		REQUEST TO ES (Pleas	TABLISH DO	OCKET
Date:	7/18/2007		Docket No.:	070438-TI
1. Divisio	n Name/Staff Name:	Division Of Competitive Ma	arkets & Enforce	ement/Isler
2. OPR:				
3. OCR:	Office Of The General	Counsel		
4. Sugges				on No. TJ268, issued to Access Integrated n of Section 364.336, Florida Statutes.
5. Sugg	ested Docket Mailing	List (attach separate shee	t if necessary)	
Α.	Provide NAMES OR A	CRONYMS ONLY if a regu	lated company	y.
В.	Provide COMPLETE N	AME AND ADDRESS for a	ll others. (Mat	ch representatives to companies.)
1.	. Parties and their re	presentatives (if any):		
		,		
2.	Interested persons	and their representatives	(if any):	
	-			
	VI-AR-	Control of		**************************************
6. Check	one:			
		on is attached.		
	Documentati	on will be provided with re	ecommendatio	on.
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n	NOTINE NOT NUMBER CATE
	DOCUMENT RUMBER - 7			

06022 JUL 185

COMPANY IDENTIFICATION

Printed on 07/16/2007 at 15:51:17 by PJI

Complete Name: Access Integrated Networks, Inc.

Mailing Name: Access Integrated Networks, Inc.

Company Code: TJ268

FEID Number:

58-2233012

RAF ACCOUNT FOR THE PERIOD 01/01/2006 THROUGH 12/31/2006

Reg. Date:

08/30/1999

Inactive Date:

Service:

IXC - Interexchange Telephone

Received:

Actual RAF Form

Status:

Satisfied

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 1 Payment Made to Date Operating Rev:

\$15,317.74

Interstate Rev:

\$35,872.80

RAF Rate:

0.0020

Net RAF Due:

\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$5.00	\$5.00	\$0.00
Interest	\$1.00	\$1.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$56.00	\$56.00	\$0.00

400tm 3/26/07

Last modification was made on Thursday, March 29, 2007 at 10:55 AM by David Brown

PSC/CMP-007 (Rev. 01/05)

Interexchange Company Regulatory Assessment Fee Return

FOR PSC USE ONLY

STAT	US:	Florida Public Se	ervice Commissions on Back of Form)	sion	FOR PSC Check# 3	USE ONLY
PERIO	Actual Return Estimated Return Amended Return OD COVERED:	TJ268 - 06 - 0 - R Access Integrated Networks, 4885 Riverside Drive, Suite 3 Macon, GA 31210-1148	Inc.		5 <u>€0.00</u>	06-03-001 003001 P 06-03-001 004011
	1/06 TO 12/31/06		TICCIED	100 4 4 122	\$ 1.00	
01/0	1,00 10 12,51,00		735 MAR	2007	, , –	3 26.07
		Please Complete Below If Official			Initials of Prepare	r
	(Name of Company)	(Ad	dress)		(City/State)	(Zip)
/ DIE	(<u> </u>	A GPOSS		
<u>LINE</u> NO.	A CCOUNT	CLASSIFICATION		<u>A GROSS</u> <u>G REVENUE</u>	INTR AST A	TE REVENUE
<u>NO.</u> 1.	Long Distance Services	CLASSITICATION	\$		\$	
2.	Access Services					
3 .	Private Line Services			0.00		
4. 5.	Leased Facilities & Circuit Miscellaneous Services	s Services		0.00	· · · · · · · · · · · · · · · · · · ·	0.00
	TOTAL Telephone Servi	***	•	515,074.28	\$	
6. 7.	·	ther Telecommunications Companies (1)	· · · · · · · · · · · · · · · · · · ·	479,201.48	(
7. 8 .		Regulatory Assessment Fee Calculation		479,201.10	s	
		e Due (Multiply Line 8 by 0.0020)			s	
9. 10.		see"3. Failure to file by Due Date" on back)				5.00
11.		see"3. Failure to file by Due Date" on back)			\$	
12.	Extension Payment Fee (se	e "4. Extension" on back)				(2)
13.	TOTAL AMOUNT DUE	(\$50 MINIMUM)			\$	56.00
		intrastate only and must be verifiable (see "2 operating revenue of a company, a minimum a Statutes.		sessment fee of \$50 s	shall be imposed as prov	ided in
			OMPANY STATU			
` '	ilities-Based Carrier ernate-Operator Service	(X) Reseller () Rebiller	() Cail Ag () Other:			
			NFORMATION			
Comple	ete below if billing agent if oth	er man yoursen.				
1177	(Name)	describe colleged?	(Address: City/State			(Telephone)
	the total amount of customer int: \$ for	2006		Amount	total amount of bond he	
		COMPANY	INFORMATION	 		
Do you	lease telecommunications' fac		INFORMATION			
If YES,	who do you lease facilities fro	om: Name: Qwest Communic	ations, Inc.			
Add	ress:					
nformation ntent to m	on is a tree and correct statement in the	icer of the above-named company, have rea int. I am aware that pursuant to Section 837 performance of his/her duty shall be guilty of	.06, Florida Statutes,	whoever knowingly		
•	(Signature of Comp	oney Official)		(Title)		(Date)
Vincent		Drink Name)	Telephone Number:	478-475-9800	Fax Number 478-475-9	988
	(Preparer of Form-Ple	ease rrint Name)	F.E.I.No. <u>58-22</u>	233012		

