

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

In the matter of the application of)
BRETT S. ZINI dba)
ZINI'S IMAGINEERING)
for certificate of service authority)
to provide private pay telephone)
service within the State of Missouri)

FILED²
SEP 07 2004
Missouri Public
Service Commission

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

PLEASE PRINT OR TYPE:

ZINI'S IMAGINEERING
BRETT S. ZINI
1. NAME OF APPLICANT

DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

Street: 19545 HWY 5
PO BOX 321
City: MOUNTAIN VIEW,
State: ARKANSAS 72560-0321
Phone: 870-269-4058

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

Name: JUDY A. ZINI
Address: PO BOX 1759
MTN VIEW, AR 72560-1759
Daytime Phone: 870-269-8010 (work #)

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.

Revised 6/19/2003

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 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).
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.

Revised 6/19/2003

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.
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, 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:

Brett S. Zini

PRINT or
TYPE NAME:

BRETT S. ZINI

ADDRESS:

PO BOX 321 (19545 HWY 5)
MOUNTAIN VIEW, ARKANSAS 72560-0321

PHONE:

870-269-4058

STATE OF Arkansas)
COUNTY OF Stone) ss

Comes now before me Brett S. Zini and states that (s)he
(Name of person signing Application)

Brett of Zini's Imagineering Applicant herein, and (Title
of person signing Application) (Name of Applicant)

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 11th day of August, 2004.

GLEDA E. PRINCE
NOTARY PUBLIC - STATE OF ARKANSAS
MY COMMISSION EXPIRES 1-16-2006
STONE COUNTY
(Notary Public)

My Commission expires: 1-16-2006 Gleda E. Prince

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: _____

PRINT or
TYPE NAME: _____

ADDRESS: _____

MISSOURI
BAR #: _____

PHONE: _____

Revised 6/19/2003



State of Missouri
Fictitious Creation 1 Page(s)



T0423613700

State of Missouri
Matt Blunt, Secretary of State

Corporations Division
Box 778 / 600 W. Main Street, Rm 322
Jefferson City, MO 65102

Registration of Fictitious Name

(Submit in duplicate with filing fee of \$7)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. (Chapter 417, RSMo)

The undersigned is doing business under the following name, and at the following address:

Business name to be registered:

ZINI'S IMAGINEERING

Business Address:

19545 Hwy 5 - PO Box 321

(P.O. Box alone not acceptable)

City, State and Zip Code:

MOUNTAIN VIEW, ARKANSAS 72560-0321

The parties having an interest in the business, and the percentage they own are (if a business entity is owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed):

Name of Owners,
Individual or
Business Entity

Street and Number

City and State

Zip Code

If listed,
Percentage
of ownership
must equal
100%

BRETT ZINI 19545 Hwy 5 - PO Box 321 Mtn View AR 72560 100%

In Affirmation thereof, the facts stated above are true:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo 1986.)

x Brett Zini
(Authorized Signature)

BRETT ZINI
(Printed Name)

08/20/04
(Date)

(Authorized Signature)

(Printed Name)

(Date)

(Authorized Signature)

(Printed Name)

(Date)

FOR OFFICIAL USE ONLY

Check # _____

Amount: _____

Filer's Initials: _____