Division

## Registration of Fictitious Name

(Submit in duplicate with a filing fee of \$7)

This information is for the use of the public and gives no protection to the name. There is no provision in this Chapter to keep another company or corporation from adopting and using the same name. (RSMo 417)

We, the undersigned, are doing business under the following name, and at the following address:

Name to be registered: Future Talk

Missouri Business Address: 2811 Justin Road - Unit D  
(P.O. Boxes not accepted)

City, State and Zip Code: Flower Mound, TX 75028

The parties having an interest in the business, and the percentage they own are (if a corporation is owner, indicate corporation name and percentage owned). If all parties are jointly and severally liable, percentage of ownership need not be listed:

| Name of Owners,<br>Individual or<br>Corporate | Street and Number                                      | City  | State<br>and<br>Zip Code           | If listed,<br>Percentage<br>of ownership<br>must equal<br>100% |
|---|--|---|------------------------------------|--|
| Patricia L. Stone                             | <del>P.O. Box 293445</del><br>2811 Justin Rd<br>UNIT D | <del>Lewisville, TX</del><br>Flower Mound<br>TX | <del>75029-</del><br>3445<br>75028 | 100%   |
|   |  |   |                                    |  |
|   |  |   |                                    |  |
|   |  |   |                                    |  |
|   |  |   |                                    |  |
|   |  |   |                                    |  |

(Must be typed or printed)

Return to: Secretary of State  
Corporation Division  
P.O. Box 778  
Jefferson City, Mo. 65102

(Over)

**FILED**

NOV 10 1999

Rebecca McDowell Cook  
SECRETARY OF STATE

The undersigned, being all the parties owning interest in the above company, being duly sworn, upon their oaths each did say that the statements and matters set forth herein are true.

Individual  
Owners  
Sign Here

X Patricia L. Stone X  
X \_\_\_\_\_ X  
X \_\_\_\_\_ X

The undersigned corporation has caused this application to be executed in its name by its President or Vice-President and its Secretary or Assistant Secretary, this 8th day of November, 19 99.

If  
Corporation  
is  
Owner,  
Corporate  
Officers  
Execute  
Here

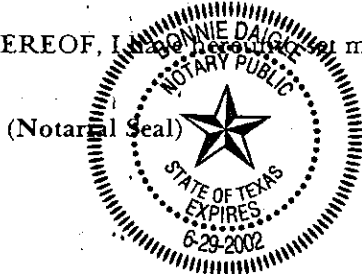
\_\_\_\_\_  
(Exact Corporate Title)  
By \_\_\_\_\_  
Its President or Vice-President  
By \_\_\_\_\_  
Its Secretary or Assistant Secretary

(Corporate Seal)  
If no seal, state "none".

Texas  
State of ~~Missouri~~ }  
County of Denton } ss

I, Bonnie Daigle, A Notary Public, do hereby certify that on the 8th day of November, 19 99, personally appeared before me PATRICIA L. Stone, and being first duly sworn by me, acknowledged that she signed as his 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.



Bonnie Daigle  
Notary Public

My commission expires \_\_\_\_\_  
MY COUNTY OF COMMISSION