LE	EGAL NAME OF THE APPLICANT Phoenix Telecom, LLC	
_	D712 FEB 1 7 199	8
N/	AME UNDER WHICH THE APPLICANT WILL DO BUSINESS	-
-	Phoenix Telecom, LLC	
AD	DDRESS OF THE APPLICANT(S)	
ST	REET 1340 Center Drive, Suite 202	
сп	TY Atlanta	
130	ÖÖ	SERVICE
TΥ	TATE & ZIP CODE GA 30338 (PE OF ORGANIZATION (CHECK ONE) √ GIL ROOM INDIVIDUAL DOING BUSINESS UNDER HIS/HER ( )	COM
A.	INDIVIDUAL DOING BUSINESS UNDER HIS/HER	VISSION
DO	CUMENTATION: No other documentation needed.	
В.	PARTNERSHIP: ()	
DO nan	CUMENTATION: Attach a copy of the partnership agreement, and a list with t me and address of all partners.	the
C.	CORPORATION: (X)	
Flor	ENTATION: Attach proof that articles of incorporation have beenfiled with t rida Secretary of State's Office. If incorporated outside of Florida, attach proo m the Florida Secretary of State that applicant has authority to operate in prida and provide name and address of Florida Registered Agent.	the of

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R24 REQUIRED BY COMMISSION RULE NO. 25-24.511 9

DOCUMENT NUMBER-DATE

## FLORIDA PAY ELEPHONE CERTIFICAT APPLICATION

#### D. DOING BUSINESS UNDER A FICTITIOUS NAME: (

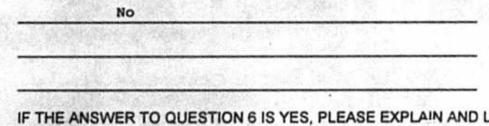
DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

3

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME:	Mr. Jerry Beacham	생님	4-16-00
TITLE:	Prewident	241	
PHONE:	770-395-6500		
	The second se		

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.



 IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/a

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

Texas

FORM PUBLIC BERVICE COMMISSION/CMU 32 (RS-92) REGUIRED BY COMMISSION RULE NO. 25-34.511

10

# FLORIDA PARTELEPHONE CERTIFICAT APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

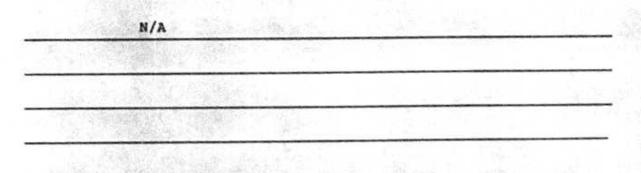
Georgia

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, 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.



FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REQUIRED BY COMMISSION RULE NO. 25-24.5\*\*

# FLORIDA PAY ELEPHONE CERTIFICAT APPLICATION

10. PLEASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:

LOCAL	x			
LONG DISTANCE	x			
COIN	×0			
CALLING CARD	٥			
CREDIT CARD	۵			
OTHER, DESCRIBE	0	110	 	

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:\_\_\_\_\_

200

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? ✓

PERSONALLY	0
FULL-TIME TECHNICIAN	0
PART-TIME TECHNICIAN	0
SERVICE/REPAIR/MAINTENANCE CONTRACT	X)
OTHER DESCRIBE	۵

Sequel - Maintenance Contract

13. 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.

Yes

FORM PUBLIC BERVICE COMMEDIONCMU 32 (R3-43) REQUIRED BY COMMISSION RULE NO. 25-24.511

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

FORM PUBLIC SERVICE COMMESSIONCHU 32 (R3-83) REQUIRED BY COMMISSION RULE NO. 25-24.511

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.

SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REGURED BY COMMISSION RULE NO. 25-24.511

PPLICANT ACKNOWLEDGMEN

JERRY D. BEACHAM Applicant\_

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

	N. and
Signature:	Mylad
Title:	1 Merident
Date:	2/9/98

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.

