ORIGINAL

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date	4/1/03	Docket No. CSCSC4 - 1X
		••
1. Divis	sion Name/Staff Name <u>Division of</u>	Competitive Markets and Enforcement/McCoy
2. OPR _	Toni McCoy/CMP	
3. OCR _	Legal	
4. Sugge	ested Docket Title <u>Request for ca</u>	ancellation of Alternative Local Exchange Certificate No. 7427
by Fairpo	oint Communications Solutions Corp.,	effective 12/31/02.
· · ·		
5. Sugge	ested Docket Mailing List (attach se	parate sheet if necessary)
A. F	Provide NAMES OR ACRONYMS ONLY if a	regulated company.
В. Я	Provide COMPLETE NAME AND ADDRESS fo	or all others. (Match representatives to companies.)
1.	. Parties and their representatives	(if any):
	·	,
_		
_		
2.	. Interested persons and their repre	esentatives (if any):
_		1
-		
6. Check		•
	<u>XX</u> Documentation is attached	DOCUMENT NUMBER-DAT
	Documentation will be pro	Ovided with recommendation.
		03085 APR-28

Cont.	
2/11/63 -	she had some questions about my jax.
,	Called KK @ 9:42 am & left V/m msg.
	Called KK @ 9:40 am & aav. she needed
·	to get the letter in reg. the transper \$53
	Jon TJ362 (2001 Averpaym.) to TX428,
	Mg. regund of difference, & comply w/
	Cancellation rule.
	FU 31
2/24/03 -	Irom Co. (Ital) - Letter dated 2/19/03
	requesting cancellation of ALEC Cert.
	(TX428) and asking that \$53 be transferred
	Jion 2001 hal. of TJ362 & Dalance rejunded.
2 25 03-	Forwarded copy of file & original Course.
	dated 2/19 to Jackie Knight for handling
3 12 03-	Checked RAF Syptem a 414. has not been done.
	Emailed JIK jes adorce. FLI 3/17.
	JIK adv. The transfer has been made.
	Su attached RAF summary.

3/17/03 -	Forwarded Voluntary	file to Jo Canaellation	S Jor o	handling. 12/31/02.
		•	·	
				•
		*		

*

COMPANY IDENTIFICATION

Printed on 03/17/2003 at 13:27:35 by PJI

Complete Name: FairPoint Communications Solutions Corp.

Mailing Name: FairPoint Communications Solutions Corp.

Company Code:

TX428

FEID Number:

62-1729497

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:

05/30/2000

Inactive Date:

Service:

ALX - Alternative Local Exchange

Received:

Actual RAF Form

Status:

Satisfied

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 1 Payment Made to Date

Operating Rev:

\$0.00

Interstate Rev:

\$0.00

RAF Rate:

0.0015

Net RAF Due:

\$50.00

Assessment	Due	Paid	0we
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$2.50	\$2.50	\$0.00
Interest	\$0.50	\$0.50	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$53.00	\$53.00	\$0.00

Last modification was made on Wednesday, March 12, 2003 at 11:57 AM by Jackie Knight

Period covered: 01/01/2002 through 12/31/2002

Operating rev:

\$0.00 Gross intrastate rev:

\$0.00

RAF rate: 0.0015

Documents: Delinquent letter mailed on 02/19/2003

Actual RAF form received on 02/03/2003

Remarks: Payment transferred from TJ362's 2001 overpayment.

RAF form mailed on 12/05/2002

Postmarked Trans Date Date Posted-By Dep # Check #

Check Amount

02/03/2003 03/12/2003 03/12/2003-JIK IF001 1006018469

\$607.73

RAF paid

IF001

\$50.00

Remarks: Payment transferred from TJ362's 2001 overpayment.

Penalty paid

IF001

\$2.50

Remarks: Payment transferred from TJ362's 2001 overpayment.

Interest paid

IF001

\$0.50

Remarks: Payment transferred from TJ362's 2001 overpayment.

Paula Isler

From: Paula Isler

Sent: Wednesday, March 12, 2003 10:04 AM

To: Jackie Knight

Subject: TJ362 and TX428; FairPoint Communications Solutions

Hi again. I need your help with another one. On 1/29/03, we received a letter from the company requesting cancellation of their ALEC certificate (TX428) and wanted to keep the IXC active.

I checked RAF System and found the company has a \$118.11 credit on the IXC Certificate (TJ362) for overpayment of the 2001 balance. On 02/24/03, we received a letter from the company requesting that the Commission transfer \$53 from TJ362's 2001 credit to 2002 TX428 and refund the difference. I forwarded the company's letter to you on 2/25/03.

