

FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF TELECOMMUNICATIONS

APPLICATION FORM FOR

AUTHORITY TO PROVIDE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

RECEIVED-FPSC
14 NOV -6 AM 9:14
COMMISSION
CLERK

Instructions

- A. This form is used as an application for an original certificate and for approval of transfer of an existing certificate. In the case of a transfer, the information provided shall be for the transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$500.00** to:

**Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$500.00** is required for the transfer of an existing certificate to another company.
- F. If you have questions about completing the form, contact:

COM _____
AFD _____
APA _____
ECO _____
ENG _____
GCL _____
IDM _____
TEL 1
CLK _____

**Florida Public Service Commission
Office of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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

Initials of person who forwarded check
[Handwritten Signature]

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 of authority rather than apply for a new certificate.

2. Name of company: Discount CLEC Service Corporation

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

Discount CLEC Services Corporation

4. Official mailing address:

Street/Post Office Box: 650 E Palisade Av, Ste 101

City: Englewood Cliffs

State: New Jersey

Zip: 07632

5. Florida address:

Street/Post Office Box: 1200 S Pine Island Rd

City: Plantation

State: FL

Zip: 33324

6. Structure of organization:

Individual

Foreign Corporation

General Partnership

Other, please specify:

Corporation

Foreign Partnership

Limited Partnership

If individual, provide:

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

7. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
8. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F1400004379
9. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:
10. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
11. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

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

12. **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:

13. Provide **F.E.I. Number**: 27-3649977

14. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Michael Tague
Title: Consultant
Street Name & Number:
Post Office Box: PO Box 4189
City: Louisville
State: KY
Zip: 40202
Telephone No.: 502-815-7171
Fax No.: 502-815-7001
E-Mail Address: tague@AmericanCLEC.com
Website Address: www.AmericanCLEC.com

(b) Official point of contact for the ongoing operations of the company:

Name: John Cory
Title: President
Street Name & Number: 650 E Palisade Av, Ste 101
Post Office Box:
City: Englewood Cliffs
State: NJ
Zip: 07632
Telephone No.: 866-234-8160
Fax No.:
E-Mail Address: jcory@nj.rr.com
Website Address:

(c) Where will you officially designate as your place of publicly publishing your schedule (a/k/a tariffs or price lists)?

- Florida Public Service Commission
- Website – *Website address*:
- Other – *Please provide address*:

15. List the states in which the applicant:

(a) has operated as a telecommunications company.

New Jersey and Pennsylvania

(b) has applications pending to be certificated as a telecommunications company.

None

(c) is certificated to operate as a telecommunications company.

New Jersey and Pennsylvania

(d) has been denied authority to operate as a telecommunications company and the circumstances involved.

None

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with another telecommunications entity, and the circumstances involved.

None

16. Have any of the officers, directors, or any of the ten largest stockholders 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. Yes No

If yes, provide explanation.

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates). Yes No

If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. Yes No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.

17. Submit the following:

(a) **Managerial capability:** resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

(b) **Technical capability:** resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

(c) **Financial Capability:** applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: *It is the applicant's burden to demonstrate that it possesses adequate managerial capability, technical capability, and financial capability. Additional supporting information can be supplied at the discretion of the applicant.*

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 telecommunications company service in Florida.

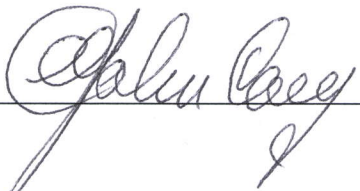
APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide telecommunications company 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.***"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: John Cory
Title: President
Telephone No.: 866-234-8160
E-Mail Address: jcory@nj.rr.com

Signature:  Date: 10/29/14

CERTIFICATE TRANSFER

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

COMPANY OWNER OR OFFICER

Print Name: _____

Title: _____

Street/Post Office Box: _____

City: _____

State: _____

Zip: _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

Signature: _____ Date: _____

Discount CLEC Services Corporation

October 2014

Florida Public Service Commission

Re: Response to question 17

- a) Managerial capability. Following is the resume of John Cory, President of Discount CLEC Services Corporation.

- b) Technical capability. Following is a letter from Dave Levenson of Westmark Enterprises stating his permission for us to use his resume which is followed by his resume. Dave handles all technical maintenance for us.

- c) Financial capability. Financial Statements: Income Statement, Balance, Sheet, and Statement of Retained earnings (on Balance sheet) are included for 2012 and 2013. Due to limitations of our accounting system, financial statements are not available for 2011, but we have included the 2011 tax return.

