# BREEZE, KISTER, ROBERTS, MILLAN & PONDER-BATES, L.C.

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May 9, 2002

Missouri Public Service Commission P.O. Box 360
Jefferson City, MO 65102

RE: Star Communications, L.L.C.

Dear Sir:

Enclosed please find one (1) original and fourteen (14) copies of Application for Certificate of Service Authority to Provide Private Pay Telephone Service in Missouri from Star Communications, L.L.C., and a "certified" copy of Star Communications' Articles and Certificate of Organization.

Thank you.

Lat to la

Kurt D. Breeze

KDB/lmb

**Enclosures** 

cc: Star Communications, L.L.C.

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

	natter of the application of ) TAR COMMUNICATIONS)							
	I_I_C ) ficate of service authority )							
	de private pay telephone ) within the State of Missouri )							
		RTIFICATE OF SERVICE PRIVATE PAY TELEPHONE						
SERVICE IN THE STATE OF MISSOURI PLEASE PRINT OR TYPE:								
	TAR COMMUNICATIONS, I.I.C.	APRIL 8, 2002  DATE OF APPLICATION						
	SS OF PRINCIPAL PLACE OF BUSINESS: 9901 GRAVOIS ROAD	If the Commission or Staff has questions about this Application, they should contact:						
	SUITE C	Name: GARY PACE						
City	ST.LOUIS	Address: SAME						
State	MO 63123							
Phone	314 544-7656	Daytime Phone (314 504-7223						
**************************************								
AITER	INDIVIDUAL DOING BUSINESS UNDER OWN N	ANE						
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)							
_ <u>X</u> _	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. <u>APPLICATION SHOULD BE MAILED TO BOTH:</u>								
P.O. Bo Jefferso	ri Public Service Commission ox 360 on City, MO 65102 al 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.
  - 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.
  - 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.
- 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:	Hang of fam
PRINT or TYPE NAME:	GARY L. PACE
ADDRESS:	9901 GRAVOIS ROAD, SHITE C
	ST.LOUIS, MO 63123
DUONE.	(314) 544-7656

STATE OF MISSO	JRI	)			
OD 10			SS		
COUNTY OF S1.LU  Comes now before	re me	GARY L. PA		<u> </u>	_ and states that (s)he
MANAGER (Title of person signing		of STAR CO		NS, L.L.C.	Applicant herein, and
-			•	•	
further states that the info		me this Application			s knowledge and belief. 
My Commission expires:	,	LESA M. BROV tary Public - Note TATE OF MISSO Jefferson Coun mission Expires:	ry Scal	a M E (Notary Pi	Scoler Jobic) -20-04
	ATTORNEY'S	S SIGNATURE D	OCK (for vartn	ership or Corpor	ation)
	SIGN HERE:	Ali	160		<del></del>
	PRINT or TYPE NAME:	Kurt	D. BI	LEE VE	
	ADDRESS:		Coc.	LINS X No 630	
	MISSOURI BAR #:	* 2	3959		

931 3682

636

PHONE:

STATE OF MISSOURI



### Matt Blunt Secretary of State

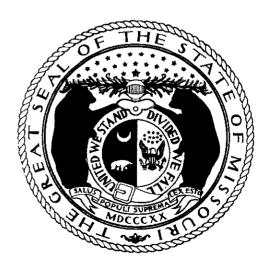
CORPORATION DIVISION

CERTIFICATE OF CORPORATE RECORDS

STAR COMMUNICATIONS, L.L.C.

I, MATT BLUNT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of those certain original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of SEPTEMBER, 2001.



#### **ARTICLES OF ORGANIZATION**

#### $\mathbf{OF}$

#### STAR COMMUNICATIONS, L.L.C.

SECRETARY OF STATE STATE OF MISSOURI JEFFERSON CITY, MO 65101

The Undersigned natural person of the age of twenty-one years or more, for the purpose of forming a limited liability company under the Missouri Limited Liability Company Act, adopt the following Articles of Organization:

- 1. The name of the limited liability company is STAR COMMUNICATIONS, L.L.C.
- 2. The purposes of the limited liability company are as follows:
- (a) to engage or transact any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act; and
- (b) without limiting the generality of the foregoing, to own, operate, service and manage telecommunications equipment.
  - The address of the limited liability company's registered office in the State of Missouri is:
     4771 Wickerwood Drive, St. Louis, Missouri 63129

and the name of its registered agent at such address is:

#### James Nesselhauf

- 4. Management of the limited liability company is vested in one or more managers.
- 5. The latest date on which the limited liability company is to dissolve is: December 31, 2050.
- 6. Upon the withdrawal of a Member, a majority in interest of the remaining members has the right to continue the business and affairs of the limited liability company within 90 days of such withdrawal.
  - 7. The name and address of the organizer is as follows:

Name

Address

Kurt D. Breeze

610 Collins Drive, P. O. Box 99, Festus, Missouri 63028

JAN 1 1 2001

CHETARY OF STATE

8. For the tax purposes, the limited liability company will be operating as a Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand this 9th day of January, 2001.

Kurt D. Breeze

STATE OF MISSOURI

) ss

COUNTY OF JEFFERSON

I, M. DARLENE STOCKBARGER, a Notary Public, do hereby certify that on the 9th day of January, 2001, personally appeared before me KURT D. BREEZE, who being by me first duly sworn, severally declared that he signed the foregoing ARTICLES OF ORGANIZATION as Organizer, and that the statements therein contained are true.

Notary Public

My Commission Expires:

M. Darlene Stockbarger Notary Public Jefferson County, Missouri

My Commission Expires: 1-6-0 3

DODSON, BREEZE, KISTER

ROBERTS & MILLAN, L.C.

Rv

Kurt D. Breeze

Attorney for Limited Liability Company

610 Collins Avenue

P. O. Box 99

Festus, Missouri 63028

636-931-3682

Missouri Bar No. 23959

FILED

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SECRETARY OF STATE