

1. Name of company or name of individual (not fictitious name or d/b/a):
JAROTH INC., DBA PACIFIC TELEMANAGEMENT SERVICES

2. Name under which applicant will do business (fictitious name, etc.):
PACIFIC TELEMANAGEMENT SERVICES 020534
CK017066

3. Official mailing address:
Street: 14472 WICKS BLVD \$100.00
P.O. Box: _____ MC
City: SAN LEANDRO
State: CA Zip: 94577

4. Florida address: DEPOSIT DATE
D225 JUN 20 2002
Street: _____
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: _____

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