



ORIGINAL 040128-TC

RECEIVED - FISC
24 FEB -9 AM 10:05

February 5, 2004

COMMISSION
CLERK

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

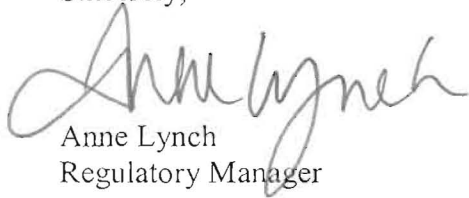
Re: Application for Certificate to Provide Pay Telephone Service Within the
State of Florida

State Corporation Commission:

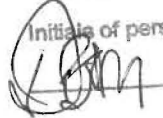
Enclosed please find the original plus two copies of the above-referenced Application for
1-800-RECONEX, Inc., d/b/a USTel along with a check in the amount of \$100.00 to
represent the filing fee.

If you have any questions or need any further information, please do not hesitate to
contact me at 503-982-5572 or anne.lynch@reconex.com.

Sincerely,


Anne Lynch
Regulatory Manager

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:


04 FEB -9 AM 9:17
DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE
01826 FEB -9 9
FPSC-COMMISSION CLERK

USTel, PO BOX 9, Hubbard, OR 97032
Sales 800.418.6025 www.ustel.com

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):
1-800-RECONEX, Inc.

2. Name under which applicant will do business (fictitious name, etc.):
U.S.Tel

3. Official mailing address:
Street: 2500 Industrial Avenue

P.O. Box:
40

City:
Hubbard

State: Oregon **Zip:97032**

4. Florida address:
Street:
660 East Jefferson Street

P.O. Box:

City: Tallahassee

State: Florida **Zip:32301**

5. Structure of organization:
- () Individual
 - (x) Corporation
 - () General Partnership
 - () Limited Partnership
 - () Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: F98000002226 (Copy provided as
Attachment "A")

7. **If using fictitious name d/b/a (doing business as),** provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: G02310900010 (Copy provided as Attachment "B")

8. **F.E.I. Number (if applicable):** 93-1242033

9. **If individual,** provide:

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. **If partnership,** provide name, title and address of all partners and a copy of the partnership agreement:

a. **Name:** N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Anne Lynch
Title: Regulatory Manager
Address: 2500 Industrial Avenue
City/State/Zip: Hubbard, Oregon 97032
Telephone No.: 503-982-5572 Fax No.: 503-982-6077
Internet E-Mail Address: anne.lynch@reconex.com
Internet Website Address: www.ustel.com

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Anne Lynch
Title: Regulatory Manager
Address: 2500 Industrial Avenue
City/State/Zip: Hubbard, Oregon 97032
Telephone No.: 503-982-5572 Fax No.: 503-982-6077
Internet E-Mail Address: anne.lynch@reconex.com
Internet Website Address: www.ustel.com

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: No officer, director, or stockholder of the Company has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime or any actions that may result from pending proceedings. The Applicant is a corporation and does not have any subsidiaries or partners.

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

The applicant, officers, directors, and/or shareholders have not been granted or denied a pay telephone certificate in the State of Florida.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No, the applicant, officers, directors, and/or stockholders are not a subsidiary, partner, or officer in any other Florida certificated pay telephone company.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None at this time.

b. Has applications pending to be certified as a pay telephone provider.

None at this time. The Applicant is in the process of filing the applications in Florida, California, Utah, and Virginia.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

No. The Applicant has not been denied authority to operate as a pay telephone provider.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

Please see Attachment "C"

16. Please check (✓) the services that will be provided:

(x) LOCAL

(x) LONG DISTANCE

(x) COIN

(x) CALLING CARD

(x) CREDIT CARD

() OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: X

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
-
-
-

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

****APPLICANT FEE STATEMENT****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

William Braun
Print Name


Signature

Corporate Secretary
Title

Date

503-982-5573
Telephone No.

503-982-6077
Fax No.

Address: 2500 Industrial Avenue, Hubbard, Oregon 97032

****ACKNOWLEDGMENT****

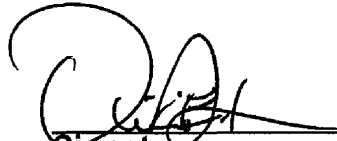
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

William Braun
Print Name


Signature

Corporate Secretary
Title

Date

503-982-5573
Telephone No.

503-982-6077
Fax No.

