

Watkins Ludlam Winter & Stennis, P.A.
ATTORNEYS AT LAW

ORIGINAL

633 North State Street (39202)
Post Office Box 427
Jackson, Mississippi 39205-0427
Fax (601) 949-4804
www.watkinsludlam.com

Stanley Q. Smith
Shareholder
Resident in Jackson
(601) 949-4863
stansmith@watkinsludlam.com

March 26, 2001

010376 - TJ

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
Attn: Ms. Blanca Bayo, Director

Re: **CommuniGroup, Inc.**
Florida PSC Company Code TJ149; Certificate Number 5726

Dear Ms. Bayo:

The purpose of this letter is to advise the Florida Public Service Commission of a corporate restructure and reorganization in which the presently certificated Florida telecommunications provider, CommuniGroup, Inc., is now the holding company of its wholly-owned operating subsidiary, CommuniGroup of Jackson, Inc.

As a result of the corporate reorganization, CommuniGroup, Inc. respectfully requests the Commission's approval and transfer of its certificate to provide prepaid debit card and resold telecommunications services in Florida to CommuniGroup of Jackson, Inc. There will be no changes in the services provided to telecommunications customers in Florida, and, with the exception of the change in name, the Company will continue to operate under the same rates and tariff already on file with the Commission.

CommuniGroup of Jackson, Inc. was qualified to do business in Florida on January 30, 2001, and has registered the fictitious name "CommuniGroup" with the Florida Department of State on March 13, 2001. Copies of the Company's authorization to transact business, registration of fictitious name and an organizational chart showing the corporate structure are enclosed for your records.

In addition and pursuant to instructions received from Tom Williams, Florida PSC Department of Regulatory Oversight, also enclosed are labels for your convenience in replacing the name of the certificated telecommunications provider on the Tariff which is already on file with the Commission.

Gulfport, Mississippi

Jackson, Mississippi

632116 1/06561 07874

RECEIVED & FILED
Mas
BUREAU OF RECORDS

DOCUMENT NUMBER - DATE

Olive Branch, Mississippi

03969 MAR 30 2001

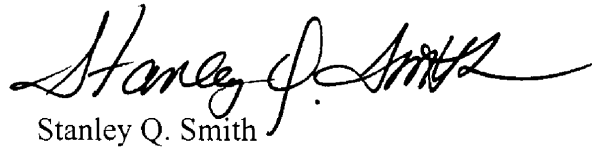
FPSC-RECORDS/REPORTING

Ms. Blanca Bayo
March 26, 2001
Page 2

If there are any questions, please do not hesitate to contact me at (601) 949-4863 or my assistant, Emily Merrill, at (601) 949-4715. Thank you in advance for your assistance regarding this matter.

Sincerely,

WATKINS LUDLAM WINTER & STENNIS, P.A.



Stanley Q. Smith

SQS/bem

Enclosures

cc: Tom Williams
James N.C. Moffat III

Gulfport, Mississippi

Jackson, Mississippi

Olive Branch, Mississippi

CT CORPORATION SYSTEM

January 26, 2001

Mr. Scott Bunkley
Telephone Electronics Corporation
Box 22923
Jackson, MS 39225

RE: COMMUNIGROUP OF JACKSON, INC.
(Mississippi Domestic) Order #3530723

Dear Mr. Bunkley:

We appreciate your appointing CT process agent for the above named corporation in the State of Florida. As requested, we have forwarded the application with our signature as the agent to the state of Florida. In order for records to be established for the prompt forwarding of legal and tax matters, we will need the following information from you:

Photocopy of the evidence of filing you receive from the State;

Our invoice in connection with our representation will follow upon receipt of the above information.

Thank you for using CT!

