REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

	(PLEASE TIPE)
Dat	Docket No. 997 Docket No. 997
١.	Division Name/Staff Name: Communications/K, Biegalski
2.	OPR: K. Biegalski
3.	oca:
ans	Suggested Docket Title: Request for cancellation of interexchange Telecommunications Certificate No. 519 Alternative Local Exchange Company Certificate No. 5195 issued to FiberSouth of Florida, Inc. d/b/perSouth, Inc.
5.	Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES ONLY for regulated companies or ACRONYHS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
	8. Provide COMPLETE name and address for all others. (Match representatives to clients.) 1. Parties and their representatives (if any)
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FII	persouth of Floride, Inc. d/b/e FiberSouth, Inc.
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	2. Interested Persons and their representatives (if any)
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6.	Check one: Documentation is attached.
	XX Documentation will be provided with the recommendation.
	nnousest NUMBER-DATE

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