



210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

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

March 23, 2005  
*Via Overnight Delivery*

Mr. Patrick Miller, Chairman  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243

ATTN: Ms. Sharla Dillon, Docket Office

RE: Application of **Public Communications Services, Inc.**  
for Certificate to Provide Operator Services and/or Resell Telecommunication Services  
in Tennessee

PAID T.R.A.	
Chk #	40156
Amount	50.00
Rcvd By	JP
Date	3-24-05

05-00082

Dear Mr. Miller:

Enclosed please find an original and one (1) copy of the application of Public Communications Services, Inc. for Certificate to Provide Operator Services and/or Resell Telecommunications Services in Tennessee. Also enclosed with this application and proposed tariff is Tennessee's Small and Minority-Owned Telecommunications Business Participation Plan.

Appendix V of this application contains the financial statements of ITI Inmate Telephone, Inc. This material is included with this application under separate seal and is to be treated as "confidential." Please handle in accordance with your established procedures for confidential material. The Company respectfully requests the earliest possible effective date for this filing.

The company understands the bond requirement and will be providing a bond in the near future.

Also enclosed please find our check in the amount of \$50.00 to cover the 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 you may have pertaining to this filing may be directed to me at (407) 740-8575 or via email at [mbyrnes@tminc.com](mailto:mbyrnes@tminc.com). Thank you for your assistance.

Sincerely,

Monique Byrnes  
Consultant to Public Communications Services, Inc.  
I

Enclosures

cc: T. Joe, PCS  
file: PCS - TN  
tms: TNn0500

**APPLICATION FOR CERTIFICATE  
TO RESELL INTEREXCHANGE  
TELECOMMUNICATION SERVICES IN TENNESSEE  
SECTION A**

Application is hereby made for a certificate of authority pursuant to TRA Rule 1220-4-2.57 to provide telecommunications services in the State of Tennessee.

**Part 1: General Information**

**A. Name of Applicant:**  
Public Communications Services, Inc.  
11859 Wilshire Boulevard, Suite 600  
Los Angeles, CA 90025  
Telephone: 310-231-1000  
Facsimile: 310-954-2118  
Toll Free: 800-350-1000

**Tennessee Secretary of State Certificate of Authority ID#:**

**Federal Taxpayer ID Number:**  
88-0336762

**Social Security # for Applicants Applying as Individuals:**  
Not Applicable.

**Any trade name(s), assumed name(s) or fictitious name(s) used by applicant:**  
Not Applicable.

**If applicant has affiliate(s) engaging in providing telecommunications services, provide the above requested information for each affiliate(s), as well as for the applicant.**  
Not Applicable. Public Communications Services, Inc. is a stand-alone Florida limited liability company and does not have any affiliate organizations.

**\*\*\*IMPORTANT INFORMATION\*\*\***

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.**

<b>THIS SECTION FOR TRA USE ONLY</b>	
Docket Number: <u>05-00082</u>	Company ID Number: <u>128943</u>
	Date Approved: _____
	Evaluator: _____

**Part 1: General Information, (Cont'd.)**

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address:**

Not applicable.

- C. Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:**

- (a) The proprietor, if the applicant is an individual;**
- (b) Every member, if the applicant is a partnership;**
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information.)**
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.**

Management profiles of Public Communications Services, Inc.'s key executives are submitted as **Exhibit I**.

- D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? If yes, please explain fully.**

☐ Yes                      ☒ No

- E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five Percent (5%) more shareholders or beneficiaries (of a trust)? If yes, please explain fully.**

☐ Yes                      ☒ No

- 1- Had the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? If yes, please explain fully.**

☐ Yes                      ☒ No

- F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. (Use additional pages if necessary)**

☐ Yes                      ☒ No

**Part 1: General Information, (Cont'd.)**

- G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been convicted of any crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, five details, state results and final outcome.**

☐ Yes ☒ No

- 1- Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?**

☐ Yes ☒ No

- H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.**

Tommie Joe, Director of Operations  
Public Communications Services, Inc.  
11859 Wilshire Boulevard, Suite 600  
Los Angeles, CA 90025  
Telephone: 310-954-3037  
Facsimile: 310-954-2118  
Email: tjoe@teampcs.com

*Keeshla  
X5419*

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

Monique Byrnes, Consultant to Public Communications Services, Inc.  
Technologies Management, Inc.  
210 North Park Avenue  
Winter Park, FL 32789  
Telephone: 407-740-8575  
Facsimile: 407-740-0613

- I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.**

Customers may reach the company at the toll-free customer service number, 888-288-9879 which will be provided on each invoice for service. In addition, customers may contact the company in writing at Public Communications Services, Inc., 11859 Wilshire Boulevard, Suite 600, Los Angeles, CA 90025.

**Part 1: General Information, (Cont'd.)**

- J. Provide the name and address of the registered agent for service of process:**
- K. Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other business conducted by the agent at the same location.**

The Company does not have any authorized agents in Tennessee at this time.

