

REQUEST TO ESTABLISH DOCKET

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

RECEIVED-FPSC
 13 MAR -5 AM 8:07
 COMMISSION CLERK

Date:	3/4/2013	Docket No.:	130058-IX <i>EE</i>
1. From Division / Staff:	Office Of Telecommunications/Toni Earnhart		
2. OPR:	Toni Earnhart, TEL		
3. OCR:	GCO		
4. Suggested Docket Title:	Request for cancellation of Certificate of Necessity No. 8781 by Assurance Home Phone Services, Inc., effective December 31, 2012.		
5. Program/Module/Submodule Assignment:	B-1.F		
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):	
TY017			
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: Documentation Attached			

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM _____
- TEL _____
- CLK NG

DOCUMENT NUMBER-DATE
 01139 MAR-5 2013
 FPSC-COMMISSION CLERK

Lance J.M. Steinhart, P.C.
Attorneys At Law
1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

Also Admitted in New York
Email: lsteinhart@telecomcounsel.com

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

October 30, 2012

VIA OVERNIGHT DELIVERY

Attn: Ann Cole
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Assurance Home Phone Services, Inc.

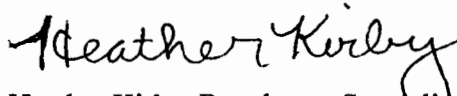
Dear Ms. Cole:

Assurance Home Phone Services, Inc. (the "Company") hereby requests cancellation of its Certificate To Provide Competitive Local Exchange Telecommunications Service granted by Order No. PSC-10-0147-CO-TX in Docket No. 090532-TX. The requested cancellation will have no adverse effect, as the Company does not have any customers in the State of Florida.

The Company also acknowledges that it owes the regulatory assessment fee of \$600.00 for 2012 and has enclosed a check for the full amount of the fee made payable to Florida Public Service Commission.

I have enclosed an extra copy of this letter to be date-stamped and returned to me in the enclosed pre-addressed, postage prepaid envelope. If you have any questions or if I may provide you with additional information, please do not hesitate to contact me. Thank you.

Respectfully submitted,



Heather Kirby, Regulatory Specialist
Lance J.M. Steinhart, P.C.

Attorneys for Assurance Home Phone Services, Inc.

cc: Tina Allen
Toni Earnhart

RAF
rec'd Postmark
10/31/2012
FISCAL
FOUND REQUEST
AND FORWARDED
TO TEL.

13 FEB 28 PM 3:47
OFFICE OF
TELECOMMUNICATIONS

DOCUMENT NUMBER-DATE

01139 MAR-5 2012

FPSC-COMMISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2013
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS: FINAL RETURN

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2012 TO 12/31/2012

TY017-12-0-R
 Assurance Home Phone Services, Inc.
 P. O. Box 831784
 Ocala, FL 34483-1784

DATE DEPOSIT

NOV 0 2012 2 7 8

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1140

\$ 600.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 10-31-12

Initials of Preparer RT

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ 0	\$ 0
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	TOTAL REVENUES	\$ 0	\$ 0
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	_____
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ 0
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	600.00
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ 600.00

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Beth Brandenstein Senior Compliance Manager November 1, 2012
 (Signature of Company Official) (Title) (Date)

Beth Brandenstein Telephone Number (678) 304-6479 Fax Number (866) 611-5443
 (Preparer of Form - Please Print Name)

F.E.I. No. 30-0573504

13 FEB 28 PM 3:47

OFFICE OF
TELECOMMUNICATIONS

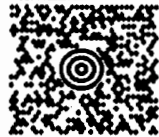
TELECOM SERVICE BUREAU
352-433-2116
TELECOM SERVICE BUREAU
4352 SE 95TH STREET
BELLEVUE FL 33420

0.1 LBS LTR

1 OF 1

SHIP TO:

ATTN: ANN COLE
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BLVD.
TALLAHASSEE FL 32399-7019



FL 323 0-01



UPS NEXT DAY AIR SAVER

1P

TRACKING #: 1Z A43 888 13 9313 4559



BILLING: P/P

Reference#1: Assurance Home Phone Services FL

LE 14.R.26. WAT1990 22.0A 10/2012



2019
DIN
NOV-2051
2019

COMPANY IDENTIFICATION

Printed on 02/28/2013 at 15:50:49 by TJE

Complete Name: Assurance Home Phone Services, Inc.

Mailing Name: Assurance Home Phone Services, Inc.

Company Code: TY017 FEID Number: 30-0573504

RAF ACCOUNT FOR THE PERIOD 01/01/2012 THROUGH 12/31/2012

Reg. Date: 03/12/2010 Inactive Date:
 Service: CLX - Competitive Local Exchange
 Received: Actual RAF Form
 Status: Satisfied
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: 0.0016

Assessment	Due	Paid	Owe
RAF	\$600.00	\$600.00	\$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	\$600.00	\$600.00	\$0.00

Last modification was made on Tuesday, November 6, 2012 at 12:21 PM by Valorie Moore