Sincerely,

A handwritten signature in blue ink that reads "Michael Tague". The signature is written in a cursive style with a long horizontal flourish extending from the end of the name.

Michael Tague

John Cory

1500 Palisade Ave., Fort Lee, NJ 07024
Phone (201) 947-8215 Cellphone (201) 669-6500
Email jcory @ nj.rr.com

Friday, October 31, 2014

RESUME

Date of Birth-11/9/1950

Residence-1500 Palisade Ave. Apt. 8A, Fort Lee, NJ 07024-for 34 years

Health-Excellent

WORK EXPERIENCE

1982-present-Owner Tenny Journal Printers, New York, NY
Specialty printing broker to charitable organizations

2010-present-Owner Payphone Operations Corp., New York, NY
Manager of payphones for eight independent payphone providers in
8 states. Involved in all facets of operation such as repair, collections,
Interaction with line providers.

2014-present-Owner, President Discount CLEC Services Corporation (DCSC),
Englewood Cliffs, NJ
President and manager of DCSC, a CLEC currently operating in the states of
New Jersey with approximately 900 lines and in Pennsylvania with
approximately 450 lines.

WESTMARK ENTERPRISES, LLC

www.westmark.com
908.647.0900

To: Florida Public Service Commission

I hereby authorize Discount CLEC Services Corporation (DCSC) to submit my resume as part of its application for Authority to Provide Telecommunications Company Service within the state of Florida. I, through my company Westmark Enterprises, contract with DCSC and its parent Payphone Operations to provide Technical Maintenance for their telephone and CLEC services.

Sincerely,



Dave Levenson,
Managing Member

WESTMARK ENTERPRISES, LLC

**David Levenson,
Managing Member**

dave@westmark.com

908.647.0900

I have designed and engineered voice and data communications systems for numerous employers and customers since 1969.

As an employee of Litton Industries, I designed retail point-of-sale equipment including multi-site networks. These networks typically collected sales and inventory data, used leased or dial-up synchronous modems, and provided software emulation of IBM 3780 or 3270 data terminals to pass the collected data to customer-maintained mainframe computer systems.

As a consultant to several interconnect telephone vendors, I designed and engineered numerous customer premise wiring and switching systems. I became adept at troubleshooting and repairing these systems, and in traffic engineering and switch administration.

At AT&T Bell Laboratories, I became familiar with step-by-step, number five crossbar, and ESS central office equipment. I participated in the design of adjunct processing and operations support systems for these technologies. I also participated in the design and development of several PBX products.

As an independent payphone provider, I became familiar with outside distribution plant as well as coin-operated premise equipment. As the owner of a pay phone company, I developed operations support systems to collect and maintain call detail records, manage trouble tickets; schedule field work, and generate reporting for FCC and dial-around compensation requirements. I consult for other payphone service providers, and assist in programming phones, routing calls, and managing trouble tickets.

As a field-service technician, I have installed, configured, and tested numerous modems, routers, switches, and connected CPE. I have installed and repaired premise voice and data wiring, both copper and fiber.

I currently sell a set of VoIP-based voice services to payphone service providers and small businesses. I am familiar with SIP and RTP Internet protocols. I manage Asterisk telephony servers for several small businesses.

PAYPHONE OPERATIONS, INC.
Income Statement
For the Twelve Months Ending December 31, 2013

