

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

In the matter of the application of)
_____)
_____)
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:

Capital International Communications, LLC 7/1/02
1. NAME OF APPLICANT DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:
Street 677 Dougherty Terr. Dr.

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

Name: Dr. Don W. Cook, Sr.

City Manchester

Address: 677 Dougherty Terr. Dr.

State MO 63021

Manchester, MO 63021

Phone 636 227 9032

Daytime Phone 636 227 9032

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)
- ☐ 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: Dr. Don W. Cook, Sr.

PRINT or
TYPE NAME: Dr. Don W. Cook, Sr.

ADDRESS: 677 Dougherty Terr. Dr.
Manchester, MO 63021

PHONE: (636) 227-9032

STATE OF Missouri)
COUNTY OF St. Louis) ss

Comes now before me Dr. Don W. Cook, Sr. and states that (s)he
(Name of person signing Application)

President/CEO of Capital International Communications LLC,
(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 knowledge and belief.

Subscribed and sworn to before me this 26th day of June, 2002.

SHAWNA MORRIS
Notary Public — Notary Seal
STATE OF MISSOURI
City of St. Louis

Shawna Morris
(Notary Public)

My Commission expires: My Commission Expires: Sept. 16, 2005

9-16-05

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE:

PRINT or

TYPE NAME:

ADDRESS:

MISSOURI

BAR #:

PHONE:



Corporations Division
P.O. Box 778, Jefferson City, MO 65102

James C. Kirkpatrick State Information Center
600 W. Main Street, Rm 322, Jefferson City, MO 65101

FILED

MAR 15 2002

Articles of Organization

(Submit in duplicate with filing fee of \$105)

1. The name of the limited liability company is:

Capital International Communications, L.L.C.

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "LLC," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

Provide telecommunications products and services and electrical & industrial products

3. The name and address of the limited liability company's registered agent in Missouri is:

Dr. Don W. Cook, Sr. 677 Dougherty Terrace Dr. Manchester, MO 6302

Name

Street Address: May not use P.O. Box unless street address also provided

City/State/Zip

4. The management of the limited liability company is vested in one or more managers.



Yes



No

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual:

5 years

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (Post Office box alone not acceptable):

Dr. Don W. Cook, 677 Dougherty Terr. Dr., Manchester, MO 6302

7. For tax purposes, is the limited liability company considered a corporation?



Yes



No

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri, unless you

indicate a future date, as follows:

March 15, 2002

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true:

Dr. Don W. Cook, Sr.

(Organizer Signature)

Dr. Don W. Cook, Sr.

(Printed Name)

3/15/02

(Date)

(Organizer Signature)

(Printed Name)

(Date)

(Organizer Signature)

(Printed Name)

(Date)

STATE OF MISSOURI



Matt Blunt
Secretary of State

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

WHEREAS,

CAPITAL INTERNATIONAL COMMUNICATIONS, L.L.C.

filed its ARTICLES OF ORGANIZATION with this office on the 15th day of MARCH, 2002, and that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law, do certify and declare that on the 15th day of MARCH, 2002, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of MARCH, 2002.


Secretary of State

\$105.00

