## BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

	TATE OF MISSOURI	FILED3
In the Matter of the Application of	)	
TON Services Inc. for Certificate of Authority	)	APR 0 1 2005
to Provide Private Pay Telephone Service	)	- 2005
Within the State of Missouri	) S	Missouri Public Pervice Commission
	R CERTIFICATE OF SERVICE	Commission
	UDE PRIVATE PAY TELEPHO	NE
SERVICE IN TH	HE STATE OF MISSOURI	

PLEASE PRINT OR TYPE:

**DATE OF APPLICATION** March 23, 2005

ADDRE	SS OF PRINCIPAL PLACE OF BUSINESS	If 1	the Commission or Staff has questions	
Street:	4185 Harrison Boulevard, Suite 301	about this application they should contact		
City:	Ogden,	Name:	Robin Norton, Consultant	
State:	Utah 84403	Address:	210 N. Park Avenue	
Phone:	(801) 624-4500		Winter Park, FL 32789	
		Phone:	(407) 740-3004	
*****	***********	*****	*********	
APPLIC	CANT IS:			
	INDIVIDUAL DOING BUSINESS UNDER	OWN NAN	ME	
	INDIVIDUAL DOING BUSINESS UNDER I fictitious name with Secretary of State)	FICTITIOUS	S NAME (Attach a copy of registration of	
	PARTNERSHIP (Attach copy of partnership application)	p agreement	- Missouri Bar Attorney must file the	
	MISSOURI CORPORATION (Attach certific Incorporation from Secretary of State - Misso		<u> </u>	
<u>X</u> ******	CORPORATION - NOT MISSOURI (Attach from Secretary of State - Missouri Bar Attorn	ey must file	the application)	
	TMDODT	ANT		

## -<u>IMPORTANT</u> -

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 APPLICANTS

## · 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 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 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 a 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 is only 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 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.
- 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.
- 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.
- 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.

SIGN HERE:

PRINT or

TYPE NAME: Ian Williams, Vice President and General Manager, Communications Products

TON Services Inc.

ADDRESS:

4185 Harrison Boulevard, Suite 301

Ogden, Utah 84403

PHONE:

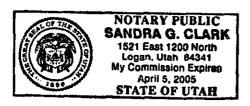
(801) 624-4500

STATE OF UTAH	)	
	. )	SS
COUNTY OF WEBER	)	

Comes now before me, Ian Williams, and states that he is Vice President and General Manager, Communications Products of TON Services Inc. Applicant herein, and further states that the information contained in this Application is accurate to the best of his knowledge and belief.

> Jan Williams, Vice President and General Manager, Communications Products TON Services Inc.

Subscribed and sworn to before me this 23 day of March, 2005.



My Commission expires:

ATTORNEY'S SIGNATURE BLOCK

Sign Here:

Print or Type Name:

James M. Fischer, PC MBN 27543

Address:

Fischer & Dority

101 Madison Street, Suite 400 Jefferson City, Missouri 65101

Missouri Bar#: 27543

Telephone:

(573) 636-6758



## Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION CERTIFICATE OF RESCISSION

I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, HEREBY CERTIFY THAT THE ADMINISTRATIVE DISSOLUTION OR FORFEITURE ENTERED AGAINST

TON SERVICES INC.

USING IN MISSOURI THE NAME

TON SERVICES INC.

ON THE 18TH DAY OF SEPTEMBER, 1995, AS PROVIDED IN THE GENERAL AND BUSINESS CORPORATION LAW WAS THIS DAY RESCINDED, AND SAID CORPORATION WAS ON THIS DATE HEREBY RESTORED THE STORED THE ST

OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 29TH DAY OF MARCH, 1999.

Secretary of State

\$ 460.00