



A Member of the St. John's Mercy
Health System - St. Louis

615 South New Ballas Road
St. Louis, Missouri 63141-8221

June 7, 1989

Mr. James Edson III
Missouri Public Service Commission
Post Office Box 360
Jefferson City, Missouri 65102

RECEIVED

JUN 16 1989

Dear Mr. Edson:

MISSOURI
Public Service Commission

Attached is the amended application to provide "Shared Tenant Service" for St. John's Mercy Medical Center, case number TA-89-65.

Please disregard the previous application and specifically withdraw the application continuation sheet for 12120 Conway Road.

I have also attached a copy of the letter from Mark Armstrong of Southwestern Bell Telephone Company, to which St. John's Mercy Medical Center agrees and has indicated such in this amended application.

I would appreciate any help you can give in expediting this application to be certified as an STS provider since it has been close to a year when the original application was submitted.

If you need anything further, please call me at 569-6475.

Thank you.

Sincerely,

David D. Conover
Communications Coordinator
St. John's Mercy Medical Center
615 South New Ballas Road
Creve Coeur, Missouri 63141

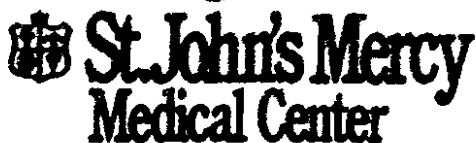
DDC/slg

cc: Charles F. Bryant - SJMMC
Daniel Human - Attorney at Law
Mark Armstrong - SWBT
File

FILED
JUN 16 1989
PUBLIC SERVICE COMMISSION

Includes: • St. John's Mercy Hospital, Washington, Missouri • St. John's Surgery Center, St. Louis, Missouri • Edgewood Programs, Inc., St. Louis, Washington, Missouri and Edwardsville, Illinois • Meacham Park Health Center, St. Louis, Missouri • Professional Home Health Services, St. Louis and New Haven, Missouri

St. John's Mercy Medical Center is an equal opportunity employer and equal access provider of health care services.



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Health System - St. Louis

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Sincerely,

David D. Conover
Communications Coordinator
St. John's Mercy Medical Center
615 South New Ballas Road
Creve Coeur, Missouri 63141

DDC/slg

cc: Charles F. Bryant - SJMMC
Daniel Human - Attorney at Law
Mark Armstrong - SWBT
File

ATTACHMENT A

FILED
JUN 16 1989
PUBLIC SERVICE COMMISSION

St. John's Mercy Medical Center, St. John's Surgery Center, St. Louis, Missouri • Edgewood Programs, Inc., St. Louis, Missouri • Meacham Park Health Center, St. Louis, Missouri • Professional Home Health Services, St. Louis and New Haven, Missouri.

St. John's Mercy Medical Center is an equal opportunity employer and equal access provider of health care services.



A Member of the SSM - Mercy
Health System - St. Louis

615 South New Ballas Road
St. Louis, Missouri 63141-8221

June 7, 1989

TO: MISSOURI PUBLIC SERVICE COMMISSION
FROM: DAVID D. CONOVER
ST. JOHN'S MERCY MEDICAL CENTER
SUBJECT: CASE NO. TA-89-65
SHARED TENANT SERVICE

Please amend paragraph 6 on page 2 of the STS application attachment 1 to read:

"Applicant requests that this certificate of service authority be made applicable to additional locations which may be served by the applicant in the future. Applicant must update paragraph two (2) of this application and file additional locations to be served. Applicant recognizes this paragraph 6 in no way constitutes a waiver of the single building requirements as stated in the general Exchange Tariff Section 37.3.4."

Signed:

Address: 615 S. New Ballas Rd. 63141

Date: 6-13-89

Comes now before me DAVID D. CONOVER, and states that (s) he is Communications Corp. (title) of St. John's Mercy Medical Center (applicant). Applicant states that the information in the amended paragraph is acceptable and request that it be made a permanent part of the application.

