		(1	REQUEST TO ESTABLE Please type or print. File original	LISH DOCKET PECEIVED-FPSC			
Date:	4/18/20		Docket No.:	110109-TX 11 APR 19 PM 3: 15			
1. From Staff / Division:		sion:	Division Of Regulatory Analysis/T	oni Earnhart 26 COMMISSION			
2. OPR:	Toni Ea	rnhart, RA	ND	CLERK			
3. OCR:	GCO	<del>-</del>					
4. Suggested Docket Title:				CLEC Certificate No. 7401, issued to onc., for apparent first-time violation of Rule 25-2 es; Telecommunications Companies.			
5. Prograi	m/Module	e/Submod	dule Assignment:	A18a, A10			
6. Sugges	ted Docl	ket Mail L	ist.				
a. Pro	vide NAI	MES/ACR	ONYMS, if registered company.	☐ Provided as an Attachment			
Company Code, if applicable: (include a TX426			address, if different from MCD):	Representatives (name and address):			
h Dro	wide CO	MDIETE	NAME AND ADDRESS for all other	/motels representatives to companies)			
Company			d persons, if any,	ers. (match representatives to companies)			
			address, if different from MCD):	Representatives (name and address):			
7. Check o	one:	⊠ Supp	porting Documentation Attached	☐ To be provided with Recommendation			
Comments	S:						
				DOCUMENT NUMBER-			

OPC

CLK Nonth PSO/GLK 010-C (Rev. 04/08)

02676 APR 19 =

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired.  Print your name and address on the reviso that we can return the card to you.  Attach this card to the back of the mailpor on the front if space permits.	A. Signature  X. Auren P. Color Date of Delive  B. Received by (Printed Name)  C. Date of Delive			
Article Addressed to:  TX426-10-0-D  Cogent Communications of Florid 1015 31st Street, N.W.  Washington, DC 20007-4406	ā	D. Is delivery address diffusion from item 1? Elives If YES, enter delivery address below:		
		3. Service Type Certified Mail Registered Insured Mail	☐ Express Mall  Return Receipt I  ☐ C.O.D.	or Merchandise
Article Number (Transfer from service label)     7 □	1	<ol> <li>Restricted Delivery</li> </ol>	n (Extra Fee)	☐ Yes
	06 07.0	חגר בטסט סו	5b 8841	

<ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desir</li> <li>Print your name and address on the</li> </ul>	ed.	A. Signature	☐ Agent ☐ Addressee
<ul> <li>so that we can return the card to you</li> <li>Attach this card to the back of the ror on the front if space permits.</li> </ul>		B. Received by (Printed Name) C. Date of De	
1. Article Addressed to:		D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
TX426-10-0-D Cogent Communications of F 1015 31st Street, N.W. Washington, DC 20007-4406			
Traditing territoria		3. Service Type Certified Mall Registered Insured Mail C.O.D.	Mail eceipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	7006 0	100 0003 1056 884	1
		the same of the sa	

## COMPANY IDENTIFICATION

Printed on 04/18/2011 at 15:00:16 by TJE

Complete Name: Cogent Communications of Florida LHC, Inc.

Mailing Name: Cogent Communications of Florida LHC, Inc. Company Code: TX426 FEID Number: 75-2841259

## RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 05/10/2000 Inactive Date:

Service: CLX - Competitive 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:

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 Wednesday, December 8, 2010 at 12:56 PM by David Brown

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