

CCA
011094-T1

STATE OF FLORIDA

COMMISSIONERS:
E. LEON JACOBS, JR., CHAIRMAN
J. TERRY DEASON
LILA A. JABER
BRAULIO L. BAEZ
MICHAEL A. PALECKI



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
(850) 413-6600

Public Service Commission

October 30, 2001

Via Facsimile

Mr. Gary L. Williams, President & CEO
Structus TeleSystems, Inc.
1401 Main Street, Suite M100
Columbia, SC 29201-2831

RE: Docket Nos. 011094-T1 and 011308-TX

Dear Mr. Williams:

This is a follow up to our e-mail concerning the above two dockets. In your e-mail, you requested that both the IXC and ALEC certificates be cancelled. There are two kinds of cancellations. The first is voluntary, which is normally granted if the company is in good standing with the Commission and complies with Rules 25-24.474, Florida Administrative Code and 25-24.820, Florida Administrative Code. The first rule deals with IXC certificates and the latter with ALEC certificates. The other type of cancellation is involuntary. If a company is not in good standing and does not comply with the above rules, the Commission normally cancels the certificates on its own motion for a rule violation.

In order to resolve these dockets, the company should write the Commission a letter and request cancellation of its certificates. The request should include:

- (1) Docket numbers;
- (2) Payment of the 2000 Regulatory Assessment Fee (RAF), including penalty and interest charges, for both certificates;
- (3) Payment of the 2001 RAF or a date certain the 2001 RAF will be paid for both certificates; and
- (4) Statement of why the certificates are proposed to be cancelled.

Our rules also provide that cancellation of a certificate shall be ordered subject to the holder providing the above information.

The effective date of a voluntary cancellation is the date that the Commission received

DOCUMENT NUMBER - DATE
13705 OCT 30 01
FPSC-COMMISSION CLERK

Mr. Gary L. Williams, President & CEO
Page 2
October 30, 2001

company's request for cancellation. In this case, I can make the effective date of both certificates October 18, 2001, the date of your e-mail, if the company complies with the cancellation rules. This means that the company will owe the 2001 RAF for both certificates, even though your e-mail stated you never operated in Florida. The company must either pay the 2001 RAF for both certificates or provide a date certain that they will be paid, such as within 30 days after the Commission Order is issued granting the voluntary cancellations. The 2000 and 2001 RAF returns for both certificates are attached.

Please review this information and let me know by November 14, 2001 how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the above address.

Sincerely,



Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

cc: Docket No. 011094-TI
Docket No. 011308-TX
Division of Legal Services (K. Peña)

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
10/19/2000 TO 12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ416-00-0-R
 Structus TeleSystems, Inc.
 1401 Main Street, Suite M100
 Columbia, SC 29201-2831
 Docket No. 011094-TI

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P
 _____ 0603001
 _____ 004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

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	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ _____

* 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: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
 Amount: \$ _____ 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 () _____ Fax Number () _____

F.E.I. No _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.***

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

<p>Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services</p>
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7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

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)

TJ416-01-0-R
 Structus TeleSystems, Inc.
 1401 Main Street, Suite M100
 Columbia, SC 29201-2831
 Docket No. 011094-TI

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603001
 _____ 003001
 \$ _____ P
 _____ 0603001
 _____ 004011
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

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

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

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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? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ Amount: \$ _____ 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 () Fax Number ()
 F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Interexchange Company)

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2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

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Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
10/19/2000 TO 12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX482-00-0-R
 Structus TeleSystems, Inc.
 1401 Main Street, Suite M100
 Columbia, SC 29201-2831
 Docket No. 011308-TX

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
 _____ 003001

\$ _____ P
 _____ 0603006
 _____ 004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE		\$ _____

* 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

CURRENT COMPANY STATUS

() Facilities-Based Provider () Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

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 () _____ Fax Number () _____

F.E.I. No _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Alternative Local Exchange Company)

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2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 8, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.***

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4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

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Alternative Local Exchange 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)

TX482-01-0-R
 Structus TeleSystems, Inc.
 1401 Main Street, Suite M100
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 Docket No. 011308-TX

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603006
 _____ 003001
 \$ _____ P
 _____ 0603006
 _____ 004011
 \$ _____ J
 Postmark Date _____
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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CURRENT COMPANY STATUS

- () Facilities-Based Provider
 () Reseller
 () Other _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

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Address: _____

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 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No _____

FLORIDA PUBLIC SERVICE COMMISSION
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(Alternative Local Exchange Company)

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0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.

6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

IXC rule

25-24.474 Cancellation of a Certificate.

(1) The Commission may on its own motion cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rule or order; or
- (c) Violation of Florida Statutes.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (c) A statement on treatment of customer deposits and final bills.
- (d) Proof of individual customer notice regarding discontinuance of service.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.
Law Implemented 350.113, 350.127(1), 364.285, 364.337, 364.345 FS
History--New 2-23-87, Amended 3-13-96

ALEC rule

25-24.820 Revocation of a Certificate.

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

- (a) Violation of a term or condition under which the authority was originally granted;
- (b) Violation of Commission rule or order;
- (c) Violation of Florida Statute; or
- (d) Violation of a price list standard.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

- (a) A statement of intent and date certain to pay regulatory assessment fee.
- (b) A statement of why the certificate is proposed to be canceled.
- (c) A statement as to how customer deposits and final bills will be handled.
- (d) Proof of individual customer notice regarding discontinuance of service.

Specific Authority 350.127(2) FS.
Law Implemented 364.335, 364.345 FS.
History--New 12-27-95.

TRANSMISSION VERIFICATION REPORT

TIME : 10/30/2001 11:49
NAME :
FAX :
TEL :

DATE, TIME	10/30 11:44
FAX NO./NAME	618033761221
DURATION	00:05:00
PAGE(S)	11
RESULT	OK
MODE	STANDARD ECM