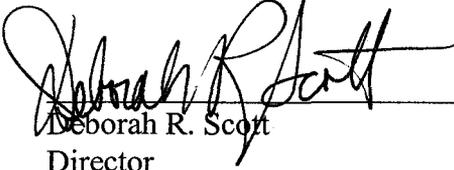




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The Applicant has filed an application for approval of the cancellation of its Certificate of Convenience and Necessity. The Applicant has indicated that it is no longer in the payphone business. Therefore, Staff recommends that the application be approved without a hearing.


Deborah R. Scott
Director
Utilities Division

Date: December 8, 2000

Originator: Elena Zestrijan

DOCKETED BY


DEC 08 2000

Arizona Corporation Commission
DOCKETED

AZ CORP COMMISSION
DOCUMENT CONTROL

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NEW APPLICATION

ORIGINAL

T-02941A

(S-BUU)

ARIZONA CORPORATION COMMISSION

RECEIVED

DO TELEPHONE NUMBER
[Handwritten: 800 216 8888]

APPLICATION

2000 DEC -4 A 10:49

FOR THE SALE OF ASSETS

AND/OR

CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY (CC&N)

FOR

CUSTOMER OWNED PAY TELEPHONE (COPT) PROVIDERS

AZ CORP COMMISSION
DOCUMENT CONTROL

DOCKET NO. T-02941A-00-0991

Mail or deliver an Original and 10 copies of this application to:

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

List the name, address, and telephone number of the person or entity (Applicant) that subscribed to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

(Applicant's Name)

PHILLIPS & BROWN/GILMAN, INC.
(Business Name if different than Applicant's Name)

(Applicant's Address)

(Applicant's Address)

(800) 216-8888
(Applicant's Telephone Number)

By checking this box, the Applicant indicates it no longer provides, or never did provide, COPT service in the State of Arizona and requests cancellation of its CC&N.

By Checking this box, the Applicant is requesting authority to sell its COPT assets pursuant to A.R.S. Section 40-285 and to cancel its CC&N. Do not check this box if you are not selling your pay telephones.

By checking this box, the Applicant gives up its right to notice and a hearing. Applicant has a right to a hearing and to receive notice of the hearing date in order to cancel the CC&N.

By checking this box, the undersigned states s/he is the authorized person to make this application.

Please print your name, phone number, and sign :

MARK McCULLOUGH
(Print Author's Name)

(706) 216-5100
(Telephone Number)

[Signature] PRESIDENT
(Signature of Author and Title)

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

See attached page 2