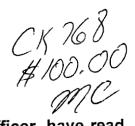
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## \*\*ACKNOWLEDGMENT\*\*



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FPSC-RECORDS, PERDRIMG

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."

	OFFICIAL:	DEPOSIT D 0 7 4 *	DATE MAY 2 9 2001
MAG Print Name	RIE B.Philhips	<u>Maaa</u> Signature	e Phillips
Title	nle (MLV)	Date	) 2 - 0 /
863 - 869 - 89540 Telephone No.		<i>863</i> − Fax No.	869-9692
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Required by Commission Rule Nos. 25-24.510 & 25-24.511

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