	Current Month		Year to Date	
Revenues				
COIN INCOME	\$ 222,314.50	12.27	\$ 222,314.50	12.27
DIAL A ROUND COMPENSATION	1,468,626.73	81.05	1,468,626.73	81.05
OPERATOR ASSIST INCOME-LEGACY	24,568.41	1.36	24,568.41	1.36
PHONE SERVICES BILLED	41,905.98	2.31	41,905.98	2.31
OTHER INCOME	15,211.99	0.84	15,211.99	0.84
TENNY JOURNAL SPECIALISTS	39,465.15	2.18	39,465.15	2.18
	<hr/>		<hr/>	
Total Revenues	1,812,092.76	100.00	1,812,092.76	100.00
Cost of Sales				
LEC LINE EXPENSE	800,226.47	44.16	800,226.47	44.16
LINE COLLECTION/REPAIR EXPENSE	192,321.73	10.61	192,321.73	10.61
COMMISSION EXPENSE	14,745.47	0.81	14,745.47	0.81
PERMITS AND GOVT. FEES	2,680.00	0.15	2,680.00	0.15
	<hr/>		<hr/>	
Total Cost of Sales	1,009,973.67	55.74	1,009,973.67	55.74
Gross Profit	802,119.09	44.26	802,119.09	44.26
Expenses				
TENNY JOURNAL EXPENSES	15,448.65	0.85	15,448.65	0.85
COMPUTER CONSULTATION	54,782.00	3.02	54,782.00	3.02
WAGES EXPENSE	541,936.85	29.91	541,936.85	29.91
RENT EXPENSE	12,554.27	0.69	12,554.27	0.69
OFFICE EXPENSES	3,329.68	0.18	3,329.68	0.18
TELEPHONE EXPENSE	19.90	0.00	19.90	0.00
INTEREST	0.00	0.00	0.00	0.00
TRAVEL AND ENTERTAINMENT	35,644.62	1.97	35,644.62	1.97
PRINTING EXPENSE	0.00	0.00	0.00	0.00
BANK CHARGES	100.00	0.01	100.00	0.01
PROFESSIONAL FEES	5,975.00	0.33	5,975.00	0.33
INSURANCE EXPENSE	0.00	0.00	0.00	0.00
MISC. EXPENSE	2,306.24	0.13	2,306.24	0.13
TAX EXPENSE	992.04	0.05	992.04	0.05
DEPRECIATION EXPENSE	0.00	0.00	0.00	0.00
	<hr/>		<hr/>	
Total Expenses	673,089.25	37.14	673,089.25	37.14
Net Income	\$ 129,029.84	7.12	\$ 129,029.84	7.12

For Management Purposes Only

PAYPHONE OPERATIONS, INC.

Balance Sheet
December 31, 2013

ASSETS

Current Assets		
CASH IN BANK-BONJ	\$	203,335.56
ORIGINAL PURCHASE		145,189.02
TELEPHONE PURCHASES		65,000.00
CLEC		3,000.00
SECURITY DEPOSITS		6,770.97
		<hr/>
Total Current Assets		423,295.55
Property and Equipment		
		<hr/>
Total Property and Equipment		0.00
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u>423,295.55</u>

LIABILITIES AND CAPITAL

Current Liabilities		
ACCOUNTS PAYABLE	\$	91,894.00
		<hr/>
Total Current Liabilities		91,894.00
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		91,894.00
Capital		
RETAINED EARNINGS		237,651.27
Net Income		93,750.28
		<hr/>
Total Capital		331,401.55
		<hr/>
Total Liabilities & Capital	\$	<u>423,295.55</u>

Unaudited - For Management Purposes Only

PAYPHONE OPERATIONS, INC.
Income Statement
For the Twelve Months Ending December 31, 2012

	Current Month		Year to Date	
Revenues				
COIN INCOME	\$ 0.00	0.00	\$ 0.00	0.00
DIAL A ROUND COMPENSATION	545,331.97	91.74	545,331.97	91.74
OPERATOR ASSIST INCOME-LEGA	10,142.39	1.71	10,142.39	1.71
PHONE SERVICES BILLED	25,362.10	4.27	25,362.10	4.27
OTHER INCOME	13,578.29	2.28	13,578.29	2.28
TENNY JOURNAL SPECIALISTS	0.00	0.00	0.00	0.00
	<hr/>		<hr/>	
Total Revenues	594,414.75	100.00	594,414.75	100.00
	<hr/>		<hr/>	
Cost of Sales				
LEC LINE EXPENSE	265,149.68	44.61	265,149.68	44.61
LINE COLLECTION/REPAIR EXPEN	186,601.36	31.39	186,601.36	31.39
COMMISSION EXPENSE	9,970.00	1.68	9,970.00	1.68
PERMITS AND GOVT. FEES	600.00	0.10	600.00	0.10
	<hr/>		<hr/>	
Total Cost of Sales	462,321.04	77.78	462,321.04	77.78
	<hr/>		<hr/>	
Gross Profit	132,093.71	22.22	132,093.71	22.22
	<hr/>		<hr/>	
Expenses				
TENNY JOURNAL EXPENSES	0.00	0.00	0.00	0.00
COMPUTER CONSULTATION	0.00	0.00	0.00	0.00
WAGES EXPENSE	20,300.00	3.42	20,300.00	3.42
RENT EXPENSE	18,512.24	3.11	18,512.24	3.11
OFFICE EXPENSES	10,487.17	1.76	10,487.17	1.76
TELEPHONE EXPENSE	0.00	0.00	0.00	0.00
INTEREST	24,180.00	4.07	24,180.00	4.07
TRAVEL AND ENTERTAINMENT	0.00	0.00	0.00	0.00
PRINTING EXPENSE	0.00	0.00	0.00	0.00
BANK CHARGES	1,105.00	0.19	1,105.00	0.19
PROFESSIONAL FEES	3,197.00	0.54	3,197.00	0.54
INSURANCE EXPENSE	(20.00)	0.00	(20.00)	0.00
MISC. EXPENSE	9.77	0.00	9.77	0.00
TAX EXPENSE	0.00	0.00	0.00	0.00
DEPRECIATION EXPENSE	0.00	0.00	0.00	0.00
	<hr/>		<hr/>	
Total Expenses	77,771.18	13.08	77,771.18	13.08
	<hr/>		<hr/>	
Net Income	\$ 54,322.53	9.14	\$ 54,322.53	9.14
	<hr/>		<hr/>	

