

Voice Telco

S E R V I C E S



3310 146th Place SE

Bellevue, WA 98007

Tel + Fax: 206-621-3500

September 25, 2014

Via Overnight Mail

Steven C. Reed, Commission Secretary
Missouri Public Service Commission
200 Madison Street
Governor Office Building
Jefferson City, MO 65101

FILED

SEP 30 2014

**Missouri Public
Service Commission**

**Re: Addition of A Fictitious Name of AccessLine Communications
Corporation to AccessLine Communications Corporation d/b/a Voice
Telco Services**

Dear Mr. Reed:

On behalf of AccessLine Communications Corporation ("Company"), enclosed for filing is an Application to Amend and Reissue a Certificate of Service Authority to reflect the addition of a fictitious name to "AccessLine Communications Corporation d/b/a Voice Telco Services." Also included with this Application is replacement tariff reflecting the fictitious name as AccessLine Communications Corporation d/b/a Voice Telco Services.

An original and eight (8) copies of this filing are enclosed. Please date-stamp the enclosed extra copy of this filing and return it in the envelope provided. Should you have any questions regarding this filing, please do not hesitate to contact Ronald Del Sesto or Jeffrey Strenkowski at 202-373-6002.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Scott Allen'.

Scott Allen
Chief Financial Officer

Enclosures

**BEFORE THE
STATE OF MISSOURI
PUBLIC SERVICE COMMISSION**

Application of _____)	
)	
AccessLine Communications Corporation)	Case No. _____
)	
For an Amended and Reissued Certificate of)	
Service Authority Reflecting Name As)	
"AccessLine Communications Corporation)	
d/b/a Voice Telco Services")	
_____)	

APPLICATION

AccessLine Communications Corporation ("Applicant"), by its undersigned counsel, hereby requests that the Missouri Public Service Commission ("Commission") amend and reissue its Certificate of Service Authority ("COA") to reflect the addition of a fictitious name of Applicant to "AccessLine Communications Corporation d/b/a Voice Telco Services."

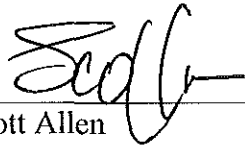
In Missouri, Applicant is authorized to provide interexchange telecommunications services, pursuant to authority granted in Case No. XA-2007-0467 on July 13, 2007. Attached as **Exhibit A** is the Registration of Fictitious Name filed with the Missouri Secretary of State indicating that Applicant's corporate authorization to transact business in Missouri was amended to reflect its fictitious name, "AccessLine Communications Corporation d/b/a Voice Telco Services." The company intends to use the "Voice Telco Services" name only with *new customers*, and as such, does not plan on notifying existing customers (who will continue to receive their services under the "AccessLine" name) of the addition of a "doing business as" name, as doing so may cause confusion.

Applicant is also submitting the attached replacement tariff, as **Exhibit B**, which reflects the addition of its fictitious name, and contains the current terms, conditions, service offerings

and rates applicable to AccessLine's services in Missouri. In addition, the replacement tariff reflects the Company's new address which is 3310 146th Place, SE, Bellevue, WA 98007.

WHEREFORE, for the foregoing reasons, Applicant respectfully requests that the Commission amend and reissue its COA to reflect the addition of a fictitious name of Applicant to "AccessLine Communications Corporation d/b/a Voice Telco Services."

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Scott Allen", is written over a horizontal line.

Scott Allen
AccessLine
3310 146th Place SE
Bellevue, Washington 98007
Tel: (650) 641-3901
Fax: (206)621-3500

Dated: September 30, 2014

LIST OF EXHIBITS

Exhibit A **Fictitious Name Documentation**

Exhibit B **Replacement Tariff**

EXHIBIT A

Fictitious Name Documentation



State of Missouri

Jason Kander, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number:

X01399842

Date Filed: 05/06/2014

Expiration Date: 05/06/2019

Jason Kander

Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal ☒ Amendment ☐ Correction
Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Voice Telco Services

Business Address: 11201 SE 8th Street, Suite 200

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Bellevue, WA 98004

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Accessline Communications Corporation, F00471946, 11201 SE 8th Street, Suite 200, Bellevue, WA 98004 100%					

All owners must affirm by signing below

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 of a false declaration under Section 575.060 RSMo)

Scott Allen, CFO 5/5/14
Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

State of Missouri
Fictitious Creation 1 Page(s)



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EXHIBIT B

Replacement Tariff