

ORIGINAL

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date May 16, 2002

Docket No. 020430 - 78

1. Division Name/Staff Name Competitive Markets & Enforcement - Pruitt
2. OPR Pruitt
3. OCR GCL

4. Suggested Docket Title Request for cancellation, effective 4/15/02, of IXC Certificate No. 7590 and ALEC Certificate No. 7386 by CoreComm Florida, Inc. and IXC Certificate No. 4047 by OCOM Corporation d/b/a Cellular Long Distance.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

CoreComm Florida, Inc.

OCOM Corporation d/b/a Cellular Long Distance

2. Interested persons and their representatives (if any):

6. Check one:

☒ Documentation is attached.

☐ Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

05221 MAY 15 8

FPSC-COMMISSION CLERK

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
AMS
REC
OTH



April 11, 2002

2002 APR 16 AM 11:13
DIVISION OF
COMPETITIVE SERVICES

DISTRIBUTION CENTER
02 APR 15 AM 10:05

Blanca Bayo, Secretary
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: CoreComm Florida, Inc. – Certificate Nos. 7386 and 7590
CoreComm Newco, Inc. – Certificate No. 4047

Dear Secretary Bayo:

(020000)

The Florida Public Service Commission ("Commission") previously issued the above-referenced certificates to CoreComm Florida, Inc. ("CFI") and CoreComm Newco, Inc. ("CNI"), parent company of OCOM Corporation d/b/a Cellular Long Distance ("OCOM") to provide telecommunications services in the State of Florida. CoreComm Limited is the ultimate parent company of both CFI and CNI.

Specifically, pursuant to Docket No. 980676-TI, the Commission approved the transfer of control of IXC Certificate No. 4047 held by OCOM to CNI. Pursuant to Docket No. 992034-TX, the Commission granted CFI authority to provide ALEC services under Certificate No. 7386. Subsequently, pursuant to Docket No. 000794-TI, the Commission also granted CFI authority to provide IXC services under Certificate No. 7590.

CFI has never provided telecommunications services to customers in the State of Florida since the issuance of the aforementioned certificates. Further, CNI/OCOM last provided services to Florida customers during calendar year 2001. The companies do not intend to provide services to Florida customers in the future. Accordingly, CoreComm Limited hereby respectfully requests that the Commission cancel the all of the aforementioned certificates held by its subsidiaries.

Also enclosed is a duplicate of this letter. Please stamp the duplicate "received" and return it to my attention using the self-addressed stamped envelope also enclosed. Please direct any future correspondence concerning this matter to my attention at the following address:

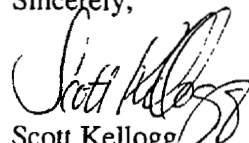
70 West Hubbard, Suite 410
Chicago, Illinois 60610

If you have any questions regarding this matter, please contact me at 312/445-1162.

US _____
AF _____
MP Isler
OM _____
TR _____
CR _____
CL _____
PC _____
MS _____
EC +
TH _____

Enclosures

Sincerely,


Scott Kellogg
Regulatory Affairs



DOCUMENT NUMBER - DATE
04158 APR 15 2002
FPSC-COMMISSION CLERK



2002 MAY -7 AM 9:53

DIVISION OF
COMPETITIVE SERVICES

DISTRIBUTION CENTER
02 MAY -7 AM 9:25

May 6, 2002

Paula J. Isler, Research Assistant
Bureau of Service Quality
Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-850

**RE: CoreComm Florida, Inc. – Certificate Nos. 7386 and 7590
CoreComm Newco, Inc. – Certificate No. 4047**

Dear Ms. Isler:

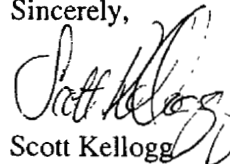
Per your request, this letter supplements my April 11, 2002 letter concerning cancellation of the above-referenced certificates.

Based on your April 18, 2002 letter, it is my understanding that since the companies' certificates have been active during calendar year 2002, they cannot be cancelled by the Florida Public Service Commission ("Commission") until the companies have paid their respective Regulatory Assessment Fees ("RAF") for calendar year 2002. Accordingly, please be advised that CoreComm Florida, Inc. and CoreComm Newco, Inc. hereby commit to file their respective IXC and ALEC Returns and remit payment of the RAF Minimum Annual Fees on or before May 31, 2002.

