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ORIGINAL

3-12-02

TO: ARIZONA CORPORATION COMMISSION

ENCLOSED IS 10 COPIES OF MY "REVISED" APPLICATION FOR PAY PHONE PROVIDERS, DATED NOVEMBER 7, 2001 - DOCKET # T-04064A-01-0883

ALSO ENCLOSED IS THE INFORMATION CARDS, TO BE POSTED ON OR NEAR THE PHONES, WITH THE INFORMATION YOU HAVE REQUIRED.

PLEASE LET ME KNOW ASAP IF THERE IS ANYTHING ELSE THAT HAS TO BE DONE TO COMPLETE THIS.

Randy Heinsohn
THANK YOU
RANDY HEINSOHN

928-505-6785
2729 HAVASUPAI BLVD
LAKE HAVASU CITY AZ
86404

Arizona Corporation Commission
DOCKETED

MAR 13 2002

DOCKETED BY *CH*

**AZ CORP COMMISSION
DOCUMENT CONTROL**

2002 MAR 13 A 11: 25

RECEIVED

Revised Application ^(dated Nov 7, 2001)
Docket # J-04064A-01-0883

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

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):

Randy Heinsohn _____
(Applicant's Name) (Business Name if different than Applicant's Name)
2729 Hawasupai Blvd _____
(Applicant's Address)
Lake Havasu city AZ 86404 _____
(Applicant's Address) (520) 505-6785
(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

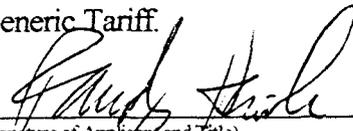
specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.;
or

- 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.



(Signature of Applicant and Title)

Randy Heinsohn

(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.

TO: Arizona Coop. Commission,

In response to your letter dated Feb.
28 2002, I am answering the 2nd

Page 2
of your
letter

group of 3 questions, as follows:

1. \$1825.00
2. \$480.00
3. \$1979.30

Respectfully

Fred Henrich 3/12/02

If the Applicant has not commenced operations or has been operating in Arizona less than twelve (12) months, please:

1. Provide the projected total revenue for the first twelve months to provide telecommunications service to Arizona customers by the Applicant following certification, adjusted to reflect the **maximum rates** that the Applicant has requested in its tariff. This adjusted total revenue figure could be calculated as the number of units sold for all services offered times the maximum charge per unit. *#1825.00*
2. Provide the projected **operating expenses** for the first twelve months to provide telecommunications service to Arizona customers by the Applicant following certification. *#480.00*
3. Provide the book value (original cost less accumulated depreciation) of **all Arizona jurisdictional assets** projected to be providing telecommunications service to Arizona customers at the end of the first twelve months of operation. If the projected fair value of those assets is different than the projected original cost net book value, also provide the corresponding projected fair value amounts. Assets are not limited to plant and equipment. Items such as office equipment and office supplies should be included in this list. If the projected value of all assets is zero, please specifically state this in your response. *#1979.30*

Staff requests the Applicant provide the above information within **30 days** of the date of this letter. Staff is aware that this change in procedure is rather sudden and that the information requested may not be readily available. However, we must all do our best to abide by the Court's decision.

Please mail your response (an original plus 10 copies) to Docket Control, Arizona Corporation Commission, 1200 W. Washington Street, Phoenix, AZ 85007-2927. If a response is not received within 30 days, Staff will recommend that the application be denied. If the Applicant believes that it will be unable to supply the necessary information within this timeframe, it should submit an explanation as to why within 30 days. Staff will endeavor to work with the Applicant as best as possible to comply with the Court's decision. It should be noted that if the application is denied, the Applicant could not provide the same telecommunications services in Arizona for which it is currently applying, until such time as a new application is filed with and approved by the Commission.

If you have any questions, please contact me at (602) 542-0856. Thank you for your prompt response to this request.

Respectfully,



John F. Bostwick
Administrative Service Officer II

JFB:nms

50 CENTS - FOR 5 MINUTES

**LOCAL CASH CALLS
U.S. COINS ONLY**

LOCAL DIRECTORY ASSISTANCE 411

**COPT PROVIDOR IS RANDY HEINSOHN
P.O.BOX 2968 PORTLAND OR. 97015**

1-800-767-8440

***AT & T* RATES APPLY FOR ALL
OPERATOR ASSISTED CALLS**

**BILLING INQUIRES
CALL 1-800-CALL-ATT
(1-800-225-5288)**

**INTRALATA CALLS MADE WITH
CALLING CARDS, INCLUDING IXC
MAY BE CARRIED BY THE COPT
SERVICE OPERATOR**

**FOR PROBLEMS WITH THIS PHONE
PLEASE CALL 1-800-767-8440**

**CALLER MAY ACCESS INTERXCHANGE CARRIER OF THEIR CHOICE FROM
THIS PHONE**

LIFT RECIEVER - LISTEN FOR DIAL TONE - DROP IN COINS - DIAL NUMBER

CALLING CARD

**LOCAL..... DIAL 0 + NUMBER
LONG DISTANCE..... DIAL 0 + AREA CODE + NUMBER**

COLLECT

**LOCAL..... DIAL 0 + NUMBER
LONG DISTANCE..... DIAL 0 + AREA CODE + NUMBER**

DIRECT DIAL

**LOCAL..... DIAL NUMBER
LONG DISTANCE..... DIAL 1 + AREA CODE + NUMBER**

***50 CENTS
FOR 5 MINUTES
LOCAL CASH CALLS***

***OUTGOING CALLS
ONLY***