

981244-TC

STATE OF MISSISSIPPI
PUBLIC SERVICE COMMISSION

**** APPLICANT ACKNOWLEDGMENT STATEMENT 7*9M 9 41**

MAIL ROOM

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

David H. ...
Signature
President
Title

9/24/98
Date
618-936-2305
Telephone No.

Address: Midwest Transit, Inc.
P.O. Box 98
Sumner, IL 62466

618-936-2001
Fax No.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU 1
- CTR _____
- EAG _____
- LEG 1 A - Affidavit
- 2 - Applicant Acknowledgment
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS FORM PSC/CMU 32 (8/98)
- OTH Nonnye

ATTACHMENTS:

**** APPENDIX A ****

AFFIDAVIT

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Signature: Bill D. Hicks

Date: 9/24/98

Printed Name: Bill D Hicks

Title: President

Address: Midwest Transit, Inc.

P.O. Box 98
Sumner, IL 62466

618-936-2001
Fax No.

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: Midwest Transit, Inc.

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

Signature: [Handwritten Signature]

Date: 9/24/98

Printed Name: HALD HICKS

Title: President

Address: Midwest Transit, Inc.
P.O. Box 98
Sumner, IL 62166

Tel. No. 618-936-2305

Fax No. 618-936-2001

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.