Also enclosed is a duplicate of this advice letter and a self-addressed, stamped envelope. Please stamp the duplicate letter "received" and return it to my attention using that envelope.

If you have any questions concerning this matter, please contact me at 312/445-1162.

Sincerely,



Scott Kellogg
Regulatory Affairs



Interexchange Company Regulatory Assessment Fee Return

TATUS: *1 P. 15/21*
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ420
 CoreComm Florida, Inc.
 70 West Hubbard, Suite 410
 Chicago, IL 60610
 Deposit Date
 D204 April 16, 2002

FOR PSC USE ONLY
 Check# 70194
 \$ 50.00 0603001
 \$ 7.50 003001
 \$ 1.50 0603001
 004011
 Postmark Date 4/12/02
 Initials of Preparer MR

☒ Actual Return
☐ Estimated Return
☐ Amended Return

ERIOD COVERED:
 1/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

See above

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0.00)	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50	
12.	TOTAL AMOUNT DUE		\$ 59.00

These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier ☒ Reseller ☐ Call Aggregator
 Alternate-Operator Service ☐ Rebiller ☐ Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected?
 Amount: \$ 0 for 12/2001
 What is the total amount of bond held (if applicable)?
 Amount: \$ 0 Expires: —

COMPANY INFORMATION

Do you lease telecommunications' facilities? ☐ YES ☒ NO
 If YES, who do you lease these facilities from? Name:

Address:

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Preparer of Form - Please Print Name)

Regulatory Affairs Atty.
 (Title)

3/25/02
 (Date)

Telephone Number (312) 445-1162 Fax Number (312) 445-1232

F.E.I. No. 13-4025785

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS: Actual Return
Estimated Return
Amended Return

PERIOD COVERED:
1/01/2001 TO 12/31/2001

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TX411
CoreComm Florida, Inc.
70 West Hubbard, Suite 410
Chicago, IL 60610

Deposit Date
D204 April 16, 2002

FOR PSC USE ONLY

Check# 70192

\$ 50.00 0603006
\$ 7.50 003001
\$ 1.50 0603006
004011

Postmark Date 4/12/02
Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

See above
(Name of Company) (Address) (City/State) (Zip)

FLORIDA		INTRASTATE REVENUE	
LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**	0.00	0.00
3.	Access Services	0.00	0.00
4.	Private Line Services	0.00	0.00
5.	Leased Facilities & Circuits Services	0.00	0.00
6.	Miscellaneous Services	0.00	0.00
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0.00
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		7.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		1.50
13.	TOTAL AMOUNT DUE		\$ 59.00

These amounts must be intrastate only and must be verifiable.
Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

Facilities-Based Provider CURRENT COMPANY STATUS
☒ Reseller
☐ Other:

Complete below if billing agent if other than yourself. BILLING INFORMATION
(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION
Do you lease telecommunications' facilities? () YES (X) NO
If so, who do you lease these facilities from? Name: _____
Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Scott Kellogg (Signature of Company Official) Regulatory Affairs Atty. (Title) 3/25/02 (Date)
Scott Kellogg (Preparer of Form - Please Print Name) Telephone Number (312) 445-1162 Fax Number (312) 445-1232
F.E.I. No. 13-4025785

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- ☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI382

CoreComm Newco, Inc.

70 West Hubbard, Suite 410

Chicago, IL 60610

Deposit
D 204

Date
April 16, 2002

FOR PSC USE ONLY

Check# 70195

\$ 50.00 0603001

\$ 7.50 003001

\$ 1.50 0603001

\$ 1.50 004011

Postmark Date 4/12/02

Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1,923	\$ 291
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 1,923	\$ 291
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		291
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50	
12.	TOTAL AMOUNT DUE		\$ 59

These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- ☐ Facilities-Based Carrier ☒ Reseller ☐ Call Aggregator
☐ Alternate-Operator Service ☐ Rebillor ☐ Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected?
 Amount: \$ 0 for 12/2001
 What is the total amount of bond held (if applicable)?
 Amount: \$ 0 Expires:

COMPANY INFORMATION

Do you lease telecommunications facilities? ☐ YES ☒ NO
 If YES, who do you lease these facilities from? Name:

Address:

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form Please Print Name)

Telephone Number (312) 445-1162 Fax Number (312) 445-1232

F.E.I. No. 13-3999233