

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

RECEIVED-FPSC
 10 MAY 13 AM 9:31
 COMMISSION
 CLERK

Date:	5/13/2010	Docket No.:	100285-TC
1. From Staff / Division:		Division Of Regulatory Analysis/Pruitt	
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:			
Compliance investigation of PATS Certificate No. 8020, issued to Conversant Technologies, Inc., for apparent third-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.			
5. Program/Module/Submodule Assignment:			A18a And A10
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TG863	.		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

DOCUMENT NUMBER-DATE
 04005 MAY 13 09
 FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 05/13/2010 at 08:33:50 by NEP

Complete Name: Conversant Technologies, Inc.

Mailing Name: Conversant Technologies, Inc.

Company Code: TG863 FEID Number: 75-2598142

RAF ACCOUNT FOR THE PERIOD 01/01/2009 THROUGH 12/31/2009

Reg. Date:	02/04/2002	Inactive Date:	
Service:	PAT - Pay Telephone		
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 Monday, December 7, 2009 at 8:27 AM by David Brown

TG863-09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Stephanie Coleman</i></p>
<p>1. Article Addressed to:</p> <p>TG863 Ms. Stephanie Coleman Conversant Technologies, Inc. 6900 Alma Drive, Suite 180 Plano, TX 75023-2067</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2-25-10</u></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 3410 0002 4112 2282</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540