I still have not opened the docket since I waiting on the RAF System to reflect the transfer. Can you check on this and let me know something? Thanks!

Jacker
L'm forwarding a

Copy of my file \$

The original 2/19

Correspondence to

yow. Co. is inquesting

that a paym. De

Transferred & that

The balance of the

Transfer be refunded.

2/25/03 Paula



Telephone: 316-227-4455 Facsimile: 316-227-8576

908 W. Frontview PO Box 199 Dodge City, KS 67801-0199 003 FEB 24 AM 8: 5:

ISTRIB TH CENTE

February 19, 2003

State of Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee FL 32399-0850

RE: FairPoint Communications Solutions Corp. TX428

Dear Sir or Madam,

We are writing on behalf of our subsidiary FairPoint Communications Solutions Corp. in reference to a fax received from Paula Isler on January 30, 2003, about our ALEC and IXC certificates. We would like to request the cancellation of the ALEC certificate, as we are only a reseller of long distance. We discontinued the CLEC operation in December 2001.

We would also like to request that \$53.00 be transferred from the 2001 credit balance on the IXC certificate (TJ362) to the 2002 ALEC certificate (TX428). Please refund the remaining \$65.11.

Enclosed please find a copy of the fax we received.

If you have further questions, please contact me at 620-227-4400.

Sincerely,

Lisa R. Hood

Vice President/Controller

Chicken of the desired with the second of th



908 W. Frontview P.O. Box 199 Dodge City, KS 67801-0199



State of Florida **Public Service Commission** 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

TRANSMISSION VERIFICATION REPORT

TIME : NAME : FAX : TEL :

01/30/2003 10:47

DATE, TIME FAX NO./NAME DURATION

01/30 10:46 616202278576 00:01:10 03 UK STANDARD ECM

Jaked Sheet 24. 820, FK Cerus Sheet 25. 24. 820, FK 2) Rule 25. 24. 820, FK 2) 200, FC out. 72. 3) 200, FC

January 30, 2003

STATE OF FLORIDA



TO:

Lisa R. Hood

VOICE: (620) 227-4480 FAX: (620) 227-8576

PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

FROM:

Paula Isler

Voice: (850) 413-6502 Fax: (850) 413-6503

E-mail: Pisler@psc.state.fl.us

RE:

FairPoint Communications Solutions Corp. (TX428)

Dear Ms. Hood:

The Commission received the company's 2002 Regulatory Assessment Fee return form with a note requesting cancellation of its ALEC certificate. Payment for the minimum fee was not attached and the company did not comply with Rule 25-24.820(2) (a-d), Florida Administrative Code. In researching our records, I noted that the company overpaid the 2001 Regulatory Assessment Fee for its IXC certificate and has a credit of \$118.11. When the company writes its letter requesting cancellation in compliance with Rule 25-24.820, Florida Administrative Code, you can request that the appropriate amount be transferred from the 2001 credit balance on the IXC certificate to the 2002 ALEC certificate. However, in order to avoid penalty and interest charges for late payment, the request must be postmarked today (January 30, 2003).

Please review this information and let me know how you wish to proceed. Let me know if you have any questions. Thanks.

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.

COMPANY IDENTIFICATION

Printed on 01/30/2003 at 09:30:01 by PJI

Complete Name: FairPoint Communications Solutions Corp.

Mailing Name: FairPoint Communications Solutions Corp.

Company Code: (TJ362 FEID Number: 62-1729497

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

Reg. Date:

05/30/2000

Inactive Date:

Service:

IXC - Interexchange Telephone

Received:

Actual RAF Form

Status:

Satisfied

Amended:

Extension:

No

Frozen:

No No

Comments:

No

Payment Count: 1 Payment Made to Date

Operating Rev:

\$326,411.00

Interstate Rev:

\$810,148.00

RAF Rate:

0.0015

Net RAF Due:

\$489.62

Assessment	Due	Paid	0we
RAF	\$489.62	\$607.73	\$-118.11
Penalty	\$122.41	\$122.41	\$0.00
Interest	\$53.86	\$53.86	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$665.89	\$784.00	(redit \$-118.11

Last modification was made on Thursday, December 12, 2002 at 2:18 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001

Operating rev:

\$326,411.00 Interstate rev:

