

TENNESSEE REGULATORY AUTHORITY

Executive Secretary

Sara Kyle, Chairman
Lynn Greer, Director
Melvin Malone, Director



PAID T.R.A.	
Chk #	24499
Amount	25.00
Director Rcvd By	JP
Date	6-18-02
460 James Robertson Parkway Nashville, Tennessee 37243-0505	

APPLICATION FOR AUTHORITY TO PROVIDE CUSTOMER-OWNED COIN (OR COINLESS) OPERATED TELEPHONE SERVICE IN TENNESSEE (RULE 1220-4-2-.43 TO .54) SECTION A

Company ID Number _____ Docket Number _____
(To Be filled out by the TRA)

Part 1: General Information

Name of Applicant CENTRAL TELEPHONE INC

Address 1505 S GRANT ST. P.O. Box 25

State Goldendale, WA Zip Code 98620 Phone No: 509-773-4472

Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday.

Richard Stevens 509-773-4472
Name Telephone

1505 S Grant St Goldendale WA 98620
Address City State Zip

Mail the completed application and a check for \$25.00 to: Tennessee Regulatory Authority, 460 James Robertson Parkway, Nashville 37243-0505. Should you have any questions please call Dee Audrain at (615)741-2904, Ext. 217.

Toll Free 1-800-342-8359

Facsimile (615) 741-2336

JP
509-773-6113

VOUCHER NO. 777282483
OR CS 24499 SRC. 281.03
AMT. REC. 25.00
DEPOSIT DATE 6-19-02

Joanne Meach
SECRETARY

Part II Organization Structure

A. Type of Organization:

_____ Individual X Corporation
_____ Partnership _____ Other (Explain on separate sheet)

B. If Partnership and/or Non-resident:

- (1) Attach a copy of Articles of Incorporation and current by-laws.
- (2) Attach a copy of Certification of Authority issued by the Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.
- (3) All others must have current business license. - *Individuals only need this one*

Part III Financial Information

A. Attach a current financial statement showing in detail applicant's financial condition, including a balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year

Part IV Repair and Maintenance Information

A. Describe the Pay Phone instrument to be installed

Elcotel-Quortech Series 5
Manufacturer Model Number FCC Number

315 Waugh Blvd Orange VA 22960
Manufacturer's Address City State

Manufacturer Model Number FCC Number

Manufacturer's Address City State

Manufacturer Model Number FCC Number

Manufacturer's Address City State

(Attach additional sheets if additional space is required)

Part IV (cont.)

B. Maintenance of COCOT

(1) How does applicant intend to service and maintain COCOTS

- ☐ Personally
☐ Full-time Technician
☐ Part-time Technician
☒ Service/repair contract with 3rd party

(2) Identify names and qualifications of the party/parties responsible for service and repair of COCOTS

Jason Garret 865-389-4162
2922 Gary Hendrix
Knoxville, TN 37931 10 years + experience with payphones

Part V Display Card

- A. Attach a copy of the display card to be posted on the pay telephone. The card must contain all required information listed in the attached Rule (1220-4-2-.49, F).
B. An example of a TRA approved display card is below:



Local calls Deposit coins before dialing
Other calls See instruction below

SOS dial 911 for Emergency help
SOS marque 911 para Emergencia
This location is: _____
Este local: _____

Llamadas locales Deposite monedas antes de marcar

Otras llamadas Véase instrucciones abajo

T.R.A. Number _____ (Co. ID #)

← Directors will assign the

CASH CALLS Within this Area Code.....Dial Number Outside this Area Code.....1 + Area Code + Number Outside this Service Area..... is the Carrier	FREE CALLS REFUND/Service.....211 or Toll Free..... 950.....
CALLING CARD & COLLECT CALLS All Calls.....0 + Area Code + Number Within this service area..... is the Carrier Outside this service area..... is the Carrier	DIRECTORY ASSISTANCE Local Area Code.....411 Outside Area Code.....1 + Area Code + 555 + Number
OPERATOR ASSISTANCE Person to Person, Third Party Billed, Rate Quotes Within this service area..... Outside this service area.....	CABLE + wireless OPTICOM 1-800-876-1300 Federal Communications Commission Common Carrier Bureau, Enforcement Division 1913 M St. N.E., Washington, D.C. 20554

← must have

need ear for long distance

This phone gives access to all Long Distance Carriers. Consult your carrier for dialing and rate information. Local calls by 1010XXX or calling party or DRH may cost more than directly dialing the call. Surcharged may apply to Calling Card & Operator Assisted Calls.