 $C: \label{locume-1} C: \label{locume-1} C: \label{locume-1} LOCALS-1 \label{locume-1} I \label{locume-1} C: \label{locume-1} LOCALS-1 \label{locume-1} I \label{locume-1} I \label{locume-1} C: \label{locume-1} I \label{locume-1} C: \label{locume-1} LOCALS-1 \label{locume-1} I \label{locume-1} I \label{locume-1} I \label{locume-1} I \label{locume-1} I \label{locume-1} I \label{locume-1} C: \label{locume-1} I \label{locume-1} C: \label{locume-1} I \label{locume-1} I$



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Track & Confirm FAQs

Track & Confirm

Label/Receipt Number: 7006 0810 0002 3488 3310 Status: Delivered	Track & Confirm
Your item was delivered at 12:38 PM on February 22, 2007 in MACON, GA 31210.	Enter Label/Receipt Number. Go >
Notification Options	makalin M. Masanina
Track & Confirm by email	
Get current event information or updates for your item sent to you or others by email. (<u>Go ></u>)

POSTAL INSPECTORS
Preserving the Trust

site map contact us government services jobs National & Premier Accounts Copyright © 1999-2004 USPS. All Rights Reserved. Terms of Use Privacy Policy

75268 2/22 Dul. 3/9 Due 3/26 Pd

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.	A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) D. Is delivery address different from item 1?
TJ268-06-0-D Access Integrated Networks, Inc. 4885 Riverside Drive, Suite 304 Macon, GA 31210-1147	3. Service Type Certified Mail
2./ 7006 0810 0002 3488	
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540

i i

MCD Company Information for TJ268

Printed on 07/16/2007 at 13:54:10 by PJI

TJ268

Company Code: Complete Name: Mailing Name:

Access Integrated Networks, Inc. Access Integrated Networks, Inc.

Certificate No(s): Status:

N/AActive

Regulation Date:

08/30/1999 No

Bankruptcy:

Company Liaison #1:

Title:

Sharyl D. Fowler Senior Regulatory Analyst 4885 Riverside Drive, Suite 304

Mailing Address:

Macon, GA 31210-1147

Physical Location:

4885 Riverside Drive, Suite 304

Macon, GA 31210-1147 (478) 476-1165 (478) 405-3112

Phone: Fax:

Related Dockets:

990665-TI

Application for certificate to provide interexchange telecommunications service by Access Integrated Networks, Inc.

060164-TP

Joint petition for waiver of Rule 25-4.118, F.A.C., to allow

transfer of customers from Trinsic Communications, Inc. to Access

Integrated Networks, Inc.

070175-TP

Joint petition for waiver of carrier selection requirements of Rule 25-4.118, F.A.C., to facilitate transfer of customers from IDT America, Corp. to Access Integrated Networks, Inc.

106-pd 3/26/07