**Part II - Service**

- A. Check the type of telecommunication services you plan to provide in Tennessee.**
- ☐ Resell Interexchange long distance services
  - ☐ Resell Local Exchange services
  - ☐ Operator Services
  - ☒ Other: Operator services to inmate confinement facilities
- B. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I.**
- Not Applicable.
- C. List the state(s) you are authorized to operate in at this time.**

Alabama, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Texas, Utah, Vermont, Virginia, Washington, Wisconsin,

**From the above states, list the number and types of complaint(s) files against applicant, and the complaint(s) current status.**

Not Applicable.

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant.**

Public Communications Services, Inc. is a stand-alone corporation and does not have any affiliated organizations.

**Part II – Service, (Cont’d.)**

- D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service.**

Not Applicable.

- E. Areas in Tennessee to be served.**

Public Communications Services, Inc. proposes to service the entire state of Tennessee.

- F. What type of Customers will the company serve?**

- ☐ Business
- ☐ Residential
- ☐ Aggregators, (e.g. Hotels, Payphones)
- ☒ Other: inmate confinement facilities

- G. Does the applicant allow a Property Imposed Fee (PIF) to be added to the price of intrastate telephone calls over your network?**

No.

- H. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services?**

Not Applicable.

- I. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II<sup>1</sup>**

Public Communications Services, Inc. proposes to offer operator services to inmate facilities in Tennessee as a switchless telecommunications reseller. Calls will originate, be switched and terminated over the facilities of its underlying carrier.

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<sup>1</sup> Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

**Part II – Service, (Cont’d.)**

**J. What is the applicant's 101XXXX or 800 access code?**

Not Applicable.

**K. Does the applicant now have or plan to have any telecommunications facilities (e.g. switches, fiber lines) in Tennessee?**

No.

**L. Whose facility-based network(s) will the applicant be reselling?**

Public Communications Services, Inc. will be utilizing the facilities of its underlying carrier, -  
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**M. Will the applicant be utilizing the local telephone company's billing system or billing Customers direct<sup>2</sup>?**

Customers will not receive charges on their local exchange company monthly bills.

**N. Describe briefly how the applicant plans to market their services in Tennessee.**

Services provided will be in response to Requests for Proposals from confinement facilities.

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<sup>2</sup> A copy of a bill is required if the applicant is going to bill the Customer direct.

**Part II – Service, (Cont’d.)**

- O. If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.**

Not Applicable.

- P. Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, and to prevent unauthorized switching of a consumer's interexchange service.**

Not Applicable. The Company does not offer presubscribed services.

- Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company.**

☒ Yes      ☐ No

- R. Applicant gives permission to the local telephone company to provide the Authority a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates.**

☒ Yes      ☐ No



### **Part III - Organization Structure**

#### **A. Applicant's Organization Structure:**

- Corporation
  - ☐ Publicly Traded Corporation
  - ☐ Subsidiary of a Publicly Traded Corporation
  - ☐ Limited Liability Corporation - Attach a copy of the articles of organization and operating agreement along with amendments.
- Other form of Corporation: Privately held "S" Corporation
- ☐ Association
- ☐ Joint Stock Association
- ☐ Trust
- ☐ Individual

#### **SECTION (a) thru (g) is to be completed if applicant is a Corporation, Association or Trust**

##### **(a) The date and State of formation / incorporation:**

The Applicant is a California corporation organized on January 27, 1997.

##### **(b) Parent Company, if applicable:**

Not Applicable.

##### **(c) Attach a certificate of good standing from the state in which the applicant was incorporated / formed. Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.**

Public Communications Services, Inc.'s Articles of Organization are attached as **Exhibit II**. Public Communications Services, Inc.'s Tennessee Secretary of State Certificate is attached as **Exhibit III**.

##### **(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.**

Public Communications Services, Inc. is a stand-alone corporation. There is no parent or subsidiary of the applicant.



- Not Applicable.

**Part IV - Financial Information**

**A. Address where business records are kept:**

Public Communications Services, Inc.'s business records are kept at the company's headquarters located at the following address:

Public Communications Services, Inc.  
11859 Wilshire Boulevard, Suite 600  
Los Angeles, CA 90025  
Telephone: 310-231-1000  
Facsimile: 310-954-2118  
Toll Free: 800-350-1000

**B. Attach a copy of the applicant's most recent unconsolidated and consolidated audited financial statements for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and income statement. Attach, if available, a copy of your company's 10K and/or stockholder reports.**

**(1) Fiscal year end:**

**(2) Date of most recent audited, unconsolidated financial statement of applicant is:**

Not Applicable.

**(3) If applicable, name and address of independent certified public accountant:**

Not Applicable.

**(4) Period covered by financial statement attached:**

**C. Does the applicant currently have an internal auditor and/or internal audit program?**

☐ Yes ☒ No

**If so, Name of Internal Auditor:** \_\_\_\_\_

**D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents.**

Not Applicable.

