

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/6/98

Docket No. 980046-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4256 by Thomas H. Dahm d/b/a ASTROM COMMUNICATIONS (TF462)

5. Suggested Docket Filing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

RECEIVED

JAN 05 1998

Astrom Communications
c/o Thomas Dahm
1859 N. Pine Island Rd. # 151
Plantation, FL 33322

CMU

12/31/97

To Whom it may Concern,

This letter is to inform all concerned parties that Astrom Communications will cease operations as a payphone operator within the State of Florida effective today. We are no longer renewing our operating licenses, and will no longer be involved in the operation of data/fax/payphones.



Thomas H. Dahm
Partner

PLEASE CANCEL OUR CERTIFICATE.



Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

TF462 P173 997 129 98 JAN -2 AM 10:42
 Astrom Communications
 873 Fairway Drive
 Plantation, FL 33317-4460
 DEPOSIT TREAS. REC. DATE
 D A B I 131 0 5 1998

RECEIVED
 FLORIDA PUBLIC SERVICE COMMISSION

FOR PSC USE ONLY
 Check# 0211
 \$ 50.00 0603002
 003001
 P
 0603002
 004011
 \$ 1
 Postmark Date 12/18/97
 Initials of Preparer BR

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ 50.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

WE WISH TO CANCEL OUR CERTIFICATE

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to section 817.06, 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.

Thomas H. Dahm
 (Signature of Company Official)
 THOMAS DAHM
 (Please Print Name)

PARTNER (Title)
12/18/97 (Date)
 Telephone Number (964) 581-7866
 F.E.I. No. _____

Brenda Hawkins