

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MISSOURI

FILED<sup>3</sup>

SEP 15 1999

In the matter of the application of )  
Bexar Communications )  
 )  
for certificate of service authority )  
to provide private pay telephone )  
service within the State of Missouri )

Missouri Public  
Service Commission

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

TA-2000-235

PLEASE PRINT OR TYPE:

Michael F. Loy  
1. NAME OF APPLICANT

June 14, 1999  
DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:  
Street #7 Bridgeview Estates

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

Name: Michael F. Loy

City Kimberling City, MO

Address: #7 Bridgeview Estates

State Missouri 65686

Kimberling City, MO 65686

Phone (417) 779-8061

Daytime Phone (417) 779-8061

\*\*\*\*\*  
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.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.

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:

Michael F. Loy

PRINT or  
TYPE NAME:

Michael F. Loy

ADDRESS:

#7 Bridgeview Estates

Kimberling City, MO 65686

PHONE:

(417) 779-8061

STATE OF KANSAS )  
COUNTY OF CLAWFORD )

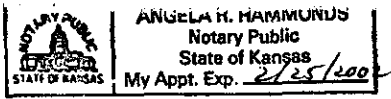
ss

Comes now before me MICHAEL F. LOY and states that (s)he  
(Name of person signing Application)

OWNER of BEYER Communications 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 25<sup>th</sup> day of AUGUST, 1999.



Angela Hammunds  
(Notary Public)

My Commission expires: 2/25/2002

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: \_\_\_\_\_

PRINT or  
TYPE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MISSOURI  
BAR #: \_\_\_\_\_

PHONE: \_\_\_\_\_



# State of Missouri

Rebecca McDowell Cook, Secretary of State  
Corporation Division

## Registration of Fictitious Name

(Filing Fee: \$7.00)

This information is for the use of the public and gives no protection to the name. There is no provision in this Chapter to keep another company or corporation from adopting and using the same name. (RSMo 417)

We, the undersigned, are doing business under the following name, and at the following address:

Name to be registered:

BEXAR COMMUNICATIONS

Missouri Business Address:  
(P.O.Boxes not accepted)

#7 BRIDGEVIEW ESTATES

City, State and Zip Code:

KIMBERLING CITY, MO 65686

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

Name of Owners:

Street and Number

City

State

and

Zip Code

If Listed,  
Percentage of  
ownership must  
equal 100%

INDIVIDUAL

MICHAEL F. LOY #7 BRIDGEVIEW ESTATES KIMBERLING CITY MO 65686 100

The undersigned, being all the parties owning interest in the above company, being duly sworn upon their oaths each did say that the statements and matters set forth herein are true.

X Michael F. Loy  
X \_\_\_\_\_

X  
X

**FILED**

SEP 10 1999

360943

Rebecca McDowell Cook  
SECRETARY OF STATE

State of Missouri

} ss

County of Jackson

I, BEVERLY M. WEBB

, A Notary Public, do hereby certify that on

the 10th day of SEPTEMBER

, 1999, personally appeared before

me MICHAEL F. LOY

and

being first duly sworn by me, acknowledged that \_\_\_\_\_ signed as his own free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(Notarial Seal)

Beverly M. Webb  
Notary Public

03/11/2000

BEVERLY M. WEBB  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Jackson County

My commission expires: \_\_\_\_\_

Corp.#56

My Commission Expires: March 11, 2000