

PLEASE COMPLETE THIS PAGE AND RETURN TO:

DEPOSIT DATE
D 6 6 5 DEC 02 1997

Ms. Brenda H Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

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50.00
NO. 2...
PP



NAME: HADI HORRI
NAME OF COMPANY: HADI HORRI
ADDRESS: 4526 FOREST HAVEN DR. S
CITY/STATE/ZIP: JACKSONVILLE, FL 32257
PHONE # W/AREA CODE: (904) 260-3710 H (904) 232-2173 W
CERTIFICATE #: 3863 COMPANY CODE: TF211

(Answer "YES" to one of the following statements below.)

yes (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

_____ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I AM NOT PROVIDING PAY TELEPHONE SERVICE.

SIGNATURE: Hadi Horri DATE: 26 Nov 97