,			ORIGINA		
	REQUEST TO ESTABLISH DOCKET (Please Type)				
Date	July 15, 2002	Docket No.	0207/8-TI		
1. Divis	ion Name/Staff Name:	Division of Con	npetitive Markets & Enforcement/Isl		
2. OPR:	: Division of Competitive Markets & Enforceme	nt/Isler			
3. OCR	: Office of the General Counsel				
4. Sugg	gested Docket Title: Cancellation by Florida Pu	blic Service Com	nission of IXC Certificate No. 7567		
issued t	o Radio Communications Corporation d/b/a RC	C Radio Communi	cations Corporation for violation of		
25-4.01	61, F.A.C., Regulatory Assessment Fees; Telecon	mmunications Co	mpanies.		
5. Sugg	jested Docket Mailing List (attach separate she	et if necessary)			
A.	Provide NAMES OR ACRONYMS ONLY if a regulat	ed company.			
B.]	Provide COMPLETE NAME AND ADDRESS for all	others. (Match re	presentatives to companies.)		
:	1. Parties and their representatives (if any):			
<u></u>			· · · · · · · · · · · · · · · · · · ·		
	2. Interested persons and their representa	ttives (if any):			
6. Cheo	ck one: XX Documentation is attached.				
Documentation is attached.					
	Documentation will be provided	with recommends	auvii.		
PSC\CCA	1010-C (Rev 10/01)				
	······································		No		

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BOCUMENT NUMPER-PATE

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FPSC-COMMISSION CLERK

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STATE OF FLORIDA

Commissioners: Lila A. Jaber, Chairman J. Terry Deason Braulio L. Baez Michael A. Palecki Rudolph "Rudy" Bradley



DIVISION OF COMPETITIVE MARKETS & ENFORCEMENT WALTER D'HAESELEER DIRECTOR (\$50) 413-6600

Public Service Commission

May 23, 2002

Mr. Robert Shields, President Radio Communications Corporation (TJ405) 381 North York Road, Suite 25 Elmhurst, IL 60126-2364

Dear Mr. Shields:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 13, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, just paying the delinquent RAF amount will not prevent your certificate from being cancelled.

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.474, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax, at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Mr. Robert Shields, President Page 2 May 23, 2002

Sincerely,

Paula 9. John

Paula J. Isler, Research Assistant Bureau of Service Quality

Enclosures

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TO AVOID PENALTY	AND INTEREST CHARGES	, THE REGULATOR	Y ASSESSMENT FI	E RETURN MUST BE	FILED ON OR BEFORE O	1/30/2002
	Inter	exchange	Company	Regulatory	Assessment	Fee Return

STATUS:	Florida Public Service Commission (Ser Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return PERIOD COVERED:	TJ405-01-0-R Radio Communications Corporation 381 North York Road, Suite 25 Elmhurst, IL 60126-2364	\$0603001 \$P 0603001 \$0603001 004011 \$1
01/01/2001 TO 12/31/2001	CC: P. Isler Please Complete Below If Official Mailing Address Has Changed	Postmark Date Initials of Preparer

T

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1	Long Distance Services	5	5	
2	Access Services			
3	Private Line Services			
4	Leased Facilities & Circuits Services			
5.	Miscellaneous Services	······		
6.	TOTAL Telephone Services	<u>۶</u>	5	
7	LESS Amounts Paid to Other Telecommunications Companies*			
	(see "2 Fees" on back)	()	<u>(</u>)	
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u></u>	
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		s	

• These amounts must be intrastate only and must be verifiable.