Daniel P. Burke
(Notary Public)

6-13-89
(Date)

DANIEL P. BURKE
NOTARY PUBLIC, STATE OF MISSOURI
(COMMISSION EXPIRES 12/25/92)
ST. LOUIS COUNTY

FILED
JUN 16 1989
PUBLIC SERVICE COMMISSION

Includes: • St. John's Mercy Hospital, Washington, Missouri • St. John's Surgery Center, St. Louis, Missouri • Edgewood Programs, Inc., St. Louis, Washington, Missouri and Edwardsville, Illinois • Meacham Park Health Center, St. Louis, Missouri • Professional Home Health Services, St. Louis and New Haven, Missouri.

St. John's Mercy Medical Center is an equal opportunity employer and equal access provider of health care services.

PLEASE PRINT OR TYPE

| | | |
|--|-----------------------|---|
| 1. NAME OF APPLICANT ST. JOHN'S MERCY MEDICAL CENTER | | DATE OF APPLICATION JUNE 6, 1989 (amended) |
| ADDRESS OF PRINCIPAL PLACE OF BUSINESS | | If the Commission or Staff have questions about this application, they should contact: |
| Street | 615 S. New Ballas Rd. | Name: David D. Conover |
| | | Address: 615 S. New Ballas Rd. |
| | | Creve Coeur, Missouri 63141 |
| City | Creve Coeur | Daytime Phone: |
| State | Missouri | (314) 569-6475 |
| Zip | 63141 | |

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 CORPORATION (Attach certified copy of Articles of Incorporation and Certificate of Incorporation from Secretary of State)
- ☐ CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business in Missouri from Secretary of State)

2. Applicant proposes to provide shared tenant services (STS) in the State of Missouri under the jurisdiction of the Missouri Public Service Commission pursuant to Sections 392.410 and 392.520 C.C.S.S.C.S. HB 360. Applicant requests certificate of service authority to install, own, operate, control, manage and maintain shared tenant services as described on the attached continuation sheets.

****ATTACH ONE CONTINUATION SHEET FOR EACH LOCATION TO BE SERVED.****

Total number of locations to be served 1

3. Applicant agrees that the certificate of service authority will authorize provision only of shared tenant services in the State of Missouri and does not authorize provision of any other telecommunications services.

4. Applicant agrees to notify tenants in advance of subscribing to STS that local exchange access service may not be immediately available if STS is terminated at the location.

APPLICATION SHOULD BE MAILED TO BOTH:

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

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

IMPORTANT

CONTINUATION SHEET(S) AND PAGE 2 MUST BE ATTACHED AND APPLICATION MUST BE SIGNED AND NOTARIZED ON PAGE 2 TO BE PROCESSED

FILED
JUN 16 1989
MISSOURI PUBLIC SERVICE COMMISSION

5.

X

(Type of building(s)) _____

3. SPECIFICALLY IDENTIFY WHERE STS WOULD BE OFFERED AT THIS LOCATION
(Check one):

_____ IN LESS THAN A SINGLE BUILDING.
 X IN ONE ENTIRE BUILDING.
_____ IN A MULTI-BUILDING ARRANGEMENT. (NOTE: REQUIRES
A REQUEST FOR A WAIVER OF THE "SINGLE BUILDING OR
LESS" STS REQUIREMENT.)

PROVIDE ANY MAPS OF THE LOCATION WHICH IDENTIFY BUILDING OUTLINES,
WALKWAYS, STREETS, ETC. ALONG WITH A THOROUGH DESCRIPTION OF THE
STS LOCATION AND THE TYPE, AMOUNT AND DESCRIPTION OF
TELECOMMUNICATION FACILITIES USED TO PROVIDE THE SERVICE.