PAYPHONE OPERATIONS, INC.

Balance Sheet

December 31, 2012

ASSETS

Current Assets

CHECKING ACCOUNT TD BANK	\$	(73.96)
ORIGINAL PURCHASE		145,189.02
TELEPHONE PURCHASES		65,000.00
SECURITY DEPOSITS		6,770.97

Total Current Assets		216,886.03
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Property and Equipment

Total Property and Equipment		0.00
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Other Assets

Total Other Assets		0.00
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Total Assets	\$	<u>216,886.03</u>
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LIABILITIES AND CAPITAL

Current Liabilities

EXCHANGE (LOAN TO/FR OFFICER)	\$	122,620.32
ACCOUNTS PAYABLE		91,894.00

Total Current Liabilities		214,514.32
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Long-Term Liabilities

Total Long-Term Liabilities		0.00
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Total Liabilities		214,514.32
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Capital

RETAINED EARNINGS		(16,671.26)
Net Income		19,042.97

Total Capital		<u>2,371.71</u>
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Total Liabilities & Capital	\$	<u>216,886.03</u>
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**U.S. Corporation Income Tax Declaration
for an IRS e-file Return**

Department of the Treasury
Internal Revenue Service

File electronically with the corporation's tax return. Do not file paper copies.

2011

For calendar year 2011, or tax year beginning Jan 1, 2011, ending Dec 31, 2011

Name of corporation

Payphone Operations, Inc.

Employer identification number

27-3220673

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	70,258.
2	Taxable income (Form 1120, line 30)	2	-4,944.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration of Officer (see instructions) **Be sure to keep a copy of the corporation's tax return.**

- a I consent that the corporation's refund be directly deposited as designated on the Form 8050, Direct Deposit of Corporate Tax Refund, that will be electronically transmitted with the corporation's 2011 federal income tax return.
- b I do not want direct deposit of the corporation's refund or the corporation is not receiving a refund.
- c I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If the corporation is filing a balance due return, I understand that if the IRS does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2011 federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted; and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here

Signature of officer

03/15/12
Date

General Manager
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above corporation's return and that the entries on Form 8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

U.S. Corporation Income Tax Return
For calendar year 2011 or tax year beginning _____, 2011, ending _____,
▶ See separate instructions.

A Check if:		Name Payphone Operations, Inc.	B Employer identification number 27-3220673
1 a Consolidated return (attach Form 951) <input type="checkbox"/>	TYPE OR PRINT	Number, street, and room or suite number. If a P.O. box, see instructions. PO Box 2393	C Date incorporated 12/01/2010
b Life/nonlife consolidated return <input type="checkbox"/>		City or town State ZIP code New York NY 10163	D Total assets (see instructions) \$ 214,146.
2 Personal holding co (attach Sch PH) <input type="checkbox"/>			
3 Personal service corp (see instrs) <input type="checkbox"/>			
4 Schedule M-3 attached <input type="checkbox"/>	E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change		

