REQUEST TO ESTABLISH DOCKET												
(Please type or print. File original <i>plus</i> 1 copy with CLK.)												
Date:	4/30/2010		Docket No.:	100255 -77								
1. From Staff / Division: Pruitt/ Rad		Pruitt/ Rad										
2. OPR:	RAD											
3. OCR:	GCL											
4. Suggest	ted Docket Title:	Compliance investigations, Communications, Statutes, and Telecommunication	LLC, for appare Rule 25-4.01	Registration No. TK/ ent first-time violation o 61, F.A.C., Regulat	of Section 3	to To 64.336 ssment	, Florida					
5. Program/Module/Submodule Assignment:				A18a, A10	78.53	70						
6. Suggested Docket Mail List.					<u></u>	175	T					
a. Provide NAMES/ACRONYMS, if register			ed company.	☐ Provided as an At	tachment	36	Ö					
Company of applicate TK245		address, if differen	t from MCD):	Representatives (nam	e and addre	ess):						
b. Pro	vide COMPLETE	NAME AND ADDRE	SS for all other	rs. (match representati	ves to com	oanies)						
Company of application	Code, Intereste	ed persons, if any, address, if differen		Representatives (nam								
7. Check o	ne: 🗵 Sup	porting Documenta	tion Attached	☐ To be provided wi	ith Recomm	endati	on					
Comments	:											

03596 APR 30 2

FPSC-CGMMISSION CLEEK

TK245-09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery				
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No				
TK245 TelCentris Communications, LLC 10180 Telesis Court, Suite 150					
San Diego, CA 92121-2742	3. Service Type A Certified Mail Registered Insured Mail C.O.D.				
	4. Restricted Delivery? (Extra Fee)				
Article Number 7009 341 (Transfer from service label)	0 0002 4112 1186				
PS Form 3811, February 2004 Domestic Return Receipt					

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY
Check # NO Check!

STATU	ç.		-		Check # No Ch-	ck	
⊀ Actual Return		TK245-09-0-R	Filing Instructions on Back of Fo	778)		1	
Estimated Return			nunications, LLC		S	06-03-001 مــ	
Amended Return		10180 Telesis C		ĺ	s	003001	
		San Diego, CA	•	}		06.03.001	
PERIO	D COVERED:	Star Brogo, Crr)		13	06-03-001 004011	
	009 TO 12/31/2009			1	3		
		1			Postmark Date		
		Please Complete Re	low If Official Mailing Ac	dress Has Changed	Initials of Preparer		
	a 6.8	Treate Complete Be	ow it Official Manifing Ac				
	(Name of Company)		(Address)		(City/State)	(Zip)	
LINE				FLORIDA G	ROSS		
NO.	ACCOL	INT CLASSIFICATION		OPERATING R		REVENUE	
1.	Long Distance Services			s Ø	s		
2. 3.	Access Services Private Line Services						
4.	Leased Facilities & Circui	ts Services					
5.	Miscellaneous Services						
6.	TOTAL Telephone Servi	ces		s <u> </u>	s <u> </u>		
7.	LESS: Amounts Paid to To)()				
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation \$						
9.	Regulatory Assessment Fe	e Due (Multiply Line 8 by	0.0020)				
10.	Penalty for Late Payment				0		
11.	Interest for Late Payment				Ð		
12.	Extension Payment Fee (se	e "4. Extension" on back)			<u>-8</u>		
13.	TOTAL AMOUNT DUE	(\$700.00 MINIMUM)			\$	(2)	
	(1) These amounts must b	e intrastate only and must	be verifiable (see "2. Fees"	on back).			
	(2) Regardless of the gros Section 364.336, Flori		ompany, a minimum annua	l regulatory assessment fee	of \$700 shall be imposed as pro	ovided in	
	Section 304.330, Figh	ua statutes.					
,			CURRENT COMPANY S	TATUS			
	ties-Based Carrier tate-Operator Service	() Rese () Rebi		() Call Aggregator () Other:			
() Alten	late-Operator Service	() Kebi		() Other:			
			BILLING INFORMAT	TION			
Complete l	below if billing agent is other	than yourself.			()		
	(Name)		(Address: City	/State/Zip)	(Telephone)		
What is the Amount:	total amount of customer de \$ for 2				tal amount of bond held (if appl Expires:		
	101 2			Amount. 3_	Expires.		
			COMPANY INFORMA	TION			
	se telecommunications' facili no do you lease these facilities		() NO				
Address:							
information		ent. I am aware that pursu	ant to Section 837.06, Flo	rida Statutes, whoever know	best of my knowledge and be wingly makes a false statement		
are mont t	C. I. Sicad a pasite servant in	periornance of marilet	easy shan oc ganty of a lib	- G	1 1	10	
(Signature of Company Official)				(Title)		Date)	
			T-11 - N 1	1808, 864 - 98V	3	C-7478	
	reparer of Form - Please	Print Nama	Telephone Number	(0 00) 007 - 707	Fax Number (614)6	2-2010	
γ,	- Phares of Loran - 1 realest	a come comments	F.E.I. No. 65	1272542			
PSC/RAI	153 (Rev. 12/09)		C:\DQCUME~1\dbrown\LOC	CALS~I\Temp\foxmerge30493324\x	xmergeformxx.doc		

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