4. NAME OF BUILDING OWNER: ST. JOHN'S MERCY MEDICAL CENTER
5. ADDRESS OF BUILDING OWNER: 615 S. New Ballas Rd.
Creve Coeur, Missouri 63141
6. IF APPLICANT IS NOT BUILDING OWNER, HAS APPLICANT RECEIVED
FORMAL AUTHORIZATION FROM THE BUILDING OWNER(S) TO PROVIDE
STS? YES NO
7. DOES THE LOCAL EXCHANGE COMPANY OWN THE BUILDING'S RISER CABLE?
 YES X NO (IF NO, ANSWER QUESTIONS 6A-6E)
- 7A. NAME OF OWNER OF RISER CABLE: ST. JOHN'S MERCY MEDICAL CENTER
ADDRESS OF OWNER OF CABLE: 615 S. New Ballas Rd.
Creve Coeur, Missouri 63141
- 7B. DOES THE INSIDE WIRING CONFORM WITH LOCAL EXCHANGE COMPANY
STANDARDS? X YES NO
- 7C. WOULD LOCAL EXCHANGE COMPANY HAVE ACCESS TO CABLING TO SERVE
TENANTS THAT REQUEST DIRECT SERVICE FROM THEM? X YES NO
- 7D. WOULD THE CABLE'S OWNER CHARGE THE LOCAL EXCHANGE COMPANY
FOR USE OF THIS CABLING? YES X NO
- 7E. IF SO, WHAT WOULD BE THE MAXIMUM RATE? _____

If Applicant foresees any problem in retaining or providing the following information to the Commission, please put an X in front of the letter and explain the problem or provide comments in the space following the item. Attach additional sheets if needed.

 a. A complete description of all proposed telecommunication services to be offered at each location.

 b. A complete description of any non-telecommunications services offered by the applicant at each location.

 c. A copy of any contract(s) the applicant intends to use with its tenants.

 d. A copy of any contract(s) the applicant intends to sign with the local exchange company.

 e. A description of the type of STS technology used (i.e., type of PBX, partitioned, etc.) at each location.

 f. An annual listing of any STS related complaints from tenants, which would also specify the nature of the complaint.

 g. Description of the form of interconnection used to provide toll service to tenants (i.e., direct trunks to the interexchange carrier).

 h. Provide a copy of the notice used by the applicant to tenants that local exchange access line service may not be immediately available if STS is terminated at the location.

 i. Rates charged by the applicant at each location.

 j. The total number of tenants and corresponding stations served at each location.

7. Applicant agrees to provide annual reports to the Commission listing all premises served and other information required by the Commission.

8. Applicant agrees to comply with all Missouri Public Service Commission rules and regulations which are applicable to providers of shared tenant services.

9. Applicant understands that an authorization to provide shared tenant services is not transferable.

10. Applicant understands that providing shared tenant services without a certificate of service authority or in violation of the terms and conditions prescribed for the provision of such service may subject Applicant to penalties as provided for by law.

11. Applicant further agrees to notify the Missouri Public Service Commission if, for any reason, Applicant ceases to provide shared tenant service in the state of Missouri.

12. Unless and until otherwise ordered by the Commission, Applicant agrees to pay its annual apportioned share of general regulatory expenditures that are charged to telephone companies pursuant to Section 393.370 RSMo.

13. Applicant agrees to cooperate with Staff in providing additional information which may be needed to process this Application. In addition, Applicant agrees to maintain the information listed on Attachment 1 hereto, and understands that it may be required to supply that information to the Commission or its Staff at a later date.

WHEREFORE, Applicant requests the Commission to grant its certificate of service authority to Applicant to install, own, operate, control, manage, and maintain shared tenant services in the state of Missouri as described above.

Sign here: *David D. Conover*

Print or type
Name:

Address:

DAVID D. CONOVER
St. John's Mercy Medical Center
615 S. New Center Rd
Creve Coeur, Mo 63141

STATE OF Missouri

COUNTY OF St. Louis

} ss

Comes now before me DAVID D. CONOVER, and states that
(Name of person signing Application)

(s)he is Communications Coord.

of St. John's Mercy Med. Center

(Title of person signing Application) (Name of Applicant)

Applicant herein, and further states that the information contained in this Application is accurate to the best of her/his information and belief.

