

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

In The Matter of the Application of )  
PC EXPRESS MO LLC )  
 )  
to Provide Telecommunications and/or )  
Interconnected Voice over Internet )  
Protocol Services )

Case No.

**APPLICATION**

Applicant's Legal Name "Applicant"	<u>PC EXPRESS MO LLC</u>
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Pursuant to §392.611.4 and/or §392.550 RSMo, Applicant seeks the following authorizations as checked below:

<input type="checkbox"/>	Certificate of Service Authority to Provide Basic Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Interexchange Telecommunications Service
<input checked="" type="checkbox"/>	Registration to Provide Interconnected Voice over Internet Protocol Service

Listed below is basic information regarding the Applicant:

Type of Organization	<u>Limited Liability Company</u>
Jurisdiction Where Organized	<u>Ava, MO 65608</u>
Mailing Address	<u>PO Box 1479 Ava, MO 65608</u>
Electronic Mail Address	<u>shawn@pcexpressllc.com</u>
Telephone Number	<u>417-683-2022</u>

The company's services will be identified in a tariff or website as indicated below:

	Tariff
	Website. The website address is (insert web address).

Attached is an affidavit signed by an officer or general partner of the Applicant stating the various requirements identified in §392.611.4 and/or §392.550 RSMo, plus confirmation the Applicant's service meets the criteria for these services as defined by §386.020 and a copy of Applicant's Certificate of Registration from the Missouri Secretary of State's Office.

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a registration to offer and provide the indicated services identified in this application.

Respectfully submitted,

\_\_\_\_\_/s/ lawyer\_\_\_\_\_

Lawyer Name #MoBar

Law Firm/Company Name

Street Address

City, MO Zip

Phone:

E-mail:

#### **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, to the following parties:

General Counsel  
Missouri Public Service Commission  
PO Box 360  
Jefferson City, MO 65102

Office of Public Counsel  
PO Box 7800  
Jefferson City, MO 65102



## AFFIDAVIT

I, Shawn Swearengin\_\_\_\_\_,

a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:

(1) Applicant's basic information:

Legal Name	<u>PC EXPRESS MO LLC</u>
Principal Place of Business	<u>204 Springfield Rd Ava, MO 65608</u>
Principal Executive Officers	<u>Shawn Swearengin, Kelly Thompson</u>

(2) Area where the Applicant proposes to offer telecommunications or IVoIP services:

Identify area by local telephone company exchange, in whole or in part:	<u>Missouri &amp; Arkansas</u>
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(3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;

(4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;

(5) That the Applicant will comply with applicable assessment requirements. These assessments include but are not necessarily limited to:

- (a) Relay Missouri assessment requirements identified in 20 CSR 4240-28.012(2)(C);

(b) Missouri universal service fund assessment requirements identified in 20 CSR 4240-28.012(2)(B);

(c) Missouri Public Service Commission assessment requirements identified in 20 CSR 4240-28.012(2)(A);

(d) Local enhanced 911;

(e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 20 CSR 4240-28.012 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;

(7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;


and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

(9) By signing this form, I hereby certify that neither I, nor any other member of this filing party, has had communications with a Commissioner, Commission Advisor, Regulatory Law Judge, member of the General Counsel or any member of their support team in the sixty (60) days prior to the filing date of this form regarding any substantive issue included in this filing. If any communication of this sort has occurred in the previous sixty (60) day period, I further certify this application was held until sixty (60) days have passed from the

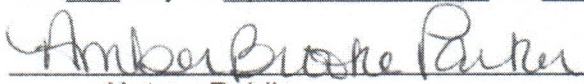
date of the subject communication, or we have requested a waiver for good cause as allowed by Commission Rule 20 CSR 4240-4.017(1)(D).

This concludes my affidavit.

  
Signature  
Shawn Swear Engin  
Printed Name  
owner  
(Title)

State of Missouri  
County of Douglas

Subscribed and sworn before me this 21<sup>st</sup> day of March, 2022.

  
Notary Public

Notary Seal:

