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December 4, 2006
Via Overnight Delivery

P.O. Drawer 200
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32790-0200

Ms. Blanca Bayo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

RE: **D.C. TeleSystems, LLC** *060778-TC*
Application for a Certificate to Provide Pay Telephone Service
Within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are the original and two (2) copies of the above-referenced application to provide pay telephone service in the State of Florida on behalf of D.C. TeleSystems, LLC. Also enclosed is Secretary of State documentation for the State of Florida and a check in the amount of \$250.00 to cover the application filing fee.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided. Any questions regarding this filing may be directed to my attention at (407) 740-3004 or via email at morton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton, Consultant to
D.C. TeleSystems, LLC

RN/bc

Enclosures

cc: Barbara LaFollette, D.C. TeleSystems
file: D.C. TeleSystems - FL - Payphone
tms: FLp0600

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
11148 DEC-5 8
FPSC-COMMISSION CLERK

ORIGINAL

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is non applicable, please explain.
- C. Use a separate sheet for each answer which will not fit within the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable **application fee of \$250.00** to:

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. **This is an application for (check one):**

- Original certificate** (new company)
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.
- Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.
- Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. **Name of company:**

D.C. TeleSystems, LLC

3. **Name under which applicant will do business (fictitious name, etc.):**

D.C. TeleSystems, LLC

4. **Official mailing address:**

Street/Post Office Box: 6401 Odana Road
City: Madison
State & Zip Wisconsin 53719

5. **Florida Address:** Not applicable

Street/Post Office Box:
City:
State & Zip

6. **Structure of organization:**

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input checked="" type="checkbox"/> Other, Limited Liability Company | |

7. **If individual**, provide: Not applicable
 Name:
 Title:
 Street/Post Office Box:
 City:
 State:
 Zip:
 Telephone No.:
 Fax No.:
 E-Mail Address:
 Website Address:
8. **If incorporated in Florida, Provide proof of authority to operate in Florida:** Not applicable
9. **If foreign corporation, provide proof of authority to operate in Florida:** The Florida Secretary of State Corporate Registration Number is:

 The Applicant is a Limited Liability Company and the Florida Secretary of State Number is: M05000005304.
10. **If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, FS) to operate in Florida.** The Florida Secretary of State Fictitious Name Registration Number: Not applicable
11. **If a limited liability partnership, please provide proof of registration to operate in Florida.** The Florida Secretary of State Corporate Registration Number is: Not applicable
12. **If a partnership provide, name, title and address of all partners and a copy of the partnership agreement:** Not applicable
 Name:
 Title:
 Street/Post Office Box:
 City:
 State:
 Zip:
 Telephone No.:
 Fax No.:
 E-Mail Address:
 Website Address:
13. **If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS) if applicable.** The Florida Registration Number is:

 Not applicable
14. **Provide F.E.I. Number (if applicable):**

 20-3548337

15. Who will serve as liaison to the commission with regard to the following?

- (a) The application:
- | | |
|-------------------------|-------------------------------------|
| Name: | Robin Norton |
| Title: | Consultant to D.C. TeleSystems, LLC |
| Street/Post Office Box: | 210 N. Park Avenue |
| City: | Winter Park, Florida |
| State: | Florida |
| Zip: | 32789 |
| Telephone No.: | 407-740-3004 |
| Fax No.: | 407-740-0613 |
| E-Mail Address: | rnorton@tmnc.com |
| Website Address: | not applicable |
- (b) Official Point of Contact for ongoing company:
- | | |
|-------------------------|--------------------------|
| Name: | Barbara La Follette |
| Title: | President |
| Street/Post Office Box: | 6401 Odana Road |
| City: | Madison |
| State: | Wisconsin |
| Zip: | 53719 |
| Telephone No.: | 608-271-7707 |
| Fax No.: | 608-442-8389 |
| E-Mail Address: | barbara@dcteleystems.com |
| Website Address: | www.dcteleystems.com |
- (c) Complaints/Inquiries form Customers: Official Point of Contact for ongoing company
- | | |
|-------------------------|--------------------------|
| Name: | Barbara La Follette |
| Title: | President |
| Street/Post Office Box: | 6401 Odana Road |
| City: | Madison |
| State: | Wisconsin |
| Zip: | 53719 |
| Telephone No.: | 608-271-7707 |
| Fax No.: | 608-442-8389 |
| E-Mail Address: | barbara@dcteleystems.com |
| Website Address: | www.dcteleystems.com |

16. List the states in which the applicant:

- (a) has operated as a Pay Telephone Service provider"

The Applicant is not currently providing pay telephone service in any states.

- (b) has applications pending to be certificated as a Pay Telephone provider.

None. Applicant is in the process of obtaining inmate service provider authority with Oklahoma as well as Florida. However, Oklahoma does not regulate inmate service under their payphone rules.

- (c) is certificated to operate as a Pay Telephone Service provider.

None.

- (d) Has been denied authority to operate as a pay telephone provider and the circumstances involved.

None.

- (e) Has had regulatory penalties imposed for violations of telecommunications statutes, and the circumstances involved. Explain circumstances.

None.

- (f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None.

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (a) **adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.**

No officer, director or stockholder of the Company has been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime. No officer, director or stockholder of the Company is involved in proceedings which may result in such action.

- (b) **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.**

No

- (c) **an officer, director, partner, or stockholder 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.**

No officer, director, partner, subsidiary, or stockholder of the Company is an officer, director or stockholder in any other Florida certificated pay telephone company.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.


RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternation access vendor service in the State of Florida. I 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.

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."

COMPANY OWNER OR OFFICIAL

Print Name Barbara La Follette
Title President
Telephone No.: 608-271-7707
E-mail Address: Barbara@dctele systems.com

Signature:  Date: 11-28-06

CERTIFICATE SALE, TRANSFER
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- Sale
 - Transfer
 - Assignment
- of the certificatge

NOT APPLICABLE

COMPANY OWNER OF OFFICER

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature: _____ Date: _____

Attachment I

D.C. TeleSystems, LLC

Certificate of Authority

to transact business within the State of Florida

State of Florida

Department of State

I certify from the records of this office that D.C. TELESYSTEMS, LLC is a limited liability company organized under the laws of Wisconsin, authorized to transact business in the State of Florida, qualified on September 26, 2005.

The document number of this limited liability company is M05000005304.

I further certify that said limited liability company has paid all fees due this office through December 31, 2006, that its most recent annual report was filed on September 7, 2006, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Eighth day of September, 2006*

Sue M. Cobb

Secretary of State



Authentication ID: 000079622770-090806-M05000005304

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

www.sunbiz.org/auth.html