Sign here

Name:

Daniel P. Burke

Subscribed and sworn to before me this 13th day of June 1989.

DANIEL P. BURKE
NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES 12/25/90

Daniel P. Burke
Notary Public

My Commission expires: 12/25/90

May 36, 1989

Mr. David Conover, Communications Coordinator
St. John's Mercy Medical Center
St. Louis, Missouri

Dear Mr. Conover:

This letter is to confirm our May 11, 1989 conversation regarding Case No. TA-89-65, "In the Matter of the Application of St. John's Mercy Medical Center for Certificate of Service Authority to Provide Shared Tenant Services within the State of Missouri".

As we discussed, Southwestern Bell Telephone Company (SWBT) agrees to withdraw its intervention in this case if and when St. John's Mercy Medical Center makes the following modifications to its application for certificate of service authority:

1. Withdraw the STS Application Continuation Sheet which contains 12120 Conway Road (the Skilled Nursing Facility) as the "Location to be Served".
2. Combine into a single STS Application Continuation Sheet, the following "Locations to be Served":
 - a) 615 S. New Ballas Road
 - b) 621 S. New Ballas Road

The two existing STS Application Continuation Sheets for those addresses should be withdrawn and replaced with the single Application Continuation Sheet.

SWBT has determined that the construction of the structure at those two addresses are a single STS Building for the purposes of Section 37 of the Missouri General Exchange Tariff.

3. Amend Paragraph 2 on Page 1 of the STS Application to show the "Total number of locations to be served" as one (1).

4. Amend Paragraph 6 on Page 2 of the STS Application to read:

6. Applicant requests that this certificate of service authority be made applicable to additional locations which may be served by the Applicant in the future. Applicant must update Paragraph Two (2) of this application and file additional continuation sheets for each additional location to be served. Applicant recognizes this Paragraph 6 in no way constitutes a waiver of the single building requirements as stated in the general Exchange Tariff Section 37.3.4.

I want to thank you and Mr. Bryant for your assistance in this matter. If you have any questions, I may be reached on 247-2510.

Sgd. Mark K. Armstrong

Area Manager
Rate Administration

cc: Ms. M. Dianne Drainer, Office of the Public Counsel
Mr. James L. Edson III, Missouri Public Service Commission
Ms. Ann Mesle, Managing Counsel,
Mr. Mike Hardesty, Area Manager I&R Quality
Ms. Sharon Drum, Manager-SDC-COG



A Member of the Sisters of Mercy
Health System - St. Louis

615 South New Ballas Road
St. Louis, Missouri 63141-8221

June 7, 1989

TO: MISSOURI PUBLIC SERVICE COMMISSION
FROM: DAVID D. CONOVER
ST. JOHN'S MERCY MEDICAL CENTER
SUBJECT: CASE NO. TA-89-65
SHARED TENANT SERVICE

Please ammend paragraph 6 on page 2 of the STS application attachment 1 to read:

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Signed: David D. Conover

Address: 615 S. New Ballas Rd. 63141

Date: 6-13-89

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Daniel P. Burke
(Notary Public)

6-13-89
(Date)

DANIEL P. BURKE
NOTARY PUBLIC, STATE OF MISSOURI
(Commission Expires 12/25/92)
ST. LOUIS COUNTY

FILED
JUN 16 1989
PUBLIC SERVICE COMMISSION

Includes: • St. John's Mercy Hospital, Washington, Missouri • St. John's Surgery Center, St. Louis, Missouri • Edgewood Programs, Inc., St. Louis, Washington, Missouri and Edwardsville, Illinois • Meacham Park Health Center, St. Louis, Missouri • Professional Home Health Services, St. Louis and New Haven, Missouri

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BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

In the matter of the application of) CASE NO: TA-89-65
ST. JOHN'S MERCY MEDICAL CENTER)
(Name of applicant))
for certificate of service authority)
to provide shared tenant services)
within the State of Missouri.)

