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65110-4595

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ATTORNEY AT LAW
OF COUNSEL
(573) 634-8109
FAX (573) 634-8224

March 26, 2003

FILED³

MAR 26 2003

Missouri Public Service Commission
Attn: Secretary of the Commission
200 Madison Street, Suite 100
P. O. Box 360
Jefferson City, MO 65102-0360

Missouri Public
Service Commission

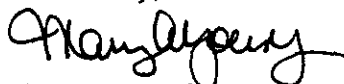
RE: Case No. _____
Inmate Communications Corporation's Application for Certificate of Service
Authority to Provide Private Pay Telephone Service

Dear Secretary:

Enclosed for filing with the Commission please find an original and five copies of an Application for Certificate of Service Authority to Provide Private Pay Telephone Service. The Application is on the Commission's standard form, and is accompanied by the Missouri Secretary of State's Certificate of Recission, indicating that the corporation is in good standing.

Thank you for assistance in processing this filing. Copies are being served on the General Counsel and Public Counsel this date. Please do not hesitate to contact me at 634-8109 if there are any questions.

Sincerely,



Mary Ann (Garr) Young

Enclosure

cc: General Counsel
Office of Public Counsel
Stephen A. Edwards

FILED³

MAR 26 2003

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

Missouri Public
Service Commission

In the matter of the application of)
INMATE COMMUNICATIONS)
CORPORATION)
for certificate of service authority)
to provide private pay telephone)
service within the State of Missouri)

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

PLEASE PRINT OR TYPE:

INMATE COMMUNICATIONS CORPORATION

MARCH 17, 2003

1. NAME OF APPLICANT

DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

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

Street _____

Name: MARY ANN YOUNG ESQ

7107 VALJEAN AVE

City VAN NUYS

Address: 2031 TOWER DRIVE

State CA 91406

JEFFERSON CITY, MO 65109

Phone (800) 642-6555

Daytime Phone (573) 634-8109

APPLICANT IS:

____ INDIVIDUAL DOING BUSINESS UNDER OWN NAME

____ 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)

X 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.

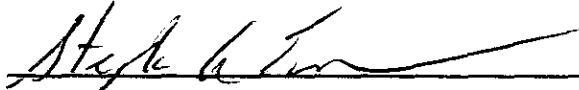
Unless and until otherwise ordered by the Commission, I agree to pay my annual apportioned share of general regulator expenditures that are charged to telephone companies pursuant to Section 386.370 RSMo.

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:

STEPHEN A. EDWARDS, PRESIDENT

ADDRESS:

7107 VALJEAN AVE

VAN NUYS CA 91406

PHONE:

800 642-6555

STATE OF California
COUNTY OF Los Angeles

ss

Comes now before me STEPHEN A. EDWARDS and states that (s)he
(Name of person signing Application)

PRESIDENT

(Title of person signing Application)

of INMATE COMMUNICATIONS CORPORATION applicant herein, and
(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 17th day of MARCH, 2003.



Frank Garcia
(Notary Public)

My Commission expires: 7-22-06

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE:

Mary Ann Young

PRINT or
TYPE NAME:

Mary Ann (Garr) Young

ADDRESS:

William D. Steinmeier PC
P O Box 104595, 2031 Tower Drive
Jefferson City MO 65110-4595

MISSOURI
BAR #:

27951

PHONE:

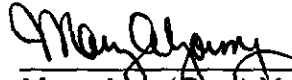
573-634-8109

FAX : 634-82244

EMAIL: myoung0654@aol.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of this document has been hand delivered or mailed by first class mail, postage prepaid to the Office of Public Counsel and the General Counsel's office on this 26th day of March 2003.



Mary Ann (Garr) Young

No. F00398976

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF RESCISSION

I, MATT BLUNT, Secretary of State of the State of Missouri, hereby certify that the administrative dissolution or forfeiture entered against

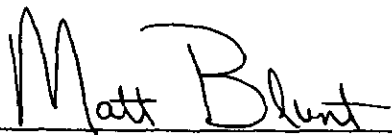
INMATE COMMUNICATIONS CORPORATION

using in Missouri the name

INMATE COMMUNICATIONS CORPORATION

on the 31st day of AUGUST, 1998, as provided in the General and Business Corporation Law was this day rescinded, and said corporation was on this date hereby restored to good standing on the records of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of MARCH, 2003.


Secretary of State

\$ 550.00