RAF rate: 0.0015 \$810,148.00

Documents: Actual RAF form received on 12/05/2002

Interest paid

RAF form mailed on 05/20/2002

Delinquent letter mailed on 02/20/2002

RAF form mailed on 12/06/2001

Check Amount Postmarked Trans Date Date Posted-By Dep # Check # \$784.00 12/05/2002 12/09/2002 12/12/2002-JIK IF278 1006018469 \$607.73 IF278 RAF paid \$122.41 Penalty paid IF278 \$53.86

IF278

1

TO AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

Interexchange Company Regulatory Assessment Fee Return

1/0/		<u></u>
STATUS P. 15/e/ Florida Pub	olic Service Commission	FOR PSC USE ONLY
STATUS (See File	ing Instructions on Back of Form)	FOR PSC USE ONL) Checks / 20601 846 9
		s_607.73 06030
X Actual Return Vor FIELD(1) 1336 Esumated Return Amended Return Amended Return		
Esumated Return No FairPoint Commun	ications Solutions Corp.	s 122.41 P
Amended Return 908 W. Frontview		
P.O. Box 199	1	C2 Q/ 06030
n 1 01	7601-0199 UATE	5 53.86 0040
PERIOD COVERED: Dodge City, DEP	Man Coras	12/5/02
FIELD(3)	DEC A core	Postmark Date 12/5/02
10 D27	3數 DEC 0 9 20C1	Initials of Preparer
Please Complete Below	If Official Mailing Address Has Changed	
FairPoint Communications Soultions Corp		odge City, Ks = 6780
(Name of Company)	(Address) P.O. Box 199	
(Name of Company)	(Address) r.O. DOX 199	(City/State) (Zi
To make the second seco	TI ORTH	
LINE NO ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENU
· · ·		AM The METRICAL
Long Distance Services	\$ <u>485,253</u>	s <u>332,272</u>
Access Services Private Line Services	289,695	289.695
4 Leased Facilities & Circuits Services	209,097	207,09)
5 Miscellaneous Services	35,200	3,971
6 TOTAL Telephone Complete	s · 810,148	\$ 625,938
 TOTAL Telephone Services LESS: Amounts Paid to Other Telecommunications Compani 		(299,527)
(see "2. Fees" on back)	(
8. TOTAL REVENUES For Regulatory Assessment Fee Calcul	lation	326.411
 Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3 Failure to File by Due Da 		
11. Interest for Late Payment (see *3 Failure to File by Due Da		39
12 TOTAL AMOUNT DUE		s
These amounts must be intrastate only and must be verifiable.		TIAI FEE ICEEC
AS PROVIDED IN SECTION 364.336, FLO	W ' Y	ं वं
מממוז	NT COMPANY STATUS	
(X) Facilities-Based Carner () Reseller	() Call Aggregator	
() Alternate-Operator Service () Rebiller	() Other.	
	· /	
	· · · · · · · · · · · · · · · · · · ·	
	ING INFORMATION	
Complete below if billing agent if other than yourself.	ING INFORMATION	. 1 ₉ ;
Complete below if billing agent if other than yourself.	ING INFORMATION	نيا مسر
Complete below if billing agent if other than yourself.	(Address, City/State/Zip)	(Telephone)
Complete below if billing agent if other than yourself. (Name) What is the total argount of customer deposits collected?	(Address, City/State/Zip) What is the to	al amount of bond held (if applicable)
Complete below if biling agent if other than yourself. (Name)	(Address, City/State/Zip)	• •
(Name) What is the total amount of customer deposits collected? Amount: \$ for	(Address, City/State/Zip) What is the to Amount: \$	al amount of bond held (if applicable)
Complete below if billing agent if other than yourself. (Name) What is the total amount of customer deposits collected? Amount: S for=192001 COMI	(Address, City/State/Zip) What is the to	al amount of bond held (if applicable)
Complete below if billing agent if other than yourself. (Name) What is the total amount of customer deposits collected? Amount: S for 192001 COMI Do you lease telecommunications' facilities? () YES (X) NO	(Address, City/State/Zip) What is the to Amount: \$	al amount of bond held (if applicable)
(Name) What is the total amount of customer deposits collected? Amount: \$ for=192001 COMI	(Address, City/State/Zip) What is the to Amount: \$	al amount of bond held (if applicable)
(Name) What is the total amount of customer deposits collected? Amount: \$ for=192001 COMI	(Address. City/State/Zip) What is the to Amount: 5 PANY INFORMATION	al amount of bond held (if applicable)
Complete below if billing agent if other than yourself. (Name) What is the total amount of customer deposits collected? Amount: S for = 92001 COMI Do you lease telecommunications' facilities? () YES (X) NO If YES, who do you lease these facilities from? Name	(Address. City/State/Zip) What is the to Amount: 5 PANY INFORMATION	al amount of bond held (if applicable)
(Name) (Name) What is the total amount of customer deposits collected? Amount: \$	(Address. City/State/Zip) What is the to Amount: 5 PANY INFORMATION	al amount of bond held (if applicable)
(Name) What is the total amount of customer deposits collected? Amount: \$ for=192001 COMI Do you lease telecommunications' facilities? () YES (X) NO Address Address	(Address. City/State/Zip) What is the to Amount: \$	ExpiresExpires
(Name) (Name) What is the total amount of customer deposits collected? Amount: \$	(Address. City/State/Zip) What is the to- Amount: 5 PANY INFORMATION ead the foregoing and declare that to the best of my	Expires
(Name) (Name) What is the total amount of customer deposits collected? Amount: \$	(Address. City/State/Zip) What is the total Amount: 5	Expires
(Name) (Name) What is the total amount of customer deposits collected? Amount: \$	(Address. City/State/Zip) What is the to Amount: \$	Expires
(Name) What is the total amount of customer deposits collected? Amount: S	(Address. City/State/Zip) What is the to Amount: \$	ExpiresExpires
(Name) (Name) What is the total amount of customer deposits collected? Amount: \$\frac{1}{2}\triangle 0 \triangle 0 \triangl	(Address. City/State/Zip) What is the to Amount: \$	Expires
(Name) What is the total amount of customer deposits collected? Amount: S	(Address. City/State/Zip) What is the to Amount: \$	Expires
(Name) What is the total amount of customer deposits collected? Amount: \$	(Address. City/State/Zip) What is the to Amount: \$	Expires
(Name) What is the total amount of customer deposits collected? Amount: S	(Address. City/State/Zip) What is the to Amount: \$	Expires