I N C O M E	1 a Merchant card and third-party payments. For 2011, enter -0-	1 a	0.
	b Gross receipts or sales not reported on line 1a (see instructions)	1 b	53,484.
	c Total. Add lines 1a and 1b	1 c	53,484.
	d Returns and allowances plus any other adjustments (see instructions)	1 d	
	e Subtract line 1d from line 1c	1 e	53,484.
	2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A)	2	315,164.
	3 Gross profit. Subtract line 2 from line 1e	3	-261,680.
	4 Dividends (Schedule C, line 19)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
8 Capital gain net income (attach Schedule D (Form 1120))	8		
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions — attach schedule) See Other Income Statement	10	331,938.	
11 Total income. Add lines 3 through 10 ▶	11	70,258.	
D E D U C T I O N S S E E I N S T R U C T I O N S	12 Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E) ▶	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	
	15 Bad debts	15	
	16 Rents	16	4,622.
	17 Taxes and licenses	17	75.
	18 Interest	18	38,946.
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc, plans	23	
	24 Employee benefit programs	24	
	25 Domestic production activities deduction (attach Form 8903)	25	
26 Other deductions (attach schedule) . See Other Deductions Statement	26	31,559.	
27 Total deductions. Add lines 12 through 26. ▶	27	75,202.	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-4,944.	
29 a Net operating loss deduction (see instructions)	29 a		
	b Special deductions (Schedule C, line 20)	29 b	
	c Add lines 29a and 29b	29 c	
T X R S R E F U N D A B L E	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	-4,944.
	31 Total tax (Schedule J, Part I, line 11)	31	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
36 Enter amount from line 35 you want: Credited to 2012 estimated tax . . . ▶ Refunded ▶	36		

Sign Here ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: **03/15/12** Title: **General Manager**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name: **Self-Prepared** Firm's EIN: _____

Firm's address: _____ Phone no.: _____

Check if self-employed PTIN: _____

Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries.		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4. ▶			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b. ▶			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5 a	
	b Credit from Form 8834, line 30 (attach Form 8834)	5 b	
	c General business credit (attach Form 3800)	5 c	
	d Credit for prior year minimum tax (attach Form 8827)	5 d	
	e Bond credits from Form 8912	5 e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9 a	
	b Recapture of low-income housing credit (attach Form 8611)	9 b	
	c Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9 c	
	d Interest due under the look-back method - income forecast method (attach Form 8866)	9 d	
	e Alternative tax on qualifying shipping activities (attach Form 8902)	9 e	
	f Other (see instructions - attach schedule)	9 f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11

Part II - Payments and Refundable Credits

12	2010 overpayment credited to 2011		12
13	2011 estimated tax payments		13
14	2011 refund applied for on Form 4466		14
15	Combine lines 12, 13, and 14		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions)		17
18	Total payments. Add lines 15, 16 and 17		18
19	Refundable credits from:		
	a Form 2439	19 a	
	b Form 4136	19 b	
	c Form 3800, line 17c and Form 8827, line 8c	19 c	
	d Other (attach schedule - see instructions)	19 d	
20	Total credits. Add lines 19a through 19d		20
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21

Schedule K Other Information (see instructions)

	Yes	No
1 Check accounting method a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the:		
a Business activity code no. ▶ 517000		
b Business activity ▶ Other Service		
c Product or service ▶ Pay Telephone Management		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶		X
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b Did any individual or estate own, directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.

Table with Yes/No columns for question 5a. 'No' is checked.

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.

Table with Yes/No columns for question 5b. 'No' is checked.

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

Table with Yes/No columns for question 6. 'No' is checked.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If 'Yes,' enter:

(i) Percentage owned and (ii) Owner's country

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

Table with Yes/No columns for question 7. 'No' is checked.

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount

If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 6

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$

13 Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value property distributions (other than cash) made during the tax year. \$

Table with Yes/No columns for questions 8, 9, 10, 11, 12, 13. 'No' is checked for 13.

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? If 'Yes,' complete and attach Schedule UTP.

15 a Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?

b If 'Yes,' did or will the corporation file all required Forms 1099?

Table with Yes/No columns for questions 14 and 15. 'No' is checked for 14 and 15a.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				- 443 .
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule) . Ln. 9. Stmt.				214,589 .
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets				214,146 .
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach sch) . Ln. 18 Stmt.				26,438 .
19	Loans from shareholders				192,652 .
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings — Approp (att sch)				
25	Retained earnings — Unappropriated				- 4,944 .
26	Adjmnt to shareholders' equity (att sch)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity				214,146 .

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books	- 4,944 .	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize):			_____	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation . \$ _____	
b	Charitable contributions . \$ _____		b	Charitable contribns \$ _____	
c	Travel & entertainment . \$ _____			_____	
	_____			_____	
6	Add lines 1 through 5	- 4,944 .	9	Add lines 7 and 8	
			10	Income (page 1, line 28) — line 6 less line 9	- 4,944 .

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year		5	Distributions a Cash	
2	Net income (loss) per books	- 4,944 .		b Stock _____ c Property	
3	Other increases (itemize): _____		6	Other decreases (itemize): _____	
	_____			_____	
4	Add lines 1, 2, and 3	- 4,944 .	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	- 4,944 .