FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE	APPLICANT	960782
\pu . \tag{\pm}	EMI IDOWU	
	HE APPLICANT WILL DO BUSINESS	NC.
ADDRESS OF THE APP	LICANT(S)	
	324 LIPONA AD	
CITY	SUITE 19, TALL	AHASSEE FL
STATE & ZIP	32304	
TYPE OF ORGANIZATI	ON (CHECK ONE)	
A. INDIVIDUAL D	OING BUSINESS UNDER HIS/HER:	[]
DOCUMENTATION: N	o other documentation needed.	
B. PARTNERSHIP	:	[]
DOCUMENTATION: At with the name and	ttach a copy of the partnershi address of all partners.	p agreement, and a list
c. corporation:		H
filed with the Floutside of Florida	ttach proof that articles of lorida Secretary of State's Of , attach proof from the Florida ority to operate in Florida and ered Agent.	ffice. If incorporated Secretary of State that provide name and address
NAME	DOW TELE	COM INC
ADDRESS	Po Box 26	502
	TALLAHAGSEE	FL 32316

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REGUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER -DATE

06913 JUN 27 %

WEDL	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL DNSIBLE FOR COMMISSION CONTACTS:	L WHO IS
NAME	E. YEMI IDOWU	
TITLE		
PHON	904-574-2498	
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ET CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERT	STATE O
IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND IFICATE HOLDER AND CERTIFICATE NUMBER.	LIST THE
LIST	THE STATES IN WHICH THE APPLICA T: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
13.5	N/A	
В.		TELEPHONI

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
INDI'	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF VIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY LT FROM PENDING PROCEEDINGS.
	NONE
PLEA	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCA LONG CŪIN CALL CRED	DISTANCE []
LOCA LONG COIN CALL CRED OTHE	ING CARD IT CARD R, DESCRIBE
LOCA LONG COIN CALL CRED OTHE PROP IN T	ING CARD IT CARD R, DESCRIBE OSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE

3.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
V.	WILL EACH OF THE PAY TELEPHONES WHICH YOU FLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	Y±3

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. I 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.

	Tions
(SIGNATURE OF OWNER/CHIEF	OFFICER OF APPLICANT) OG 125/96
DATE:	06 25 96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	. YEMI	DOWN	
I acknowledge re Service Commissio of Pay Telephone	eceipt and unders n's Rules and Requi Service.	tanding of the	e Florida Public ng to my provision
Signature	E		\sim
Title	PRE	SIDENT	CEO
Date		6/25/90	P

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.



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of DOW TELECOM INC., a Florida corporation, filed on June 25, 1996, as shown by the records of this office.

The document number of this corporation is P96000054038.

Giben under my hand and the Great Seal of the State of Florida. at Unllalpassee, the Capitol, this the Twenty-fifth day of June, 1996



CR2EO22 (2-95)

Sandra B. Mortham Sandra B. Mortham Secretary of State



Department of State

I certify from the records of this office that DOW TELECOM INC, is a corporation organized under the laws of the State of Florida, filed on June 25, 1996.

The document number of this corporation is P96000054038.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Wifen under my hand and the Great Seal of the State of Morida. at Tullulassee, the Capital, this the Twenty-fifth day of June, 1996

· CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

Sandra B. Mortland

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	E. TEMI IDOWU	960782-70
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS DOW TELECOM IN	С.
3,	ADDRESS OF THE APPLICANT(S) STREET 324 LIPONA RD CITY SUITE 19 TALLAL STATE & ZIP 32304	HAGSEE FL
4.	TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	[]
	DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership against the name and address of all partners.	[] greement, and a list
	DOCUMENTATION: Attach proof that articles of incomplete filed with the Florida Secretary of State's Office outside of Florida, attach proof from the Florida Secapplicant has authority to operate in Florida and provof Florida Registered Agent.	e. If incorporated retary of State that vide name and address
200000000000000000000000000000000000000	ADDRESS PO BOX 2603	2
E. YEMI IDOWU 324 LIPONA RD., API TALLAHASSEE, FL 3	123 1-19 PH. (904) 574-2498 6-2610 96 63-27/631 280	[] een registered with
For Commus	um fee. Enlowing	O6913 JUN 27 %