

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

In The Matter of the Application of)
Towner Communications LLC)
_____))
to Provide Telecommunications and/or)
Interconnected Voice over Internet)
Protocol Services)

Case No.

APPLICATION

Applicant's Legal Name "Applicant"	Julia Towner
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Pursuant to §392.611.4 and/or §392.550 RSMo, Applicant seeks the following authorizations as checked below:

<input checked="" type="checkbox"/>	Certificate of Service Authority to Provide Basic Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service
<input type="checkbox"/>	Certificate of Service Authority to Provide Interexchange Telecommunications Service
<input checked="" type="checkbox"/>	Registration to Provide Interconnected Voice over Internet Protocol Service

Listed below is basic information regarding the Applicant:

Type of Organization	Telecommunications
Jurisdiction Where Organized	The State of Kansas
Mailing Address	6950 Squibb RD 200 Mission KS 66202
Electronic Mail Address	info@townerkc.com
Telephone Number	913-7083466 913-780-3166

The company's services will be identified in a tariff or website as indicated below:

	Tariff
	Website. The website address is townnerkc.com

Attached is an affidavit signed by an officer or general partner of the Applicant stating the various requirements identified in §392.611.4 and/or §392.550 RSMo, plus confirmation the Applicant's service meets the criteria for these services as defined by §386.020.

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a registration to offer and provide the indicated services identified in this application.

Respectfully submitted,

_____/s/ lawyer_____

Lawyer Name #MoBar

Law Firm/Company Name

Street Address

City, MO Zip

Phone:

E-mail:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this 21st day of March, 2016, to the following parties:

General Counsel
Missouri Public Service Commission
PO Box 360
Jefferson City, MO 65102

Office of Public Counsel
PO Box 7800
Jefferson City, MO 65102

AFFIDAVIT

I, Julia Towne, a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:

(1) Applicant's basic information:

Legal Name	Julia Towne
Principal Place of Business	6950 Spinnb Rd Ste 200 Missoula, MT 59802
Principal Executive Officers	Keith Towne

(2) Area where the Applicant proposes to offer telecommunications or IVoIP services:

Identify area by local telephone company exchange, in whole or in part:	816, 660
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(3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;

(4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;

(5) That the Applicant will comply with applicable assessment requirements. These assessments include but are not necessarily limited to:

- (a) Relay Missouri assessment requirements identified in 4 CSR 240-28.050(3);

(b) Missouri universal service fund assessment requirements identified in 4 CSR 240-28.050(2);

(c) Missouri Public Service Commission assessment requirements identified in 4 CSR 240-28.050(1);

(d) Local enhanced 911;

(e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 4 CSR 240-28.040 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;

(7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;

and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

This concludes my affidavit.

Signature [Signature]
Printed Name Julia Turner
President
(Title)

State of KS
County of JO

Subscribed and sworn before me this 25 day of march, 2016.

Waneta E. O'Dell
Notary Public