**Part V - Rule Compliance Agreement**

- A. **Attach a copy of a Small and Minority-Owned Telecommunications Business Participation Plan Pursuant to Tennessee Code Annotated § 65-5-212.**
- B. **Have you read and understand the Tennessee Regulatory Authority's (TRA) Rules and Regulations for Resellers, 1220-4-2 located at the TRA's website, [http://www.state.tn.us/tra/electronic\\_fileroom](http://www.state.tn.us/tra/electronic_fileroom) in its entirety?**
- Yes                      □ No
- C. **Do you understand the penalties for non-compliance, and all associated fees to provide such service?**
- Yes                      □ No

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, **PO Box 198907, Nashville, TN 37219-8907**. Should you have any questions, call (615) 741-7489, ext. 163.

The Applicant, hereby, affirms the following:

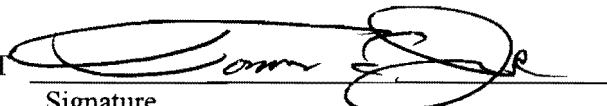
Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including TCA Section 65-5-206 located at the TRA's website, <http://www.state.tn.us/tra> *electronic fileroom* under the External Site of Lexis Law Publishing.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

BY: Tommie E Joe

Public Communications Services, Inc.

ATTEST

  
Signature

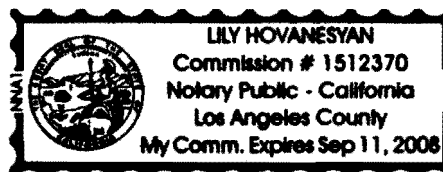
Chief Operating Officer  
Title

Subscribed and sworn before me this 18<sup>th</sup> day of March 2005.

Lily Hovanesyan, Notary Public  
Notary Public

My Commission expires on: September 11, 2008

Seal



1999932

ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

JAN 27 1997

ARTICLES OF INCORPORATION

OF

PUBLIC COMMUNICATION SERVICES, INC.

*Bill Jones*  
BILL JONES, Secretary of State

1.

The name of this corporation is Public Communication Services, Inc.

2.

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business, or the practice of a profession permitted to be incorporated by the California Corporation Code.

3.

The name and address in the State of California of this Corporation's initial agent for service of process is: Daniel R. Barbakow, 11661 San Vicente Boulevard, Suite 1010, Los Angeles, California 90049.

4.

This corporation is authorized to issue only one class of shares of stock; the total number of shares which this corporation is authorized to issue is 10,000.

Dated: January 22, 1997

*Daniel R. Barbakow*  
DANIEL R. BARBAKOW

I hereby declare that I am the person who executed the foregoing Articles of Incorporation which execution is my act and deed.

*Daniel R. Barbakow*  
DANIEL R. BARBAKOW

# Secretary of State

Division of Business Services

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

DATE: 03/01/05  
REQUEST NUMBER: 5373-0944  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 03/01/05 1228  
EFFECTIVE DATE/TIME: 03/01/05 1228  
CONTROL NUMBER: 0488430

TO:  
UNISEARCH, INC.  
PO BOX 11940

OLYMPIA, WA 98508-1940

RE:  
PUBLIC COMMUNICATIONS SERVICES, 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.

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FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -  
FOR PROFIT

ON DATE: 03/01/05

FROM:  
UNISEARCH, INC. (WA)  
P.O. BOX 11940  
SUITE 202  
OLYMPIA, WA 98508-0000

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

RECEIPT NUMBER: 00003667081  
ACCOUNT NUMBER: 00159375



SS-4458

*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)

For Office Use Only

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 PUBLIC COMMUNICATIONS SERVICES, 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 CALIFORNIA

3. The date of its incorporation is JANUARY 27, 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  
11859 WILSHIRE BLVD LOS ANGELES CA U.S.A. 90025  
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 Street, 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.)  
PAUL JENNINGS, PRESIDENT/SECRETARY 11859 WILSHIRE, LOS ANGELES, CA  
CHARLES B. FROEDMAN, CFO " " " " 90025  
TOMMIE E. JOE, COO " " " " "

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)  
PAUL JENNINGS 11859 WILSHIRE BL LOS ANGELES CA 90025  
JOSEPH FRYER " " " " "

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

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.]

2-14-05  
Signature Date

COO

Signer's Capacity

PUBLIC COMMUNICATIONS SERVICES, INC.  
Name of Corporation

Tommie E. Joe  
Signature

Name (typed or printed)



State of California

SECRETARY OF STATE

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

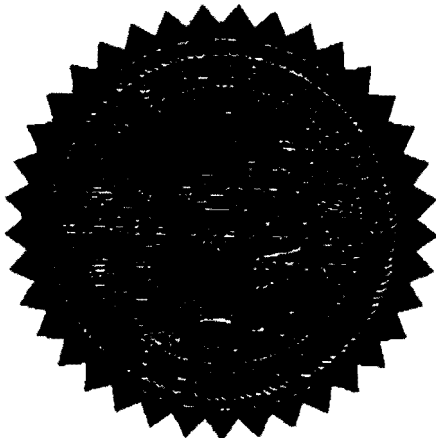
That on the 27th day of January, 1997, **PUBLIC COMMUNICATIONS SERVICES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of February 24, 2005.



*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State

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