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

What is the total amount of customer deposits collected? What is the total amount of bond held (if ap Amount: \$for 19 COMPANY INFORMATION Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name:			CURRENT COMPANY STATUS		
BILLING INFORMATION Complete below if billing agent if other than yourself. (Name) (Address: City/State/Zip) (Yet) (Yet) (Yet) (Name) (Address: City/State/Zip) (Yet)) Facilities-Based Carrier	() Reseller	() Call Aggregator		
Complete below if billing agent if other than yourself. () (Name) (Address: City/State/Zip) What is the total amount of customer deposits collected? What is the total amount of bond held (if ap Amount: \$) Alternate-Operator Service	() Rebiller	() Other		
(Name) (Name) (Address: City/State/Zip) (Telephone Number (BILLING INFORMATION		
What is the total amount of customer deposits collected? What is the total amount of bond held (if ap Amount: \$for 19 for 19 COMPANY INFORMATION ComPANY INFORMATION Do you lease telecommunications' facilities? () YES () NO () NO fYES. who do you lease these facilities from? Name:	Complete below if billing agent if othe	than yourself.			<i>(</i>)
Arrount: \$for 19 Amount: \$Expires: COMPANY INFORMATION Do you lease these facilities? () YES () NO f YES. who do you lease these facilities from? Name: Address:	(Name)	<u></u>	(Address: City/State/Zip)		(Telephone)
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 in rue and correct statement 1 am aware that pursuant to Section 837.06. Florida Statutes, whoever knowingly makes a false statement in writing with the intent us bublic servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) (Title) (Title) (Preparer of Form - Please Print Name)					· · · · /
f YES. who do you lease these facilities from? Name:	<u> </u>		COMPANY INFORMATION	·····	
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 in the and correct statement 1 am aware that pursuant to Section 837.06. Florida Statutes, whoever knowingly makes a false statement in writing with the intent to ublic servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) (Title) (Title) (Preparer of Form - Please Print Name)					
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(Signature of Company Official) (Title) ((Preparer of Form - Please Print Name)	rue and correct statement] am aware	that pursuant to Section 8	37.06. Florida Statutes, whoever knowingly mak		
(Preparer of Form - Please Print Name) Telephone Number () Fax Number ()	public servant in the performance of hi	s/her duty shall be guilty o	f a misdemeanor of the second degree.		
(Preparer of Form - Please Print Name) Telephone Number () Fax Number ()	(Signature of Compar	v Official)	()	tle)	(Date)
(Preparer of Form - Please Print Name)			Telephone Number (.Fax N	lumber ()
FELNO	(Preparer of Form - P	ease Print Name)			
F.E.J. No			F.E.I. No		

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

 SENDER: COMPLETE THIS SECTION Complete items 1. 2. and 3. Also compliatem 4 if Restricted Delivery is desired. Print your name and address on the rewise of that we can return the card to you Attach this card to the back of the mailing or on the front if space permits TJ405 Radio Communications Compability North York Road Suite 25 Elimhurst Illugois £0125-2364 	Prse C Signature iece X
	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C O.D
	4 Restricted Delivery? (Extra Fee)
2 Article Numt 7001 2510 00 (Transfer fror	07 6578 7535 <u>Fri</u>
PS Form 3811. March 2001	Domestic Return Receipt 102595-01-M-1424

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MCD Company Information for TJ405

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Printed on 07/12/2002 at 09:00:27 by PJJ

Company Code:	TJ405
Complete Name:	Radio Communications Corporation d/b/a RCC Radio Communications
Mailing Name: Certificate No(s): Status: Regulation Date: Bankruptcy: Company Liaison #1: Title: Mailing Address:	Corporation Radio Communications Corporation 7567 Active 09/12/2000 No Robert Shields President 381 North York Road, Suite 25
Physical Location:	Elmhurst, IL 60126-2364 381 North York Road, Suite 25
Phone: Fax:	Elmhurst, IL 60126-2364 (630) 832-0184 (630) 279-2401
Related Dockets:	
000660-T]	Application for certificate to provide interexchange telecommunications service by Radio Communications Corporation d/b/a RCC Radio Communications Corporation.

COMPANY IDENTIFICATION

Printed on 05/21/2002 at 15:10:13 by PJI

Complete Name: Radio Communications Corporation d/b/a RCC Radio Communications Corporation Mailing Name: Radio Communications Corporation Company Code: TJ405 FEID Number: 36-2668072

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RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date:	09/12/2000	Inactive Date:		
Service:	IXC - Interexchange Telephone	2		
Received:	No RAF Form			
Status:	Pending			
Amended:	No	Extension:	No	
Frozen:	No	Comments:	No	
Payment Count:	0 Payments Made to Date			
Operating Rev:	\$0.00	Interstate Rev	:	\$0.00
RAF Rate:		Net RAF Due:		\$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 3:01 PM by Jackie Knight

Period covered 01/01/2001 t	hrough 12/31/2001	RAF rate:
Operating rev:	\$0 00 Interstate rev:	\$0.00
Documents: Delinguent letter	mailed on 02/20/2002	
RAF form mailed o	n 12/06/2001	

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