



PO Box 1550
North Sioux City, SD 57049
Telephone 605-232-0262
800-211-8602
Fax 605-232-3534

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

DEPOSIT DATE
D 0 6 4 5 (MAY 23 2000)

000645-72 May 24, 2000

RE: Request Name Change - Pay Telephone Certificate 5465 (Docket No. 971050-TC)
Request Name Change - Company Code TG164
CfL, LLC (CfL Payphones) - *Formerly known as Calls for Less, Inc. (CfL)*
Pay Telephone Service Provider

CfL, LLC (CfL Payphones) formerly known as Calls for Less, Inc., has applied for and received a Secretary of State Certificate of Registration under the name CfL, LLC (CfL Payphones). It will be under this new name that our company proposes to continue to operate as a Pay Telephone Service Provider, within the State of Florida. I am including a copy of our Secretary of State Certification and Board of Directors/Point of Contact list. Please direct related correspondence for CfL, LLC (CfL Payphones) to:

CfL, LLC - CfL Payphones
Teresa Anderson
PO Box 1550
North Sioux City, SD 57049-1550

Please accept this letter and the aforementioned document(s) as CfL, LLC's formal notification of name and mailing address change. I would appreciate a date stamped copy of this letter return to us by fax along with the approved Registration Form.

If there is anything else that your office requires please feel free to contact me at one of the numbers listed below.

Respectfully,

Ms. Teresa (Terry) Anderson
Regulatory Affairs
605/232-0262 ext 212
605/232-3534 fax
E-Mail Address: tma@cflinc.com

enclosures

DOCUMENT NUMBER-DATE
06528 MAY 26 8
FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):
CfL, L.L.C.
2. Name under which applicant will do business (fictitious name, etc.):
CfL Payphones
3. Official mailing address:
Street: 725 North Derby Lane
P.O.Box: 1550
City: North Sioux City
State: SD **Zip:** 57049-1550
4. Florida address: In-State Registered Agent: CSC-Corporation Svc Co.
Street: 1201 Hays Street
P.O.Box: N/A
City: Tallahassee
State: FL **Zip:** 32301
5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: Limited Liability Company (organized: SD)
6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: N/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: G00137900159

8. F.E.I. Number (if applicable): 46-0448210

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: Teresa M. Anderson
Title: Regulatory Affairs/Compliance Director
Address: 725 North Derby Lane - PO Box 1550
City/State/Zip: North Sioux City, SD 57049-1550
Telephone No.: 605-232-0262 **Fax No.:** 605-232-3534
Internet E-Mail Address: tma@cflinc.com
Internet Website Address: N/A

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

Name: See Attached -- Exhibit A
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ **Fax No.:** _____
Internet E-Mail Address: _____
Internet Website Address: _____

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: N/A

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.

N/A

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.

Calls for Less, Inc. d/b/a CfL (Certificate #5465) provided
Payphone Service and Prepaid Calling Card Service. The Card
portion of the business has been acquired by ILD, as well as
the name Calls for Less, Inc. They granted continued use of
the name until such time as CfL, L.L.C. and CfL Payphones
could be registered and approved by all states.

The Payphone portion of CfL continues to be owned and operated
by the same Managers and Staff that were previously approved
by the Commission.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

See Attached - Exhibit B

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

See Attached - Exhibit B

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

No

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

No

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) Some Cfl, LLC equipment is capable
of allowing computer/P.C. hook-up
allowing access to email and the
internet.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: See Attached - Exhibit C

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) Company retains a staff of payphone techs throughout the U.S. There are 2 techs whose routes include FL. The Techs are accountable to the quality Control System which is over-seen by 2 full-time Technical/Installation/Maintenance Managers, who in-turn

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/TAX 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. **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 the 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:

<u>Michelle Bradshaw</u> Print Name	<u>Michelle Bradshaw</u> Signature
<u>Accounting/Office Manager</u> Title	<u>5/24/2000</u> Date
<u>605/232-0262</u> Telephone No.	<u>605/232-4195</u> Fax No.
Address:	<u>CfL, L.L.C. d/b/a CfL Payphones</u>
	<u>Attn: Michelle Bradshaw</u>
	<u>PO Box 1550 -- 725 North Derby Lane</u>
	<u>North Sioux City, SD 57049-1550</u>
	<u> </u>
	<u> </u>

****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:

Kathleen S. Jones
Print Name


Signature

Secretary/vp of Operations
Title

5/24/2000
Date

605/232-0262
Telephone No.

605/232-4195
Fax No.

Address: CfL, L.L.C. d/b/a CfL Payphones
Attn: Kathleen S. Jones
PO Box 1550 -- 725 North Derby Lane
North Sioux City, SD 57049-1550

****APPLICANT ACKNOWLEDGMENT****

Applicant: CfL, L.L.C. d/b/a CfL Payphones

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

Teresa M. Anderson
Print Name


Signature

Regulatory Affairs/Compliance
Title

5/24/2000
Date

605/232-0262 ext 212
Telephone No.

605/232-3534
Fax No.

Address: CfL, L.L.C. d/b/a CfL Payphones

Attn: Teresa M. Anderson

PO Box 1550 -- 725 North Derby Lane

North Sioux City, SD 57049-1550

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.

