BEFORE THE MISSOURI PUBLIC SERVICE COMMISSION

In the matter of the application of)
ATLANTIS LINK, LLC)
for certificate of service authority)
to provide private pay telephone)
service within the State of Missouri)

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

1. Name of Applicant: Atlantis Link, LLC Date of Application: April 26, 2013

Address of principal place of business: 10903 Concord Circle Dr. St. Louis, MO 63123 Phone: 314/603-6038	If the Commission or Staff has questions about this Application, they should contact: Name: Jerome Schmidt Address: 10903 Concord Circle Dr. St. Louis, MO 63123 Daytime Phone: 314/603-6038

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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)

__X__ MISSOURI CORPORATION or LIMITED LIABILITY COMPANY (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)

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~ 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

Office of the Public Counsel
P.O. Box 2230
Jefferson City, MO 65102

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: Jerome Schmidt

TYPE NAME: Jerome Schmidt

ADDRESS: 10903 Concord Circle Dr., St. Louis, MO 63123

PHONE: 314/603-6038

STATE OF MISSOURI)
) ss.
COUNTY OF St Louis

Comes now before me Jerome Schmidt and states that he is a Member of Atlantis Link, LLC, Applicant herein, and further states that the information contained in this Application is accurate to the best of his knowledge and belief. Jerome Schmidt further states that he is authorized to execute this application on behalf of Atlantis Link, LLC.

Subscribed and sworn to before me this 25th day of April, 2013.

Un Kyong Chang
Notary Public

My Commission expires: Dec 01, 2014

UN KYONG CHANG
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: December 01, 2014
10953892

Respectfully submitted,

/s/ Mark W. Comley

Mark W. Comley #28847
Newman, Comley & Ruth P.C.
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ATTORNEYS FOR APPLICANT

CERTIFICATE OF SERVICE

I do hereby certify that a true and correct copy of the foregoing document has been served electronically on the Office of Public Counsel at opcservice@ded.mo.gov and on the General Counsel's office at staffcounselservice@psc.mo.gov, this 26th day of April, 2013.

/s/ Mark W. Comley

State of Missouri
Jason Kander, Secretary of State

File Number: 201310880511
LC1307566
Date Filed: 04/18/2013
Jason Kander
Secretary of State

Articles of Organization

1. The name of the limited liability company is:

   Atlantis Link, LLC

2. The purpose(s) for which the limited liability company is organized:

   Any lawful purpose for which a limited liability company may be created under the laws of the State of Missouri.

3. The name and address of the limited liability company's registered agent in Missouri is:

   Jerome Schmidt *Name* — **10903 Concord Circle Dr., St. Louis MO 63123** *Address*

4. The management of the limited liability company is: ☐ Manager ☒ Member

5. The duration (period of existence) for this limited liability company is:

   12/31/2099

6. The name(s) and street address(es) of each organizer:

   Jerome Schmidt, 10903 Concord Circle Dr., St. Louis MO 63123

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Jerome Schmidt
(Organizer Name)

State of Missouri

Jason Kander
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Atlantis Link, LLC
LC1307566

filed its Articles of Organization with this office on the April 18, 2013, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the April 18, 2013, 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 hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this April 18, 2013.

Secretary of State