

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN
STEVE HEWLETT, COMMISSIONER
FRANK COCHRAN, COMMISSIONER



PAUL ALLEN, EXECUTIVE DIRECTOR
HENRY M. WALKER, GENERAL COUNSEL

**APPLICATION FOR AUTHORITY
TO PROVIDE CUSTOMER OWNED COIN OR COINLESS
OPERATED TELEPHONE SERVICE IN TENNESSEE
[RULE 1220-4-2-.44 (1-3)]**

SECTION A

Part 1: General Information

Name of Applicant Humana Hospital Morristown

Address 726 McFarland Street City Morristown

State TN Zip Code 37814 Phone No. (615) - 586-2302

Name and Telephone Number of Tennessee Contact Person authorized to respond to Commission inquiries Monday through Friday.

Dave Bowen (615) 586-2302
Name Tennessee Phone No.

726 McFarland Street Morristown 32
Tennessee Address City County No.
(See Appendix B)

List the state(s) you are providing COCOT services in at this time.

Tennessee

90-05033
(To be filled out by PSC)

COMPANY ID Number 30461

DATE APPROVED _____

EVALUATOR _____

Mail all correspondence to: Tennessee Public Service Commission,
P. O. Box 3412, Nashville, TN, 37219-0412. Should you have any
questions, call 615-741-3939 and ask for Jon Hayden.

6/28

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PAUL ALLEN, EXECUTIVE DIRECTOR
HENRY M. WALKER, GENERAL COUNSEL

Company ID: 00036461
Humana Hospital Morristown
726 McFarland St.
Morristown, TN 37814

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION
Nashville, Tennessee June 27, 1990

90-05033

Humana Hospital Morristown: Application for Authority to Provide COCOT Service

----- ORDER -----

The company named above has complied with all the Commission requirements to operate Customer Owned Coin Operated Telephone Service (COCOTS) in Tennessee.

IT IS THEREFORE ORDERED:

1. That the above named company is hereby issued authorization to provide COCOT service within the State of Tennessee and is required to post the above referenced Company ID Number on the display card for each COCOT.
2. That this order permit shall remain in effect until further order of this Commission.
3. That this order will be retained by the applicant to be used as proof of registration with the Tennessee Public Service Commission and to obtain the properly tariffed access line from the local exchange carrier.

ATTEST


Executive Director


Chairman


Commissioner


Commissioner

TENNESSEE REGULATORY AUTHORITY
2009-2010 INSPECTION FEE
FOR CUSTOMER OWNED COIN OPERATED TELEPHONES (COCOTS)

36461
Lakeway Regional Hospital

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2010. Failure to submit the proper fees could result in the disconnection of your COCOTs.

1. Total number of COCOTs operated by your company as of July 1, 2009 4
2. Total number of COCOT additions between July 1, 2009 and June 30, 2010 - 0 -
3. Total number of COCOT deletions between July 1, 2009 and June 30, 2010 1
4. Total COCOTs as of June 30, 2010
(line 1 plus line 2, subtract line 3) 3
5. **Fee due (Total COCOTS shown on line 4 x \$10.00)** \$ 30.00
If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00.

I, the undersigned owner, president, or officer of the above named COCOT provider, being first duly sworn, on oath, state the number of COCOTs operated by said company and the inspection fee computed therefrom are accurate.

NAME Perry Davis
(Please Print)

SIGNATURE [Signature]

TITLE Director Engineering

TELEPHONE 423-522-6040

If you are no longer in this business and would like to cancel your authority, please sign below.

PLEASE CANCEL MY AUTHORITY TO OPERATE COCOTs IN TENNESSEE, AS I HAVE CLOSED THE TELECOM BUSINESS.

Please return form with enclosed payment to:

Tennessee Regulatory Authority
Attn: Dee Audrain
460 James Robertson Parkway
Nashville, TN 37243-0505
Dee.audrain@tn.gov

RECEIVED

JUL 26 2010

TN REGULATORY AUTHORITY
UTILITIES DIVISION

**RECEIVED
FISCAL OFFICE**

JUL 23 2010

CK # 298093 SOURCE RA 22-12
DEP # 252 AMT 30.00

TENNESSEE REGULATORY AUTHORITY
2008-2009 INSPECTION FEE
FOR CUSTOMER OWNED COIN OPERATED TELEPHONES (COCOTS)

COMPANY ID: 36461

Lakeway Regional Hospital
726 McFarland Street
Morristown, TN 615-586-230237814

VOUCHER NO. 90369
CC RA 22 STG. 40.00
AMT. REC. 40.00
DEPOSIT DATE 7/22/09

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2009. Failure to submit the proper fees could result in the disconnection of your COCOTs.

1. Total number of COCOTs operated by your company as of July 1, 2008 4
2. Total number of COCOT additions between July 1, 2008 and June 30, 2009 0
3. Total number of COCOT deletions between July 1, 2008 and June 30, 2009 0
4. Total COCOTs as of June 30, 2009 (line 1 plus line 2, subtract line 3) 4
5. **Fee due (Total COCOTS shown on line 4 x \$10.00)** \$ 40⁰⁰
If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00.

I, the undersigned owner, president, or officer of the above named COCOT provider, being first duly sworn, on oath, state the number of COCOTs operated by said company and the inspection fee computed therefrom are accurate.

NAME PEERY DAVIS
(Please Print)

SIGNATURE *Peery Davis*

TITLE Dir. Plant Operations

TELEPHONE 423-522-6040

If you are no longer in this business and would like to cancel your authority, please sign below.

PLEASE CANCEL MY AUTHORITY TO OPERATE COCOTs IN TENNESSEE, AS I HAVE CLOSED THE TELECOM BUSINESS.

Please return form with enclosed payment to:

Tennessee Regulatory Authority
Attn: Dee Audrain
460 James Robertson Parkway
Nashville, TN 37243-0505
Dee.audrain@state.tn.us

TENNESSEE REGULATORY AUTHORITY
2007-2008 INSPECTION FEE
FOR CUSTOMER OWNED COIN OPERATED TELEPHONES (COCOTS)

PAID T.R.A.

Chk # 282651

Amount 40.00

Rcvd By TS

Date 5/1/08

36461

Lakeway Regional Hospital

726 McFarland Street

Morristown, TN 37814

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2008. Failure to submit the proper fees could result in the disconnection of your COCOTs.

1. Total number of COCOTs operated by your company as of July 1, 2007 _____
2. Total number of COCOT additions between July 1, 2007 and June 30, 2008 _____
3. Total number of COCOT deletions between July 1, 2007 and June 30, 2008 _____
4. Total COCOTs as of June 30, 2008
(line 1 plus line 2, subtract line 3) _____
5. **Fee due** (Total COCOTS shown on line 4 x \$10.00) \$ 40.00

I, the undersigned owner, president, or officer of the above named COCOT provider, being first duly sworn, on oath, state the number of COCOTs operated by said company and the inspection fee computed therefrom are accurate.

NAME Peggy Davis
(Please Print)

SIGNATURE [Signature]

TITLE Dir. Plt. Operations

TELEPHONE 423-522-6040

FAX NO. 423-522-6042

Please return form with enclosed payment to:

Tennessee Regulatory Authority
Attn: Dee Audrain
460 James Robertson Parkway
Nashville, TN 37243-0505