EXHIBIT A

CfL, LLC "CfL Payphones" -- South Dakota Organization: 4/29/98

Officers/Managers		605/232-0262 or 800/211-8602		
Timothy P Jones	President	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 220
William D Sapp	Vice President	9915 South 148th Street	Omaha, NE 68138	402/895-2202
Kathleen S Jones	Secretary/VP Operations	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 260
Allen Marsh	Treasurer	9915 South 148th Street	Omaha, NE 68138	402/895-2202

Dept./Point of Contact		605/232-0262 or 800/211-8602		
Kevin Alons	MIS	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 234
Teresa M Anderson	Regulatory Affairs/Compliance	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 212
Michelle Bradshaw	Accounting/Office Manager	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 252
Kim Jenkins	Customer Service	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	800/221-1549 ext 213
Connie Loeffler	Installation Coordinator	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 259
Tracy Prichard	Tax/Financial	PO Box 1550 - 725 North Derby Lane	North Sioux City, SD 57049	Ext 252

In-State Registered Agent				
CSC - Corporation Service Company	1201 Hays Street	Tallahassee, FL 32301	800/833-9848	

Please direct questions to:

Teresa M Anderson, Regulatory Affairs/Compliance Director
 605/232-0262 ext 212
 tma@cflinc.com

EXHIBIT B

State	State or LEC Certification/Registration Required For Payphone Service Providers	Certification/Registration status for the name Cfl, LLC d/b/a Cfl Payphones	Providing Payphone Service in:	Currently Providing Service under name Calls for Less, Inc.
1	AL	Y	Pending	AL
2	AR	Y	Pending	AR
3	AZ	Y	04/11/2000	AZ
4	CA	LEC/Register	06/07/1999	CA
5	CO	LEC/Register	07/29/1999	CO
6	CT	Y	07/05/1999	CT
7	FL	Y	Pending	FL
8	GA	Y	08/17/1999	GA
9	IA	LEC/Register	07/29/1999	IA
10	ID	PUC Register	06/27/1999	ID
11	IL	Y	02/08/2000	IL
12	IN	LEC/Register	08/04/1999	IN
13	KS	LEC/Register	01/18/2000	KS
14	KY	Y	Pending	KY
15	LA	Y	Pending	LA
16	MA	Y	Pending	MA
17	MD	PSC/Register	08/20/1999	MD
18	ME	PUC/Register	03/23/2000	ME
19	MI	PSC/Register	07/06/1999	MI
20	MN	DPS/Register	07/30/1999	MN
21	MO	Y	09/03/1999	MO
22	MS	PSC/Register	03/23/2000	MS
23	MT	PSC/Register	PSC/Registered upon installation	Pending
24	NC	Y	09/13/1999	NC
25	ND	LEC/Register	07/29/1999	Pending
26	NE	Y	Pending	NE
27	NH	Y	05/23/2000	NH
28	NJ	LEC/Register	LEC/Registered upon installation	NJ
29	NM	Y	04/10/2000	NM
30	NV	LEC/Register	LEC/Registered upon installation	NV
31	NY	PSC/Register	LEC/Registered upon installation	NY
32	OH	LEC/Register	LEC/Registered upon installation	OH
33	OK	Y	02/11/2000	OK
34	OR	LEC/Register	07/29/1999	OR
35	PA	PUC/Register	PUC/Registered upon installation	PA
36	SC	Y	Pending	SC
37	SD	N/A	07/29/1999	SD
38	TN	Y	03/01/2000	TN
39	TX	Y	01/13/2000	TX
40	UT	LEC/Register	07/29/1999	UT
41	VA	PUC/Register	07/27/1999	VA
42	VT	Y	Pending	VT
43	WA	WUTC Register	02/23/2000	WA
44	WI	LEC/Register	07/28/1999	WI
45	WV	Y	04/27/2000	WV
46	WY	LEC/Register	07/29/1999	WY

Payphones

PO Box 1550
North Sioux City, SD 57049
Telephone 605-232-0262
800-211-8602
Fax 605-232-3534

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

DEPOSIT DATE
D300 MAY 30 2000

000645-TC May 24, 2000

RE: Request Name Change - Pay Telephone Certificate 5465 (Docket No. 971050-TC)
Request Name Change - Company Code TG164
CfL, LLC (CfL Payphones) - Formerly known as Calls for Less, Inc. (CfL)
Pay Telephone Service Provider

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CfL, LLC - CfL Payphones
Teresa Anderson
PO Box 1550
North Sioux City, SD 57049-1550

Please accept this letter and the aforementioned document(s) as CfL, LLC's formal notification of name and mailing address change. I would appreciate a date stamped copy of this letter return to us by fax along with the approved Registration Form.

CFL, LLC
725 N. DERBY LANE
P.O. BOX 1550
NORTH SIOUX CITY, SD 57049
(605) 232-4112

ASHLAND STATE BANK
ASHLAND, NEBRASKA 68003
76-211/1049

CHECK NO.
00009166

DOCUMENT NUMBER-DATE
009167
MAY 28 2000
RDS/REPORTING

** ONE HUNDRED DOLLARS AND 00 CENTS **

PAY TO THE ORDER OF

FLORIDA PSC
DIV OF RECORDS/REPORTING
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-0850

DATE AMOUNT
04/28/00 *****100.00


AUTHORIZED SIGNATURE

FPSC/CMD-32 - CfL, LLC dba CfL Payphones