

DEPOSIT DATE

499 OCT - 5 2004

CK # 1024

CK \$ 100.00

1. Name of company or name of individual (not fictitious name or d/b/a): 10/04/04
Martha Hegebarth-Fowler

RT

2. Name under which applicant will do business (fictitious name, etc.):
MKM Telecommunication Services

3. Official mailing address:

Street: 199 Russett Lane

P.O. Box: _____

City: Crossville

State: Tennessee Zip: 38572

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4. Florida address:

Street: 9610 Pine Cone Drive

P.O. Box: _____

City: Cantonment

State: FL Zip: 32533

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: N/A

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC I
- OTH _____

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