Part VI Registration Fee

A. The initial fee for COCOT registration will consist of the following:

* A one time processing fee of \$25.00 per company (TCA 65-2-103)

B. After the initial COCOT registration, the Tennessee Regulatory Authority must be notified by the 10th of the month, of all new COCOT additions. The fee for each new addition is \$10.00 (TCA 65-4-301). This fee will pay for processing the order. Attached is a copy of the required monthly report form.

C. Failure to pay the required fees will result in the disconnection of your COCOT service (Rule 1220-4-2-.47).

D. All correspondence must be mailed to:

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

Inter-Exchange Carriers' Preferred Manner of Access

This is to inform all authorized COCOT providers that access to inter-exchange carriers must be provided by the manner listed below (Rule 1220-4-42-.45, section 10)

<u>Inter-Exchange Carrier (IXC)</u>	<u>Required Manner of Access</u>
AT&T	1010-288-0
US Sprint	1-800-877-8000
MCI	1-800-950-1022

Failure to provide IXC access, as listed above, will result in immediate disconnection of COCOT service (Rule 1220-4-2-.49, section K).

Part VII Rule Compliance Agreement

A. The Customer Owned Coin or Coinless Operated Telephone (COCOT) authorization applicant, hereby, affirms the following:

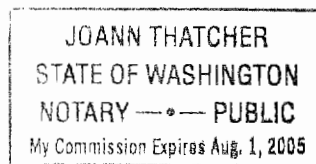
- * Has received, read and understands the Tennessee Regulatory Authority's (TRA) COCOT Rules and Regulations...
- * Understands the penalties for non-compliance, and all associated fees to provide COCOT service.
- * Will comply with the TRA COCOT rules and all applicable state laws, including Public Chapter 675 (Appendix E)...
- * Will submit to the TRA monthly reports indicating any COCOT addition accompanied with the proper fee...
- * That all information provided in the attached COCOT registration document is true to the best of my knowledge...

Richard Stevens 6-14-02
Applicant Name Date

Subscribed and Sworn before me this 14 day, of 2002

Joann Thatcher
Notary Public

My Commission expires the 1 day of Aug., 2005



SEAL

DATA REQUIRED FOR AUTHORIZATION

(1) See attached sheet (Exhibit A)

(2) a. Richard Stevens

P.O. Box 25

1505 S Grant St

Goldendale, WA 98620

b. See attached sheet (Exhibit B) Articles of Incorporation

c. See attached sheet (Exhibit C) Financial Statement

d. Jason Garret

2922 Gary Hendrix

Knoxville, TN 37931

865-389-4162

e. Same as above for repair and maintenance. Refunds will be issued by Central Telephone Inc. P.O. Box 25, Goldendale, WA 98620

f. See attached Display card (Exhibit D)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 05/17/02
REQUEST NUMBER: 4506-1333
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 05/16/02 0958
EFFECTIVE DATE/TIME: 05/16/02 0958
CONTROL NUMBER: 0427059

TO:
CENTRAL TELEPHONE INC
1505 S GRANT STREET
GOLDENDALE, WA 98620

RE:
CENTRAL TELEPHONE INC
APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE
ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS
OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED
AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

ON DATE: 05/02/02

FROM:
CENTRAL TELEPHONE, INC
PO BOX 718

GODENDALE, WA 98620-0000

	FEES	
RECEIVED:	\$600.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$600.00

RECEIPT NUMBER: 00003078882
ACCOUNT NUMBER: 00395564



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

State of Tennessee



Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
CERTIFICATE OF AUTHORITY
(FOR PROFIT)

SECRETARY OF STATE

2002 MAY 1

For Office Use Only

AM 9:59

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is CENTRAL TELEPHONE INC

*If different, the name under which the certificate of authority is to be obtained is _____

[NOTES: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. *If obtaining a certificate of authority under a different corporate name, an application for registration of an assumed corporate name must be filed pursuant to Section 48-14-101(d) with an additional \$20.00 fee.]