## PHOENIX TELECOM, LLC

### BALANCE SHEET

# DECEMBER 31, 1997

#### ASSETS

CURRENT ASSETS:	
Cash	\$ 192,242
Accounts receivable	2,103
Employee advances	650
Loan receivable	5.000
Total Current Assets	199,995
OTHER ASSETS:	
Loans to members	78,200
Deposit	5,495
	63,695
	\$283.690
LIABILITIES AND MEMBERS' EQU	JITY
CURRENT LIABILITIES:	
Customer deposits	\$244,000
Accounts payable	1,672
Accrued accounting fees	4,000
Accrued sales rebates	12.000
	261.672
Total Current Liabilities	
LONG-TERM LIABILITIES	and the second se
	261,672
Total Liabilities	201,072
MENDERAL FOURS	22.018
MEMBERS' EQUITY	
	\$ 283,690
	HANNAN MAN

See Accountant's Compilation Report.

-2-

# 0



## PHOENIX TELECOM, LLC

## STATEMENT OF OPERATIONS AND MEMBERS' EQUITY

FOR THE PERIOD FROM INCEPTION (JUNE 3, 1997) TO DECEMBER 31, 1997

PAYPHONE SALES AND SERVICES	\$449.513
EXPENSES: Cost of sales Marketing expenses Office expenses Other administrative expenses	147,691 42,887 29,068 34,649
Total Expenses	_254,295
NET INCOME	195,218
DISTRIBUTIONS TO MEMBERS	
MEMBERS' EQUITY, END OF PERIOD	\$ 22.016

See Accountant's Compilation Report.

### PHOENIX TELECOM, LLC

### STATEMENT OF CASH FLOWS

### FOR THE PERIOD FROM INCEPTION (JUNE 3, 1997) TO DECEMBER 31, 1997

CASH FLOWS FROM OPERATING ACTIVE	TIES: \$195,218
Net income	Market Contract Contra
Adjustments to reconcile net income to n	
provided by operating activities:	(2,103)
Increase in accounts receivable	(650)
Increase in employee advances	(5,000)
Increase in loan receivable	
Increase in loans to members	(78,200)
Increase in deposits	(5,495)
Increase in customer deposits	244,000
increase in accounts payable	1,672
Increase in accrued accounting fee	4,000
Increase in accrued sales rebates	
Net Cash Provided By Operating Activities	s 385,442
CASH FLOWS FROM FINANCING ACTIVIT	IES:
Distributions to members	_(173.200)
CASH, END OF PERIOD	\$192.242

See Accountant's Compilation Report.

4

		ATT	ACHM	ENT B
	FLORIDA PAY TELEPHONE CERTIFICATE	APPLIC	CATIO	N
	LEGAL NAME OF THE APPLICANT Phoenix Telec	OSIT	D/	ATE
i	NAME UNDER WHICH THE APPLICANT WILL DO BUS	SINESS_	FEB 1 7	7 1998
3	ADDRESS OF THE APPLICANT(S) STREET 1340 Center Drive, Suite 202	a kata		
	CITY Atlanta STATE & ZIP CODE GA 30338		MAI	98 FEB
4	TYPE OF ORGANIZATION (CHECK ONE) √		MAIL ROOM	1 222
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	( )	2	ASSICH ASSICH MI 7: 29
	DOCUMENTATION: No other documentation needed.			9
	B. PARTNERSHIP:	()		
	DOCUMENTATION: Attach a copy of the partnership agreen name and address of all partners.	ement, a	nd a list	with the
	C. CORPORATION:	(X)		
ſ	OCUMENTATION: Attach proof that articles of incorporatio	n have be	enfiled v	with the
PH	IOENIX TELECOM, LLC. 1340 CENTER DRIVE SUITE 2:32 ATLANTA, GA 30338	FIDELITY NAT ATUMA CE	IONAL 642	40/611 0015
PAY	••••••• One Hundred &	00/100 De	llars	ale -
TO THE ORDER OF	D 02/09/98	ATE	.00.00	AMOUNT
-> <sup>B</sup> <sub>2</sub>	lorida Public Service C etty Easley Bldg 540 Shumard Oak Blvd Callahassee, FL 32399-0850	Mus a		2