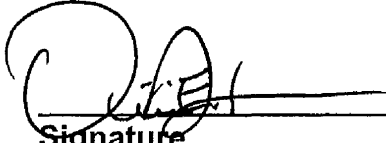
Address: 2500 Industrial Avenue, Hubbard, Oregon 97032

****APPLICANT ACKNOWLEDGMENT****

Applicant: 1-800-RECONEX, Inc.

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

William Braun
Print Name


Signature

Corporate Secretary
Title

Date

503-982-5573
Telephone No.

503-982-6077
Fax No.

Address: 2500 Industrial Avenue, Hubbard, Oregon 97032

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

ATTACHMENT
“A”



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 21, 1998

1800-RECONEX
ATTN: ANNE LYNCH
PO BOX 9
HUBBARD, OR 97032

Qualification documents for 1-800-RECONEX, INC. were filed on April 17, 1998 and assigned document number F98000002226. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Freta Lott
Corporate Specialist Supervisor
Division of Corporations

Letter Number: 198A00021156

**ATTACHMENT
“B”**

State of Florida



Department of State

I certify from the records of this office that USTEL is a Fictitious Name registered with the Department of State on November 6, 2002.

The Registration Number of this Fictitious Name is G02310900010.

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
Sixth day of November, 2002



CR2EO22 (7-02)

Jim Smith

Jim Smith
Secretary of State

ATTACHMENT
“C”

OREGON

The Complaint filed by the Oregon DOJ, concerned the ability of the Company to provide service in the time promised in our marketing materials. There were 15 customer accounts which were the subject of this investigation, the bulk of which are located in West Virginia. West Virginia has proved to be a challenge for Reconex, as well as other CLECs and ILECs, due to address issues which exist in rural areas. Specifically, when a CLEC orders service for a customer from the ILEC if the address provided by the customer and forwarded to the ILEC from the CLEC is not an exact match, it is impossible for the ILEC to provision service. In those instances it would routinely take multiple calls to the customer and the ILEC to resolve the address issue and many times Reconex was not able to provision service in the 7-10 days promised. This failure, however, was due entirely to the fact that the customer did not provide Reconex with an address that the ILEC (usually Verizon) would recognize as valid.

Under Oregon law if the company has a good faith claim it may retain the purchase price delivered for goods or services. (ORS 646.607(2)). In this instance Reconex expended a great deal of time, energy and resources working with the customer and ILEC in an attempt to provide service to the customer. The expended resources easily exceeded the \$39.00 installation fee charged to the customer. Regardless of this right,

Reconex agreed to pay restitution to eight (8) customers in the total amount of \$316.23, which approximates a reimbursement of the \$39.00 installation fee to each of the eight (8) customers. In addition, Reconex agreed to pay \$25,000 to the Consumer Protection and Education Fund. The Assurance of Voluntary Compliance entered into between Reconex and DOJ states that, "This Assurance of Voluntary Compliance (AVC) is a settlement of a disputed matter. *It shall not be considered an admission of a violation for any purpose*". (Emphasis added).

WASHINGTON

Reconex, pursuant to a settlement agreement with the WUTC was required to make system and service expenditures in the amount of \$121,000. Reconex spent (and the WUTC concurred) \$89,574.40 of the \$121,000 requirement on system and service improvements. Reconex took the reasonable position that, the company has made expenditures in the total amount of \$1,166,121,50 for system and service improvements (pursuant to the formula devised by WUTC staff, this amount translates to the amount of \$89,574.40 being attributable to the Washington consumers and credited against the \$121,000 requirement.) and that, as such, should only be responsible to the WUTC for the difference between \$121,000 and \$89,574.40. The WUTC staff disagreed and insisted that since Reconex did not meet the required expenditure that it now must pay the entire amount as a penalty. It was Reconex's position that the good faith effort made by the Company to fully comply with the terms of the settlement,

combined with the sheer amount of the expenditures made, provided ample reason as to why Reconex should not be required to make payment in the full amount of \$121,000. The WUTC staff position would require a finding that Reconex be given zero credit for the expenditures which totaled over one million dollars. The Commission ultimately concurred with Staff and, as indicted, fined Reconex a total of \$166,000. Based on the above facts, primarily the decision of the WUTC to not credit Reconex with the legitimate expenditures (of which there was no issue), Reconex made the decision to sell its customer base and cease doing business in the state. Reconex eventually settled the matter with the WUTC for \$65,956.