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BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

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FILED³ SEP 1 5 1999

In the matter of the application of Bexar Communications

for certificate of service authority to provide private pay telephone service within the State of Missouri Missouri Public Service Commission

TA 2000,235

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

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PLEASE PRINT OR TYPE:

Michael F. Loy 1. NAME OF APPLICANT	June 14, 1999 DATE OF APPLICATION
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: Street <u>#7 Bridgeview Estates</u>	If the Commission or Staff has questions about this Application, they should contact:
	Name Michael F. Loy
City Kimberling City, MO	Address: <u>#7 Bridgeview Estates</u>
State <u>Missouri 65686</u>	Kimberling City, MO 65686
Phone (41)7 779-8061	Daytime Phone <u>€17</u> 779-8061
APPLICANT IS:	<u>*************************************</u>
INDIVIDUAL DOING BUSINESS UNDER OWN NA	ME
X_ INDIVIDUAL DOING BUSINESS UNDER FICTITIO with Secretary of State)	US NAME (Attach a copy of registration of fictitious name
PARTNERSHIP (Attach copy of partnership agreem	nent - Missouri Bar Attorney must file the application)
MISSOURI CORPORATION (Attach certified copy of from Secretary of State - Missouri Bar Attorney must	of Articles of Incorporation and Certificate of Incorporation tille the application)
CORPORATION - NOT MISSOURI (Attach certifica Secretary of State - Missouri Bar Attorney must file t	
***************************************	*********************
~ <u>IMPOR</u>	<u> ANI</u> ~
PAGES 2, 3, AND 4 MUST BE ATTACHED AND APPLICAT TO BE PROCESSED. IF APPLICANT IS A PARTNERSHIP BY AN AUTHORIZED MEMBER OR CORPORATE OFFICE	OR CORPORATION, APPLICATION MUST BE SIGNED

APPLICATION SHOULD BE MAILED TO BOTH:

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Missouri Public Service Commission P.O. Box 360 Jefferson City, MO 65102 (Original and 14 copies)

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

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Revised 02/03/98

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ATTORNEY.





- 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.
 - 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.
- 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.

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- 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.

	Muhal J- Lay	
PRINT or TYPE NAME:	Michael F. Loy	
ADDRESS: _	#7 Bridgeview Estates	
_	Kimberling City, MO 65686	
PHONE: (41	7) 779-8061	

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STATE OF <u>KANEAS</u> COUNTY OF <u>CRAWFORM</u> Comes now before me) <u> </u>	ss F. Loy igning Application)	and states that (s)he
OWNCR (Title of person signing Applica	tion) of <u>BEX</u>	<u>in Communicat</u> Name of Applicant)	Applicant herein, and
further states that the information Subscribed and sworn to		n is accurate to the best of her day of <u>Aucous r</u>	
STATE FOR ANSIELA M. HAIN Notary Put State of Kar My Appt, Exp.	lic I	laguer (Notary	Public)
My Commission expires:	2/25/2002		

ATTORNEY'S	SIGNATURE BLOCK	(for Partnership	or Corporation)
SIGN HERE:			
PRINT or TYPE NAME:			
ADDRESS:			
MISSOURI			

BAR #: ______

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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:	State of Missouri State of Missouri State of Missouri Corporation Division Registration of Fictitious Name (Filing Fee: \$3.00) This information is for the use of the public and gives no protection to the name. There is no provision in this Chapte exept andher company or corporation from adolpting and using the same mane. (FISMA 417) We, the undersigned, are doing business under the following name, and at the following address: Name to be registered: Missouri Business Address: (P.D.Boxee not accepted) (P.D.Boxee not accept	and the second s				
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State of Missouri ss County of Jackson ss L BEVERLY M. WEBB Michael F. LOY A Notary Public, do hereby certify that me MICHAEL F. LOY being first duly sworn by me, acknowledged that signed as his own free act and deed the foregoing document in 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. (Notarial Seal) BEVERLY M. WEBB Notary Public - Notary Seal STATE OF MISSOURI Wy commission expires:	State of Missouri Ss County of Jackson Ss L BEVERLY M. WEBB MICHAEL F. LOY A Notary Public, do hereby certify that being first duly sworn by me, acknowledged that signed as his own free act and deed the foregoing document in 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. (Notarial Seal) BEVERLY M. WEBB Mathematical Seal Notary Public - Notary Seal STATE OF MISSOURI Jackson County My commission expires:	x Minlet 8) ***	¥ .	$\Gamma \amalg \Box \sqcup \Box$	ビ
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SS SECURE TAIL TO THE ATTORNEY County of Jackson SEVERLY M. WEBB I	SS SECURE FAILT OF COMMENSION I BEVERLY M. WEBB I0±h_day ofSEPTEMBER, 1999_, personally appeared be meMICHAEL F. LOY being first duly sworn by me, acknowledged thatsigned as his own free act and deed the foregoing document in 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. (Notarial Seal) BEVERLY M. WEBB Notary Public - Notary Seal STATE OF MISSOURI Jackson County	X	<u> </u>	X		
County of Jackson } IBEVERLY_M. WEBB, A Notary Public, do hereby certify that the, 1999_, personally appeared be me	County of Jackson } I BEVERLY M. WEBB , A Notary Public, do hereby certify that the <u>10+h</u> day of <u>SEPTEMBER</u> , <u>1999</u> , personally appeared be me <u>MICHAEL F. LOY</u> being first duly sworn by me, acknowledged that <u>signed as his own free act and deed the foregoing document in</u> 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. (Notarial Seal) BEVERLY M. WEBB Notary Public - Notary Seal STATE OF MISSOURI Jackson County			tothe	Cerce Million	STATE
the <u>10+h</u> day of <u>SEPTEMBER</u> , <u>1999</u> , personally appeared be me <u>MICHAEL F. LOY</u> being first duly sworn by me, acknowledged that <u>signed as his own free act and deed the foregoing document in</u> 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. (Notarial Seal) BEVERLY M. WEBB Notary Public - Notary Seal STATE OF MISSOURI Jackson County	the <u>10+h</u> day of <u>SEPTEMBER</u> , <u>1999</u> , personally appeared be me <u>MICHAEL F. LOY</u> being first duly sworn by me, acknowledged that <u>signed as his own free act and deed the foregoing document in</u> 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. (Notarial Seal) BEVERLY M. WEBB Notary Public - Notary Seal STATE OF MISSOURI Jackson County					
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