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August 30, 2006

FILED⁴

AUG 3 0 2006

The Honorable Colleen M. Dale Secretary/Chief Regulatory Law Judge Missouri Public Service Commission P.O. Box 360 Jefferson City, MO 65102-0360

Missouri Public Service Commission

Re: FSH Communications, LLC

Dear Judge Dale:

ROBERT K. ANGSTEAD

ROBERT J. BRUNDAGE

MARK W. COMLEY

LANETTE R. GOOCH

CATHLEEN A. MARTIN

Please find enclosed for filing in the referenced matter the original and eight copies of an Application for Certificate of Service Authority to Provide Private Pay Telephone Service in the State of Missouri.

Please contact me if you have any questions regarding this filing. Thank you.

Very truly yours,

NEWMAN, COMIZEY & RUTH P.C.

By:

comleym@ncrpc.com

MWC:ab Enclosure

cc: Office of Public Counsel

General Counsel's Office

Michael L. Johnson

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

FILED⁴

In the matter of the application of)

FSH COMMUNICATIONS)

for certificate of service authority)
to provide private pay telephone)
service within the State of Missouri)

AUG 3 0 2006

Missouri Public Service Commission

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

| | SERVICE IN THE STAT | | |
|-----------------|--|---|--|
| PLEASE | PRINT OR TYPE: | | |
| <u>FSH</u> | 1 COMMUNICATIONS, LLC | August 29, 2006 | |
| 1. | NAME OF APPLICANT | DATE OF APPLICATION | |
| | SS OF PRINCIPAL PLACE OF BUSINESS: LOO W. MONROE STREET | If the Commission or Staff has questions about this Application, they should contact: | |
| City: State: | SUITE 2101 CHICAGO ILLINOIS 60603-1927 | Name: CAROL MCGUANE Address: 19814 SKYTIGE ROAD MOUNT VERNON, WA 98274 | |
| Phone:_ | 312-269-9937 | Daytime Phone: 360 - 848 - 7918 | |
| ****** | ************ | E-HAIL: carol.mcguane @ File communications.com | |
| ****** | * | | |
| APPLICA | ANT IS: | | |
| | INDIVIDUAL DOING BUSINESS UNDER OWN NAME | E | |
| | 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 Secretary of State - Missouri Bar Attorney must file to | | |
| X | LIMITED LIABILITY COMPANY | • • | |
| ***** | * | | |

~ 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 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.
 - h. The equipment shall be registered under Part 68 of the rules of the Federal Communications Commission's registration program.
 - The equipment shall not block access to any local or interexchange telecommunications carrier.
- 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.

- I understand that the certificate of service authority to provide private pay telephone service is not transferable. 6.
- I understand that providing pay telephone service without a certificate of service authority or in violation of the 7. 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. 8.
- I further agree to notify the Commission, in writing, if I cease to provide private pay telephone service in the 9. 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 10. 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,

| | nanage and maintain private pay telephone service in the State of Missouri as described above. |
|---------------------|--|
| SIGN HERE: | minute of the second se |
| PRINT or TYPE NAME: | Michael L. Johnson |
| ADDRESS: | 100 W. Monroe Street, Suite 2101 |
| | CHICAGO, IL 60603-1927 |
| PHONE: | 312-269-9937, Ext. 12 |

| STATE OF TIMES |) ss |
|--|---|
| COUNTY OF | Chael L. Johnson and states that (s)he (Name of person signing Application) T- of FSH COMMUNICATIONS, LLC. Applicant herein, and (Title |
| of person signing Application) | (Name of Applicant) |
| further states that the information conta | ined in this Application is accurate to the best of her/his knowledge and belief. |
| Subscribed and sworn to befo | re me this $\frac{25\%}{25\%}$ day of $\frac{40000}{2000}$. |
| "OFFICIAL SEA Karen L. Peterse Notary Public, State of Illi My Commission Exp. 04/02 My Commission expires: | n hois |
| ATTORNEYS SIGN HERE PRINT or TYPE NAME ADDRESS: | Morely II. Clombors |
| MISSOURI BAR #: PHONE: | 28847 573-634-2266 |





Robin Carnahan Secretary of State

CERTIFICATE OF REGISTRATION FOREIGN LIMITED LIABILITY COMPANY

WHEREAS,

FSH COMMUNICATIONS, LLC FL0756079

Using in Missouri the name

FSH COMMUNICATIONS, LLC

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

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, by virtue of authority vested in me by law, do hereby certify and declare that on the 4th day of August, 2006, the above Foreign Limited Liability Company is duly authorized to transact business in the State of Missouri and is entitled to any rights granted Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of August, 2006.

Secretary of State

