

REQUEST TO ESTABLISH DOCKET

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

Date:	5/18/2010	Docket No.:	100298-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. 8617, issued to ABC Payphones Inc., for apparent first-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):	
TH058			
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:			

COMMISSION
CLERK

10 MAY 18 PM 3:08

RECEIVED-FPSC

DOCUMENT NUMBER-DAT:

04211 MAY 18 2010

G:\est.doc

COMPANY IDENTIFICATION

Printed on 05/18/2010 at 13:25:23 by NEP

Complete Name: ABC Payphones Inc.

Mailing Name: ABC Payphones Inc.

Company Code: TH058 FEID Number: 20-2743827

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

Reg. Date: 03/27/2006 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

TH058-09-0-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.	A. Signature <input checked="" type="checkbox"/> <i>Anthony Parnich</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: TH058 ABC Payphones Inc. 3011 North 26th Avenue Milton, FL 32583-5906	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Anthony Parnich</i> <i>2-26-10</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>1785 CEDRUS LN PENSACOLA, FL 32514</i>
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7009 3410 0002 4112 2183