Very truly yours,

Marné J. Hoffmann
Customer Specialist

mjh
Enclosure

120 South Central Avenue
Clayton, MO 63105
Tel. 314 863 5545
Fax 314 863 1578

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CommuniGroup of Jackson, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-0694679
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 700 South West Street, Jackson, MS 39201
(Principal office address)
Post Office Box 940, Jackson, MS 39205
(Current mailing address)

8. Long Distance Service (Telecommunications)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Sean L. Emerick (Registered agent's signature) Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CommuniGroup of Jackson, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Bunkley
(Name of Person)

Telephone Electronics Corporation
(Firm/Company)

236 East Capitol Street
(Address)

Jackson, MS 39201
(City/State and Zip code)

For further information concerning this matter, please call:

Scott Bunkley at (601) 354-9070
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: See Attached

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert J. Healea

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Healea; Vice President

(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State

Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30, 1984 the state of Mississippi issued a Charter/Certificate of Authority to:

COMMUNIGROUP OF JACKSON, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
January 25, 2001

Eric Clark

ERIC CLARK,
Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CommuniGroup of Jackson, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-0694679
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 700 South West Street, Jackson, MS 39201
(Principal office address)

Post Office Box 940, Jackson, MS 39205
(Current mailing address)

8. Long Distance Service (Telecommunications)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

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(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CommuniGroup of Jackson, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Bunkley
(Name of Person)
Telephone Electronics Corporation
(Firm/Company)
236 East Capitol Street
(Address)
Jackson, MS 39201
(City/State and Zip code)

For further information concerning this matter, please call:

Scott Bunkley at (601) 354-9070
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: See Attached _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert J. Healea
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Healea; Vice President
(Typed or printed name and capacity of person signing application)

CommuniGroup of Jackson, Inc.
Application by Foreign Corporation for Authorization
To Transact Business in Florida

12. Names and business addresses of officers and/or director:

A. DIRECTORS

Name	Title	Address
Brandi S. Fail	Director	236 East Capitol Street Jackson, MS 39201
Joseph D. Fail	Director	236 East Capitol Street Jackson, MS 39201
Nancy W. Fail	Director	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Director	236 East Capitol Street Jackson, MS 39201

B. OFFICERS

Name	Title	Address
Christopher B. Chelette	President	700 South West Street Jackson, MS 39201
James N.C. Moffatt III	Executive Vice President	700 South West Street Jackson, MS 39201
Robert J. Healea	Vice President	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Vice President	236 East Capitol Street Jackson, MS 39201
Lera O. Roark	Vice President	1309 Louisville Avenue Monroe, LA 71201
Joseph D. Fail	Secretary/Treasurer	236 East Capitol Street Jackson, MS 39201

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30, 1984 the state of Mississippi issued a Charter/Certificate of Authority to:

COMMUNIGROUP OF JACKSON, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
January 25, 2001

Eric Clark

ERIC CLARK,
Secretary of State

COMMUNIGROUP OF JACKSON, INC.

043932

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
007306	Registration	1/25/01	87.50	87.50	0.00	87.50

CommuniGroup
communications made easy.
 Accounts Payable Clearing
 P.O. Box 940
 Jackson, MS 39205

OMNIBANK
 Bay Springs, Heidelberg, Jackson, Mantee
 85-185/653

043932

CHECK DATE	CONTROL NUMBER	AMOUNT
01/25/2001	043932	\$ *****87.50

PAY Eighty-Seven and 50/100----- Dollars
 VOID AFTER 180 DAYS

TO THE ORDER OF Secretary of State - FL

James W. C. McPherson
 AUTHORIZED SIGNATURE

REDACTED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 13, 2001

COMMUNIGROUP
236 EAST CAPITOL STREET
JACKSON, MS 39201

Subject: **COMMUNIGROUP**

REGISTRATION NUMBER: **G01071900022**

This will acknowledge the filing of the above fictitious name registration which was registered on March 13, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/pm
Division of Corporations

Letter No. 401A00015120

State of Florida



Department of State

I certify from the records of this office that COMMUNIGROUP is a Fictitious Name registered with the Department of State on March 13, 2001.

