

**REQUEST TO ESTABLISH DOCKET**  
(Please Type)

Date: **October 2, 2003**      Docket No. **030968-TX**

1. Division Name/Staff Name: **Division of Competitive Markets & Enforcement/Isler**

2. OPR: **Division of Competitive Markets & Enforcement**

3. OCR: **Office of the General Counsel**

4. Suggested Docket Title: **Cancellation by Florida Public Service Commission of CLEC Certificate No. 5625**

**issued to Choctaw Communications, Inc. d/b/a Smoke Signal Communications for violation of Rule 25-24.0161,**

**F.A.C., Regulatory Assessment Fees; Telecommunications Companies.**

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):


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


6. Check one:

XX      Documentation is attached.

     Documentation will be provided with recommendation.

DOCUMENT NUMBER - DATE  
**09677 OCT-5 8**  
FPSC-COMMISSION CLERK

TRANSMISSION VERIFICATION REPORT

TIME : 07/03/2003 10:05  
NAME :  
FAX :  
TEL :

DATE, TIME	07/03 10:04
FAX NO./NAME	615048310892
DURATION	00:00:26
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

*faxed  
1) cover sheet*

July 3, 2003

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Sheree West

VOICE: (504) 832-1984  
FAX: (504) 831-0892

**FROM:**

Paula Isler

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

E-mail: [Pisler@psc.state.fl.us](mailto:Pisler@psc.state.fl.us)

**RE:**

Choctaw Communications, Inc. d/b/a  
Smoke Signal Communications  
(TX189)

Dear Ms. West:

On June 9<sup>th</sup>, we discussed the fact that this company had not paid the 2002 Regulatory Assessment Fee, plus statutory penalty and interest charges. You asked me to fax you a copy of my April 11, 2003, letter to you, which was done. As of this date, the Commission still has not received payment of the past due amount.

Can you please check on the status of this and let me know? Thanks.

Paula Isler

TRANSMISSION VERIFICATION REPORT

TIME : 06/09/2003 14:47  
NAME :  
FAX :  
TEL :

DATE, TIME	06/09 14:45
FAX NO./NAME	615040310092
DURATION	00:01:46
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

*faxed*  
*1) cover sheet*  
*2) MCD info*  
*3) My 4/11 letter*  
*(3 pgs)*

June 9, 2003

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Sheree West

VOICE: (504) 832-1984  
FAX: (504) 831-0892

**FROM:**

Paula Isler

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

E-mail: [Pisler@psc.state.fl.us](mailto:Pisler@psc.state.fl.us)

**RE:**

Choctaw Communications, Inc. d/b/a  
Smoke Signal Communications  
(TX189)

Dear Ms. West:

Attached is a copy of my April 11<sup>th</sup> letter to Ms. Hanley, who you said was no longer with the company. Since that information is outdated, please have the company update its reporting requirements. A copy of what is currently on record is attached. Let me know if you have any questions. Thanks.

Paula Isler

## Reporting Requirements

**Choctaw Communications, Inc. d/b/a Smoke Signal Communications (TX189)**  
**Certificate No. 5625, Effective 05/07/98**

	<b>Current Information</b>	<b>Make Changes Here</b>
1 <sup>st</sup> Liaison's Name	Marla J. Hanley	
1 <sup>st</sup> Liaison's Title	Regulatory Director	
1 <sup>st</sup> Liaison's E-mail Address	Hanleym@smokesignal-clec.com	
1 <sup>st</sup> Liaison's Telephone Number	(713) 779-0692 ext 3910	
1 <sup>st</sup> Liaison's Fax Number	(713) 774-6953	
2 <sup>nd</sup> Liaison's Name		
2 <sup>nd</sup> Liaison's Title		
2 <sup>nd</sup> Liaison's E-mail Address		
2 <sup>nd</sup> Liaison's Telephone Number		
2 <sup>nd</sup> Liaison's Fax Number		
Mailing Address	8700 South Gessner Houston, TX 77074-2916	
Physical Address	8700 South Gessner Houston, TX 77074-2916	
Website	<a href="http://www.smokesignal-clec.com">http://www.smokesignal-clec.com</a>	

STATE OF FLORIDA

# 249

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
RUDOLPH "RUDY" BRADLEY  
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

## Public Service Commission

April 11, 2003

Ms. Marla J. Hanley, Regulatory Director  
Choctaw Communications, Inc. (TX189)  
8700 South Gessner  
Houston, TX 77074-2916

Dear Ms. Hanley:

The Regulatory Assessment Fee (RAF) is due by January 30<sup>th</sup> 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 that the 2002 RAF return notice was mailed on December 12, 2002, and a delinquent notice was mailed on February 20, 2003. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2002 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by April 30, 2003, a docket will be established. Your company will be fined or your certificate cancelled if you do not respond. Our records show that if a docket is established, this will be the company's second docket for the same rule violation. 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 2002 RAF return form, either pay the 2003 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.820, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Florida Department of Financial Services for further collection efforts.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or by writing to me at the address below.

Sincerely,

Handwritten signature of Paula J. Isler in cursive.

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

# Alternative Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

PERIOD COVERED:

01/01/2002 TO 12/31/2002

TX189-02-0-R  
 Choctaw Communications, Inc.  
 8700 South Gessner  
 Houston, TX 77074-2916

*cc: P. Isler*

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

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. \_\_\_\_\_



**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.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TX189 Choctaw Communications, Inc.  
8700 South Gessner  
Houston, TX 77074-2916

2. Article Number  
(Transfer from service label)

7002 0860 0001 1755 7764

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

2/25/03

C. Signature

*Linda Ramirez*

Agent

Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPANY IDENTIFICATION**

Printed on 03/18/2003 at 09:54:25 by PJI

Complete Name: Choctaw Communications, Inc. d/b/a Smoke Signal Communications

Mailing Name: Choctaw Communications, Inc.

Company Code: TX189                      FEID Number: 75-2795543

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

Reg. Date: 05/07/1998                      Inactive Date:  
 Service: ALX - Alternative Local Exchange  
 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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Last modification was made on Thursday, December 5, 2002 at 9:34 AM by Jackie Knight

Period covered: 01/01/2002 through 12/31/2002                      RAF rate:  
 Operating rev:                                      \$0.00                      Gross intrastate rev:                                      \$0.00  
 Documents: Delinquent letter mailed on 02/19/2003  
                     RAF form mailed on 12/05/2002