

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

971050-JC

1. LEGAL NAME OF THE APPLICANT

Calls for Less, Inc.

971050-JC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Calls for Less, Inc. and CFL

3. ADDRESS OF THE APPLICANT(S)

STREET 9915 South 148th Street

CITY Omaha

STATE & ZIP NE 68138

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent. Attached as Exhibit A

NAME CSC / Corporation Service Company

ADDRESS 1201 Hays Street

Tallahassee, FL 32301 (Leon County)

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

The necessary registration forms have been completed and returned to the proper Florida Authority for approval. We currently await certification.

DOCUMENT NUMBER-DATE

08244 AUG 14 6

FPSC-RECORDS/REPORTING

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Teresa M. Anderson

TITLE: Regulatory Affairs

PHONE: 605/232-4112 ext 212

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Attached as Exhibit C

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Attached as Exhibit C

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

Attached as Exhibit C

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

No

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL (through LEC)
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[X]
[X]
[X]
[X]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: Approximately 100.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER, DESCRIBE

[X]
[]
[]
[]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

Yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Kathleen Davis Secretary

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: Aug 1 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Calls for Less, Inc. dba CFL

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Kathleen Dyer

Title Secretary

Date Aug 1 1997

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

EXHIBIT A
CERTIFICATE OF AUTHORITY
TO
TRANSACT BUSINESS

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by CALLS FOR LESS, INC., a Nebraska corporation, authorized to transact business within the State of Florida on January 23, 1995, as shown by the records of this office.

The document number of this corporation is F95000000371.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-fourth day of January, 1995



CR2EO22 (2-91)

Sandra B. Northam

Sandra B. Northam
Secretary of State

EXHIBIT B

**FICTITIOUS NAME REGISTRATION
and
CERTIFICATION**

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

SECTION 1

1. CFL
Fictitious Name to be Registered

2. 9915 S. 148th St.
Mailing Address of Business

Omaha NE 68138
City State Zip Code

3. Florida County of principal place of business: Leon

4. FEI Number: 47-0781481

This space for office use only

SECTION 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code SS#

2. Last First M.I. Address City State Zip Code SS#

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. Calls for Less, Inc. Entity Name
9915 S. 148th St. Address
Omaha NE 68138 City State Zip Code
Florida Registration Number 40-30
FEI Number: 47-0781481
 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number:
 Applied for Not Applicable

SECTION 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 9-1-97
Signature of Owner Date

Phone Number: 605-232-4112

Signature of Owner Date
Phone Number: _____

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____, which was registered on _____ and was assigned registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50
 Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/96)

EXHIBIT C
AREAS OF CERTIFICATION

CfL is Certified (*where required*) To Conduct Business in all forty-eight (48) contiguous United States except:

Alabama

(*Certification has been applied for and is currently pending*)

Actual Certification (*where required*) for Telecommunications has been approved in the following states: Arkansas, Colorado, Florida, Iowa, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Maryland, Michigan, Minnesota, Missouri, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, Washington D.C. and Wyoming

CfL is currently filing for, or has filed and is awaiting, Certification to provide Telecommunications and/or IPP (COCOT/COPT) services in the following states:

Arizona, California, Connecticut, Delaware, *Florida (COCOT/COP1)*, Georgia, Indiana, North Carolina, North Dakota, New Mexico, Oklahoma, Rhode Island, South Dakota, Vermont, and West Virginia.

To date, Calls for Less, Inc. dba CfL has been granted certification and approval to conduct business in every state in which it has applied.



A Full Service Telecommunications Company

PO Box 1550
N. Sioux City, SD 57049
Telephone (800) 354-5377
Fax (800) 994-5579

Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, FL 32399-0850

DEPOSIT
D592™

DATE RECEIVED
AUG 14 1997 AUG 14 1997

FPSC - Records/Reporting

August 11, 1997

RE: Application For Authority To Provide Pay Telephone Service of Calls for Less, Inc. d/b/a CFL

Dear Brenda Hawkins,

Enclosed please find our completed Application, required Exhibits, and Application Fee of \$100.00 (MTI Ck# 005539). There should be one (1) original and three (3) copies, unbound and 3 hole punched per our conversation of the June 26th. I have included a self-addressed, stamped envelope for the return of a date stamped copy, for our files.

If you have any questions or concerns please feel free to contact me at the number listed below. Thanks again you for your help and cooperation in this matter.

Sincerely,

Teresa (Terry) Anderson
Regulatory Affairs
605/232-4112 ext 212
605/232-4195 fax
E-Mail Address: cfterry@juno.com

Enclosures

RECEIVED & FILED

OFFICE OF RECORDS

97 AUG 11 1997
MAIL ROOM
SERIES 1000



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DEPOSIT DATE
D592** AUG 14 1997

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Sincerely,

Teresa (Terry) Anderson
Regulatory Affairs
605/232-4112 ext 212

RECEIVED
FEDERAL RESERVE BANK
SIoux CITY
MAIL ROOM
AUG 11 1997

MTI
P.O. Box 1116 North Sioux City, SD 57049
(605) 232-3457

NORTHWEST BANK IOWA, N.A.
SIoux CITY

005539

PAY: ONE HUNDRED DOLLARS AND 00 CENTS

VOID AFTER 90 DAYS

TO THE ORDER OF
Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee FL 32399-0850

08/08/97