

C10758-TC CK 2932 \$100.00
MAY 17 2001 MC

1. Name of company or name of individual (not fictitious name or d/b/a):
DAN & TAMI POLK

2. Name under which applicant will do business (fictitious name, etc.):
POLK COMMUNICATIONS

3. Official mailing address:
Street: 8 VAN CLEVE CT. DEPOSIT DATE
P.O. Box: _____ MAY 17 2001
City: ST. LOUIS
State: MO Zip: 63114

4. Florida address:
Street: 195 NO. GLENCOE
P.O. Box: _____
City: NEW SMYRNA BEACH
State: FLORIDA Zip: 32168

5. Structure of organization:
 Individual
 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: _____

SEP _____
OCT _____
NOV _____
DEC _____
JAN _____
FEB _____
MAR _____
APR _____
MAY _____
JUN _____
JUL _____
AUG _____
SEP _____
OCT _____
NOV _____
DEC _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
06264 MAY 18 2001
FPSC-RECORDS/REPORTING