AMENDED

APPLICATION FOR CERTIFICATE OF SERVICE
AUTHORITY TO PROVIDE SHARED TENANT SERVICES
IN THE STATE OF MISSOURI

PLEASE PRINT OR TYPE

| | | |
|--|-----------------------|--|
| 1. NAME OF APPLICANT | | DATE OF APPLICATION |
| ST. JOHN'S MERCY MEDICAL CENTER | | JUNE 6, 1989 (amended) |
| ADDRESS OF PRINCIPAL PLACE OF BUSINESS | | If the Commission or Staff have questions about this application, they should contact: |
| Street | 615 S. New Ballas Rd. | Name: David D. Conover |
| | | Address: 615 S. New Ballas Rd. |
| | | Creve Coeur, Missouri 63141 |
| City | Creve Coeur | Daytime Phone: |
| State | Missouri zip 63141 | (314) 569-6475 |

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 CORPORATION (Attach certified copy of Articles of Incorporation and Certificate of Incorporation from Secretary of State)
- ☐ CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business in Missouri from Secretary of State)

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ATTACH ONE CONTINUATION SHEET FOR EACH LOCATION TO BE SERVED.

Total number of locations to be served 1

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4. Applicant agrees to notify tenants in advance of subscribing to STS that local exchange access service may not be immediately available if STS is terminated at the location.

APPLICATION SHOULD BE MAILED TO BOTH:

| | |
|------------------------------------|--------------------------|
| Missouri Public Service Commission | Office of Public Counsel |
| P. O. Box 360 | P. O. Box 7800 |
| Jefferson City, MO 65102 | Jefferson City, MO 65102 |
| (Original and 14 copies) | (One copy) |

IMPORTANT

CONTINUATION SHEET(S) AND PAGE 2 MUST BE ATTACHED AND APPLICATION
MUST BE SIGNED AND NOTARIZED ON PAGE 2 TO BE PROCESSED

ST. JOHN'S MERCY MEDICAL CENTER

(NAME OF APPLICANT)

SHARED TENANT SERVICES

APPLICATION

CONTINUATION SHEET NO. _____

1. LOCATION TO BE SERVED: 615 S. New Ballas Rd.
(Street address) 621 S. New Ballas Rd.
Creve Coeur, Missouri 63141
2. DESCRIPTION OF PREMISES: Hospital and Doctors Office Building
(Type of building(s)) _____
3. SPECIFICALLY IDENTIFY WHERE STS WOULD BE OFFERED AT THIS LOCATION
(Check one):
 IN LESS THAN A SINGLE BUILDING.
 X IN ONE ENTIRE BUILDING.
 IN A MULTI-BUILDING ARRANGEMENT. (NOTE: REQUIRES
A REQUEST FOR A WAIVER OF THE "SINGLE BUILDING OR
LESS" STS REQUIREMENT.)
- PROVIDE ANY MAPS OF THE LOCATION WHICH IDENTIFY BUILDING OUTLINES,
WALKWAYS, STREETS, ETC. ALONG WITH A THOROUGH DESCRIPTION OF THE
STS LOCATION AND THE TYPE, AMOUNT AND DESCRIPTION OF
TELECOMMUNICATION FACILITIES USED TO PROVIDE THE SERVICE.
4. NAME OF BUILDING OWNER: ST. JOHN'S MERCY MEDICAL CENTER
5. ADDRESS OF BUILDING OWNER: 615 S. New Ballas Rd.
Creve Coeur, Missouri 63141
6. IF APPLICANT IS NOT BUILDING OWNER, HAS APPLICANT RECEIVED
FORMAL AUTHORIZATION FROM THE BUILDING OWNER(S) TO PROVIDE
STS? YES NO
7. DOES THE LOCAL EXCHANGE COMPANY OWN THE BUILDING'S RISER CABLE?
 YES X NO (IF NO, ANSWER QUESTIONS 6A-6E)
- 7A. NAME OF OWNER OF RISER CABLE: ST. JOHN'S MERCY MEDICAL CENTER
ADDRESS OF OWNER OF CABLE: 615 S. New Ballas Rd.
Creve Coeur, Missouri 63141
- 7B. DOES THE INSIDE WIRING CONFORM WITH LOCAL EXCHANGE COMPANY
STANDARDS? X YES NO
- 7C. WOULD LOCAL EXCHANGE COMPANY HAVE ACCESS TO CABLING TO SERVE
TENANTS THAT REQUEST DIRECT SERVICE FROM THEM? X YES NO
- 7D. WOULD THE CABLE'S OWNER CHARGE THE LOCAL EXCHANGE COMPANY
FOR USE OF THIS CABLING? YES X NO
- 7E. IF SO, WHAT WOULD BE THE MAXIMUM RATE? _____