PSC/CMU 153 (Rev. 11/11/99)

10 AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003 Alternative Local Exchange Company Regulatory Assessment Fee Return

\searrow	/			
STATUS:	Florida Public Ser		FOR PSC Check#	USEONLY
Actual Return Estimated Return Amended Return	TX428-02-0-R FairPoint Communication 521 East Morehead Stree	ns Solutions Corp.	\$ \$	0603006 003001 P 0603006 004011
PERIOD COVERED: 01/01/2002 TO 12/31/2002	Charlotte, NC 28202-269	95	\$Postmark DateInitials of Preparer	122/03 MC
	•	ficial Mailing Address Has Changed	L	
FairPoint Communication (Name of Company)	s Solutions Corp., 908 (Address)		ge City, KS 67801 (City/State)	(Zip)
9. Net Intrastate Operating Revenue 10. Regulatory Assessment Fee Due 11. Penalty for Late Payment (see "3 12. Interest for Late Payment (see "3 13. TOTAL AMOUNT DUE * These amounts must be intrastate only a Other long distance revenue must be list	TA only)** Vices Felecommunications Companies* (see "2 e for Regulatory Assessment Fee Calcula (Multiply Line 9 by 0.0015) Failure to File by Due Date" on back) Failure to File by Due Date" on back)	essment Fee Return. Please Ca	\$ancel Alternative	Local Exchange
) Facilities-Based Provider	CURRENT ((x) Reseller	COMPANY STATUS	mpany Regulatory A	ssess Fee Reti
	BILLING	GINFORMATION		AK .
Complete below if billing agent if other than	yourself.		ξ. ()
(Name)	Ministra Company Compa	(Address: City/State/Zip)		(Telephone)
	COMPAN	IY INFORMATION		
Oo you lease telecommunications' facilities' f YES, who do you lease these facilities from	? () YES () NO om? Name:			
Address:				
I, the undersigned owner/officer of the rue and correct statement. I am aware that public servant in the performance of his/her	above-named company, have read the fo pursuant to Section 837.06, Florida Stat r duty shall be guilty of a misdemeanor o	utes, whoever knowingly makes a raise	ny knowledge and belief the above statement in writing with the inte	ve information is a ernt to mislead a
isa Hood Jia	A. Hord	VP/Controller (Title)		1/6/03 (Date)
(Signature of Comp	pany Official) /	Telephone Number (620) 227-4	480 Fax Number ()	,,
(Preparer of Form - Plea	ise Print Name)	F E.I. No.	,	
		1 D.M. 1701		