

**LOUISIANA PAYPHONE SERVICE PROVIDER
REGISTRATION STATEMENT
AND CERTIFICATE OF COMPLIANCE**

Please submit this registration statement along with required attachments to: Executive Secretary, Louisiana Public Service Commission, Post Office Box 91154, Baton Rouge, Louisiana 70821-9154. If further information is needed, you may contact the Utilities Division of the Commission at 225-342-1436.

1. NAME OF PAYPHONE PROVIDER: _____
2. PRINCIPAL PHONE NUMBER OF PROVIDER: _____
FAX NUMBER: _____

3. ALL TRADE NAMES UNDER WHICH PROVIDER HAS DONE BUSINESS IN THE LAST 12 MONTHS:
- _____
- _____
- _____

4. CURRENT ADDRESS OF PRINCIPAL OFFICE OF PROVIDER:
- Street _____
- City _____
- State, Zip _____

5. ALL OTHER ADDRESS LOCATIONS FOR PRINCIPAL OFFICE OF PROVIDER FOR LAST 12 MONTHS:
- Street _____
- City _____
- State, Zip _____
- Street _____
- City _____
- State, Zip _____

6. IF PROVIDER IS A CORPORATION, PROVIDE CURRENT NAME, BUSINESS ADDRESS AND PHONE NUMBER OF:
- President's Name: _____ Address: _____
- Phone: _____

Secretary's Name: _____ Address: _____
Phone: _____

Treasurer's Name: _____ Address: _____
Phone: _____

7. IF PROVIDER IS A PARTNERSHIP, PROVIDE CURRENT NAME AND BUSINESS ADDRESS OF ALL GENERAL PARTNERS:

Partner's Name: _____ Address: _____
Phone: _____

Partner's Name: _____ Address: _____
Phone: _____

Partner's Name: _____ Address: _____
Phone: _____

Partner's Name: _____ Address: _____
Phone: _____

8. DATE PROVIDER STARTED IN PAYPHONE BUSINESS:

Month: _____ Year: _____

9. IF PROVIDER DOES NOT SERVICE OR MAINTAIN THE PAYPHONES, THEN PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THE COMPANY THAT SERVICES THE PAYPHONES.

President's Name: _____ Address: _____
Phone: _____
Fax: _____

10. PLEASE EXPLAIN HOW PROVIDER'S PAYPHONES PROVIDES ACCESS TO NONPRESUBSCRIBED LONG DISTANCE TOLL CARRIERS: _____

-
11. WHAT COMPANY PREPARED THE INFORMATION REQUIRED TO BE POSTED ON THE PROVIDER'S PAYPHONES?

Name: _____

Title: _____

Phone: _____

Fax: _____

12. NAME, TITLE AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR PUBLIC SERVICE COMMISSION CONTACTS:

Name: _____

Title: _____

Phone: _____

Fax: _____

13. ATTACH A COPY OF YOUR CURRENT RATE SCHEDULE (OR RATE SCHEDULE OF YOUR OSP) FOR ALL TYPES OF LOCAL, O+, AND 0- CALLS THAT CAN BE MADE FROM YOUR PAYPHONES.

14. ATTACH A COMPLETE LIST OF ALL PAYPHONES OWNED AND/OR OPERATED BY YOUR COMPANY, INCLUDING STREET ADDRESS, AND PHONE NUMBER

15. BY MY SIGNATURE ON THIS REGISTRATION STATEMENT, I HEREBY CERTIFY THAT EACH PAYPHONE OF _____ (Name of Provider) IS IN COMPLIANCE WITH THE COMMISSION'S REGULATIONS FOR OPERATOR AND PAYPHONE SERVICES (DOCKET U-21322).

PARISH OF _____
STATE OF LOUISIANA

I, _____, do hereby swear and depose that the foregoing information is true and correct of my personal knowledge.

Signature of Owner or Chief Officer of Provider

SUBSCRIBED TO AND SWORN TO BEFORE ME on this _____ day of _____, 199_____, to certify which witness my hand and official seal.

OS & PSP Regulations
Docket No. U-21322
Adopted July 16, 1997 Open Session
Corrected November 19, 1997 Open Session
Amended August 19, 1998 Open Session

Notary Public for the State of Louisiana
My Commission Expires_____