BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

FILED

AUG 0 6 2003

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

In the matter of the application of

Missouri Public Service Commission

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

SERVICE IN THE STATE OF MISSOUR! PLEASE PRINT OR TYPE:						
Weber Communications, LC 1. NAME OF APPLICANT	August 5, 2003 DATE OF APPLICATION					
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: Street 4395 Richland Heights Rd.	If the Commission or Staff has questions about this Application, they should contact:					
City <u>Fulton</u> State <u>MO</u> Phone <u>673</u> 642-8294	Name: Janice Weber Address: 4395 Richland Hgts Rd Fulton, mo 65251 Daytime Phone 573 642-8294					
APPLICANT IS:	, *****************************					
INDIVIDUAL DOING BUSINESS UNDER OWN	NAME					
INDIVIDUAL DOING BUSINESS UNDER FICTION with Secretary of State)	INDIVIDUAL DOING BUSINESS UNDER FICTITIOUS NAME (Attach a copy of registration of fictitious name with Secretary of State)					
PARTNERSHIP (Attach copy of partnership agre	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)					
~ <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 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.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:
 - a. Users of the equipment shall be able to reach the operator without charge and without the use of a coin.
 - 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.
 - 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.
 - I understand that the certificate of service authority to provide private pay telephone service is not transferable.
 - 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.
- 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, A control, manage	Applicant requests the Commission to grant its certificate of service authority to Applicant to install, operate, and maintain private pay telephone service in the State of Missouri as described above.
SIGN HERE:	Lance Weller, Dole member
PRINT or	Tana
TYPE NAME:	Janice Weber
	4395 Richland Heights Rd
ADDRESS:	1393 KICHIANA HEIGHUS FOL
	Fulton, mo 65251-3978
PHONE:	573-642-8294

			•	
STATE OF M\650U	1	~) ~) ss		
COUNTY OF HUDRA!	10	_)	•	
Comes now before me _		Weber Person signing Appl	ication)	and states that (s)he
Sale mombro		Λ.	-	A P
(Title of person signing Applica		(Name of A	pplicant)	Applicant herein, and
further states that the information	contained in this A	pplication is accura	ite to the best of her/his l	knowledge and belief.
Subscribed and sworn to	o before me this	_ <u>4th</u> day of _	August	. 2003.
		·		
JUDY K. DAVIS Notary Public - Notary Se	ai			\wedge .
STATE OF MISSOURI Audrain County	1		Miduk	1) MATO
My Commission Expires: Oct. 3	1, 2006		(Nøjary Pui	blic)
			v <i>(</i> /	
My Commission expires:	31 2006			
wy Commission expires. () ()	MAN (X NOVE	<i>1</i>		
A T-T-	ODNEVIC CIONA	TUBE BLOCK (fo	r Bartnamhin ar Carpara	otion)
Alti	ORNET'S SIGNA		r Partnership or Corpora	14011)
SIGN	N HERE:	Julille		
•		, ,		
	E NAME:	TEVEN VAN	MATRE	<u> </u>
		00.		
ADD	DRESS:	Pesof 3	37	
		MEXICO	MO. 65265	<u> </u>
			<u>.</u>	
MIS BAF	\$OURI ? #:	23289		
				

PHONE:

513 581-5190



Rebecca McDowell Cook Secretary of State

MISSOUR

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

WHEREAS,

WEBER COMMUNICATIONS, L.L.C.

FILED ITS ARTICLES OF ORGANIZATION WITH THIS OFFICE ON THE 7TH DAY OF JANUARY, 1998, AND THAT FILING WAS FOUND TO CONFORM TO THE MISSOURI LIMITED LIABILITY COMPANY ACT;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, SECRETARY OF STATE, STATE OF MISSOURI, BY VIRTUE OF AUTHORITY VESTED IN ME BY LAW, DO CERTIFY AND DECLARE THAT ON THE 7TH DAY OF JANUARY, 1998, 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 7TH DAY OF JANUARY, 1998.

Secretary of State

\$105.00



The real second

ARTICLES OF ORGANIZATION

1.	The name of the limited liability company is:	JAN 07 1998
•	WEBER COMMUNICATIONS, L.L.C.	Zens Millourll Co
2.	The purpose(s) for which the limited liability organized:	COMPANY 15
	A. Telephone system consultation and telephone programming.	none system
	B. To engage in any other lawful act or activi- limited liability companies may be organized Missouri Limited Liability Act.	
3.	The name and address of the limited liabilit registered agent in Missouri is:	y company's
	JANICE WEBER, 917 ELAINE DRIVE, FULTON, MISSOUR	<u> </u>
4.	(Check if applicable) \underline{x} The management of liability company is vested in one or more management	
5.	The latest date on which the limited liability c dissolve is: <u>JANUARY 2, 2028</u>	ompany is to
6.	Upon withdrawal of any member, these remaining the following right(s) (if any) to continue the affairs of the limited liability:	members have business and
	Death, insanity, bankruptcy, retirement, resexpulsion of a member of Weber Communications, not cause a dissolution of the Limited Liability	L.L.C., will
7.	The name and address of the organizer:	
	JANICE WEBER, 917 ELAINE DRIVE, FULTON, MISSOUR	I 65251
8.	For tax purposes, the limited liability compoperating as a: X corporation, or partn	any will be ership.
IN	AFFIRMATION THEREOF, THE FACTS STATED ABOVE ARE TR	UE: /
	Janice K. Weber organ	izer