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ARIZONA CORPORATION COMMISSION

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NOTICE

PUBLIC NOTICE OF APPLICATION FOR A
CERTIFICATE OF CONVENIENCE AND NECESSITY

AZ CORP COMMISSION
DOCUMENT CONTROL

American Communications of Ohio Inc.
Name of Company, has filed with the Arizona Corporation Commission (ACommission") an application for a Certificate of Convenience and Necessity (ACC&N≡) to provide Customer Owned Pay Telephone Service in the State of Arizona.

American Communications of Ohio Inc.
Name of Company is required by the Commission to provide this service under the rates, charges, terms, and conditions established by the Commission.

The application is available for inspection during regular business hours at the offices of the Arizona Corporation Commission, 1200 West Washington Street, Phoenix, Arizona, and at:

American Communications of Ohio Inc.
(Name of Company)

P.O. Box 351
(Address of Company)

New Albany, Ohio 43054
(Address of Company)

You may have the right to intervene in the proceeding, or you may write to the Commission or call and make a statement on your own behalf. If you have any questions about this application or have any objections to its approval, you may contact the Consumer Services Section of the Commission at 1200 West Washington Street, Phoenix, Arizona 85007 or call locally to (602) 542-4251 or in-state toll free at 1-800-222-7000.

ARIZONA CORPORATION COMMISSION

APPLICATION

SHORT FORM FOR PAY TELEPHONE PROVIDERS

Mail or deliver an original and 10 copies of this completed application with a "COVER SHEET" to:

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

DOCKET NO. T-04068A-01-0924

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

Thomas Twiss
(Applicant's Name)

American Comm. of Ohio Inc.
(Business Name if different than Applicant's Name)

P.O. Box 351
(Applicant's Address)

New Albany, Ohio 43054
(Applicant's Address)

() -
(Applicant's Telephone Number)

II. If you intend on having an attorney represent you in this application, list the attorney's name, address and telephone number:

(Attorney's Name)

(Attorney's Address)

(Attorney's Address)

() -
(Attorney's Telephone Number)

III. What type of entity is the Applicant?

[] SOLE PROPRIETORSHIP; [] PARTNERSHIP; [] LIMITED LIABILITY COMPANY; or

CORPORATION: By checking this box, you certify that you have a current copy of your Articles of Incorporation on file with the Arizona Corporation Commission's Corporations Division: [] Arizona Corporation; or Foreign Corporation.

IV. SELECT ONE THAT APPLIES:

GENERIC/STREAMLINED TARIFF: By checking this box, the Applicant states it intends to provide public pay telephone service in the State of Arizona under the rates, terms, and conditions as set forth in the COPT Generic Tariff, and A.A.C. R14-2-901. et.seq., and hereby concurs in that Tariff. The Applicant understands that requests to provide service under conditions other than those set forth in the COPT Generic Tariff may be approved only by

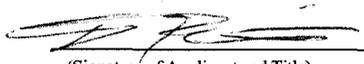
specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.;
or

- CUSTOMIZED TARIFF: By checking this box, the Applicant states it intends to provide pay telephone service in the State of Arizona under a Special (non-streamlined) Tariff, A.A.C. R14-2-901. et. seq., and submits with this application its proposed Special (non-streamlined) COPT Tariff for services to be offered and does not concur in the Generic Tariff; or
- By checking this box, the Applicant states that it is NOT PROVIDING PUBLIC PAY TELEPHONE SERVICE, and hereby states that it is not a public service corporation, and swears and affirms that it is not offering its pay telephone service to the public and its primary business is not providing public pay telephone service. NOTE: Applicant may be subject to fines or other penalties if it is operating as a Public Service Corporation without a Certificate of Convenience and Necessity.

V. NOTICING

- By checking this box the Applicant states that it has placed the prescribed notice of the application at each pay telephone location (See instruction sheet: "NOTICE"). Attach ONE copy of a list of the addresses where you provide pay telephone service; OR
- By checking this box the applicant indicates it does NOT have any COPTs at this time.

VI. Attach one copy or sample of the customer information placard, which will be located on the pay telephone, that describes the services you offer and the instructions for operation. If you have checked the box to conform to the Generic Tariff, the placard must conform to: Para. III. items; C., D., J., K., and M.; plus Para. IV. C., items 1. through 7. of the Generic Tariff.

 President
(Signature of Applicant and Title)

Thomas P. Twiss
(Type or Print Your Name)

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

By checking this box, the Applicant is requesting a hearing because it objects to the Staff Recommendations or other reasons. The request for a hearing and any objections to these Recommendations must be filed within 20 days from the date of this report. If the request is not made within 20 days, the Commission may decide the matter without a hearing unless a hearing is requested by Staff or an Intervenor.