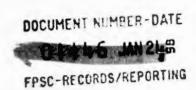
### **ATTACHMENT B**

1.	LEGAL NAME OF THE APPLICANT	DEPUSII	DATE
	David Gene Retherford	D6 92	JAN 2 1 1993
2.	NAME UNDER WHICH THE APPLICANT WILL DO		
	David Retherford	<del>.</del>	
• 3.	ADDRESS OF THE APPLICANT(S)		
	STREET 4845 McElrey Ave.		
	CITY		83
	STATE & ZIP CODE		J. 2
4.	TYPE OF ORGANIZATION (CHECK ONE) ✓		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HE OWN NAME:	R (	(i)
	DOCUMENTATION: No other documentation needed.		
•	B. PARTNERSHIP:	( )	
	DOCUMENTATION: Attach a copy of the partnership agname and address of all partners.	greement, and a	list with the
	C. CORPORATION:	( )	
DOC	UMENTATION: Attach proof that articles of incorporal Florida Secretary of State's Office. If incorporated outs from the Florida Secretary of State that applicant has a Florida and provide name and address of Florida Regis	ide of Florida, a juthority to oper	ttach proof
DAVID (	G. RETHERFORD OR 512 K. RETHERFORD		
2605 TA	B13-234-4456 W. WATROUS AVE MPA, FL 33629-5346	ji 6	_
	da Public Service Commission \$ 100		
One h	un dred dollars and 1/100 DOLLARS		
Bannett :	21 South Church Avenue apa, Florida 33629  MM I Month a		

#### ATTACHMENT B

DEPOSIT	DATE
D6 92	JAN 2 1 1993
BUSINESS_9	180100-70
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greement, and	a list with the
( )	
tion have beer ide of Florida, authority to ope stered Agent.	attach proof
	_
	BUSINESS () greement, and () tion have been ide of Florida, buthority to open



	D.	DOING	BUSINE	ESS UNDE	ER A FI	CTITIO	US NA	ME:	[ ]		
				Attach pretary of S			ious na	ıme(s) l	has bee	n regis	tered
5. <b>WHO</b>				TITLE, AN OR COMM					OF THE	INDIVI	DUAL
	NAN	ΛE:	-	Dou, d						•	_
	TITL	.E:		Owne	<u> </u>						_
	PHO	ONE:	<u> </u>	813 -	83	<u> 2 - 5</u>	231				-
ETC., SHAR TELE	OR I REHO PHOI	N THE LDER ( NE CER	CASE OF OF THE A RTIFICAT	R ANY SUF A CLOS NPPLICAN E IN THE PAY TELE	ELY HE IT EVE STATE	R BEEN OF FL	RPOR N GRA .ORID/	ATION NTED ( A? THI	ANY OR DEN	IIED A	
	<u>N</u>	0	· <del></del>							_	
										<del></del>	
				QUESTI				 Ε ΕλΡ	LAIN AN	— ND LIS	T THE
	_N	/A	<u> </u>				_			_	
8.	LIS	T THE S	STATES I	N WHICH	THE A	APPLIC.	ANT:				
	A.	IS CL	JRRENTI	Y PROVI	DING F	PAY TE	LEPHO	ONE SE	ERVICE.		
	_ 7	one									

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
N/A
C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
<u> √ /A</u>
D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.
N/A
PLEASE INDICATE IF ANY OFFICERS OF THE CCRPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT. MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.
N/A

10.	PLEASE CHECK √ THE	SERVICES THAT WILL BE	PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE		····
PLAI	NS TO PLACE IN THE FIR	F PAY TELEPHONE INSTRU ST YEAR: 7 phones More	inctally
	PHONE? √  PERSONALLY  FULL-TIME TECHNICIAN  PART-TIME TECHNICIAN  SERVICE/REPAIR/MAINT  OTHER DESCRIBE	 	6 0 0 0
PRO'	VIDE ACCESS TO ALL LO	TELEPHONES WHICH YOU CALLY AVAILABLE LONG D 1-800? (See Rule 25-24.51	ISTANCE CARRIERS

14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)
	Yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY. HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE. 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. | WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR). FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT. AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR

ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

1/20/98



Applicant	David Retherford
	wiedge receipt and understanding of the Florida Public Service 's Rules and Requirements relating to my provision of Pay ervice.
Signature:	Ill & Mont
Title:	Owner
Date:	1/20/98

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.