STS APPLICATION
ATTACHMENT 1

ST. JOHN'S MERCY MEDICAL CENTER
(Name of Applicant)

INFORMATION TO BE RETAINED
BY STS PROVIDERS

If Applicant foresees any problem in retaining and/or providing the following information to the Commission, please put an X in front of the letter and explain the problem or provide comments in the space following the item. Attach additional sheets if needed.

- ☐ a. A complete description of all proposed telecommunication services to be offered at each location.
- ☐ b. A complete description of any non-telecommunications services offered by the applicant at each location.
- ☐ c. A copy of any contract(s) the applicant intends to use with its tenants.
- ☐ d. A copy of any contract(s) the applicant intends to sign with the local exchange company.
- ☐ e. A description of the type of STS technology used (i.e., type of PBX, partitioned, etc.) at each location.
- ☐ f. An annual listing of any STS related complaints from tenants, which would also specify the nature of the complaint.
- ☐ g. Description of the form of interconnection used to provide toll service to tenants (i.e., direct trunks to the interexchange carrier).
- ☐ h. Provide a copy of the notice used by the applicant to tenants that local exchange access line service may not be immediately available if STS is terminated at the location.
- ☐ i. Rates charged by the applicant at each location.
- ☐ j. The total number of tenants and corresponding stations served at each location.

5. Applicant agrees to notify the Commission if STS is discontinued at a location, and state the date notice was given to the local exchange company.
6. Applicant requests that this certificate of service authority be made applicable to additional locations which may be served by the Applicant in the future.
7. Applicant agrees to provide annual reports to the Commission listing all premises served and other information required by the Commission.
8. Applicant agrees to comply with all Missouri Public Service Commission rules and regulations which are applicable to providers of shared tenant services.
9. Applicant understands that an authorization to provide shared tenant services is not transferable.
10. Applicant understands that providing shared tenant services without a certificate of service authority or in violation of the terms and conditions prescribed for the provision of such service may subject Applicant to penalties as provided for by law.
11. Applicant further agrees to notify the Missouri Public Service Commission if, for any reason, Applicant ceases to provide shared tenant service in the state of Missouri.
12. Unless and until otherwise ordered by the Commission, Applicant agrees to pay its annual apportioned share of general regulatory expenditures that are charged to telephone companies pursuant to Section 393.370 RSMo.
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WHEREFORE, Applicant requests the Commission to grant its certificate of service authority to Applicant to install, own, operate, control, manage, and maintain shared tenant services in the state of Missouri as described above.

Sign here: David D. Conover

Print or type
Name: DAVID D. CONOVER

Address: St. John's Mercy Medical Center
615 S. New Center Rd
Chebe Creek, MO 65141

STATE OF Missouri)
COUNTY OF St. Louis) ss

Comes now before me DAVID D. CONOVER, and states that
(Name of person signing Application)
(s)he is Communications Coord. of St. John's Mercy Med. Center
(Title of person signing Application) (Name of Applicant)
Applicant herein, and further states that the information contained
in this Application is accurate to the best of her/his information and
belief.

Sign here Daniel P. Burke

Name:

Subscribed and sworn to before me this 13th day of June 1989.

DANIEL P. BURKE
NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES 12/25/90

Daniel P. Burke
Notary Public

My Commission expires: _____