2. The state or country under whose law it is incorporated is WASHINGTON

3. The date of its incorporation is MARCH 15, 1997 (must be month, day, and year), and the period of duration, if other than perpetual, is _____

4. The complete street address (including zip code) of its principal office is
1505 S GRANT ST GOLDENDALE, WA 98620

Street

City

State/Country

Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee and the name of its registered agent is

1900 CHURCH STRET SUITE 400 NASHVILLE, TN 37203

Street

City

State/Country

Zip Code

Registered Agent NATIONAL REGISTERED AGENTS INC

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

RICHARD STEVENS, PRESIDENT 1505 S GRANT ST GOLDENDALE, WA 98620

IONE STEVENS, SEC/TREAS 1505 S GRANT ST GOLDENDALE, WA 98620

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.) NONE

8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) AS SOON AS APPROVED.

9. The corporation is a corporation for profit.

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is

_____, _____ (date), _____ (time).

[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]

[NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.]

4-17-2002

Signature Date

PRESIDENT

Signer's Capacity

CENTRAL TELEPHONE INC

Name of Corporation

Signature

Name (typed or printed)

RDA 1678

ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Washington Business Corporation Act, RCW 23B, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Central Telephone, Inc.

ARTICLE II

The term of existence shall be perpetual

ARTICLE III

The purposes for which the corporation is organized are:

To provide pay telephones at various locations. To borrow money and purchase assets as needed in the furtherance of business.

ARTICLE IV

The name of the Registered Agent of the corporation is:

Richard C. Stevens

The street address of the Registered Office, which is also the address of the Registered Agent, is as follows:

604 S. Columbus, Goldendale, Wa 98620

The post office box number which may be used in conjunction with the Registered Agent address, located in the same city, is:

Box 718, Goldendale, Wa 98620

ARTICLE V

The aggregate number of shares which the corporation shall have authority to issue: 10,000

ARTICLE VI

If such shares are to be divided into classes, the number of shares in each class is as follows: N/A

If shares are divided into classes, the statement as to designation of class preferences, limitations and relative rights in respect to the shares of each class is as follows: N/A

ARTICLE VII

If preferred shares or special class in series are to be issued, the statement as to designation of each series, variations in the relative rights and preferences between series is as follows: N/A

ARTICLE VIII

The following is the statement of the authority, if any, to be vested in the board of directors to establish series, to fix and determine the variation in relative rights and preferences between series: N/A

ARTICLE IX

Any provisions for limiting or denying shareholders preemptive rights to acquire additional shares of the corporation are as follows: N/A

ARTICLE X

The number of directors constituting the initial board of directors of the corporation is two. The names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and shall qualify are:

NAME ADDRESS (street, city, state and zip code)

DIRECTOR Richard C. Stevens, 321 High N.W., Goldendale, Wa 98620

DIRECTOR Ione Stevens, 321 High N.W., Goldendale, Wa 98620

DIRECTOR_

DIRECTOR_

DIRECTOR_

ARTICLE XI

The name and address of each incorporator is as follows:

NAME ADDRESS (street, city, state and zip code)

Richard C. Stevens, 321 High N.W., Goldendale, Wa 98620

Ione Stevens, 321 High N.W., Goldendale, Wa 98620

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IN WITNESS WHEREOF each incorporator has affixed his/her signature below on this October 22, 1990.

Richard C. Stevens

Richard C. Stevens, Incorporator

Ione A. Stevens

Ione Stevens, Incorporator

, Incorporator

, Incorporator

, Incorporator