The Registration Number of this Fictitious Name is G01071900022.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of March, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of COMMUNIGROUP, registered with the Department of State on March 13, 2001, as shown by the records of this office.

The Registration Number of this Fictitious Name is G01071900022.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of March, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

01 MAR 13 11 01 AM
TALLAHASSEE FLORIDA

Section 1

1. CommuniGroup
Fictitious Name to be Registered

2. 236 East Capitol Street
Mailing Address of Business
Jackson, MS 39201
City State Zip Code

3. Florida County of principal place of business: multiple

4. FEI Number: 64-0694679

601071900022
-03/12/01--01015--025
***90.00

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# (optional)

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

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

1. CommuniGroup of Jackson, Inc.
Entity Name
700 South West Street
Address
Jackson, MS 39201
City State Zip Code
Florida Registration Number F01000000609
FEI Number: 64-0694679
 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. In accordance with Section 865.09, F.S., 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)

Robert Hoalea 2/15/01
Signature of Owner Date
Phone Number: 601-354-9070

Signature of Owner Date
Phone Number: _____

Section 4

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

CR4E-001

RM
3/13/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 28, 2001

COMMUNIGROUP
236 EAST CAPITOL STREET
JACKSON, MS 39201

Subject: **COMMUNIGROUP**
RE: 101A00012467

We have received your document for the above Fictitious Name ; however, the document **has not been filed** and is being returned for the following:

The name of the Florida county of the principal place of business must be listed in section 1.

After the corrections have been made, return the application to: Fictitious Name Registration, P.O. Box 1300, Tallahassee, Florida 32302-1300 within 30 days from the date of this letter.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/vs
Division of Corporations

Letter No. 101A00012467

COMMUNIGROUP OF JACKSON, INC.

044203

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
007702	App. for name	2/14/01	90.00	90.00	0.00	90.00

CommuniGroup
Communications made easy.
 Accounts Payable Clearing
 P.O. Box 940
 Jackson, MS 39205

OMNIBANK
 Bay Springs, Heidelberg, Jackson, Mantee
 85-185/653

044203

CHECK DATE	CONTROL NUMBER	AMOUNT
02/19/2001	044203	\$ *****90.00

PAY Ninety and 00/100----- Dollars
 VOID AFTER 180 DAYS

TO THE Fictitious Name Registration
 ORDER Post Office Box 1300
 OF Tallahassee, FL 32302-1300

James W. C. McPherson
 AUTHORIZED SIGNATURE

FILE COPY

REDACTED

Instructions for Completing Application for Registration of Fictitious Name

- Section 1:**
- Line 1:** Enter the name as you wish it to be registered. A fictitious name may not contain the words "Corporation" or "Incorporated," or the abbreviations "Corp." or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617 Florida Statutes.
- Line 2:** Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. **DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1.** An address may be changed at any future date with no charge by simply writing the Division.
- Line 3:** Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple".
- Line 4:** Enter the Federal Employer Identification (FEI) number if known or if applicable.
- Section 2:**
- Part A:** Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided. The social security number is not mandatory. Information provided on this application is a public record and, as such, will be made accessible to the public.
- Part B:** Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their registration number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.
- Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.
- Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.
- Section 3:** Only one signature is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application.
-
- Section 4:**
- TO CANCEL A REGISTRATION ON FILE:** Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled.
- TO CHANGE OWNERSHIP OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.
- TO CHANGE THE NAME OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed once the fictitious name registration has been filed.

If you wish to receive a certificate of status and/or certified copy at the time of filing of this registration, check the appropriate box at the bottom of the form. **PLEASE NOTE:** Acknowledgements/certificates will be sent to the address in Section 1. If a certificate of status is requested, an additional \$10 is due. If a certified copy is requested, an additional \$30 is due.

The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to:

Fictitious Name Registration
PO Box 1300
Tallahassee, FL 32302-1300

Internet Address:
<http://www.sunbiz.org>

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.

