REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

	(PLEASE TIPE)
Dat	Baptember 14. 1998 Bocket No. 98/1/34-TC
1.	Division Name/Staff Name Communications/Islar
2.	OPR Comunications/isler
3.	OCR_Legal Services
4.	Suggested Decket TitleCancellation by Floride Public Service Commission of Pay Telephone Certificate
it.	ber 3943 Issued to Pershone Repair Communications. Inc. for Violation of Rules 25-4,0161. F.A.C., Regulatory
ĀĐ	essment Fees: Telecommunications Commanies
5.	Suggested Decket Mailing List (attach separate sheet if necessary)
	A. Provide NAMES CHLY for regulated companies or ACRONYMS CHLY regulated industries,
	as shown in Rule 25-22.104, F.A.C. 8. Provide COMPLETE name and address for all others. (<u>Match representatives to clients.</u>)
	1. Parties and their representatives (if any)
	1. Parties and Shell representatives (11 arry)
- \$1	even E. Rennolds, Jr.
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	2. Interested Persons and their representatives (if any)
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4	Check one:
٥.	XX_ Documentation is attached.
	Documentation will be provided with recommendation.
1:\	PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

07-0 SEP 15 %

FPSC-PECOROS/REPORTING

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 17th, 1998

TO: Paula isler

FROM: Jackie Knight

RE: RAF non payments - Eleventh set of 10

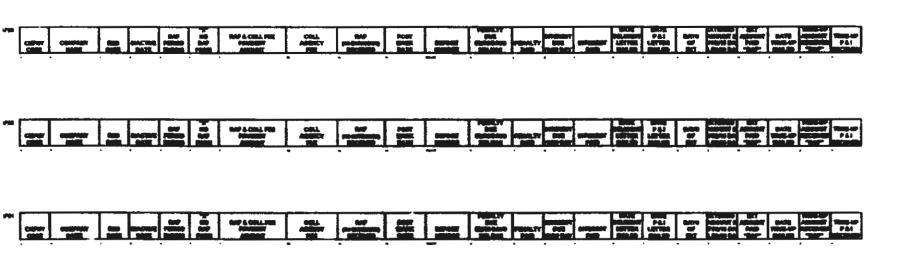
Paula, attached are ten communication companies (eleventh set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of August is \$4.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

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TF291
1
2
      TF293
3
      TF313
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      TF314 - Concesso 3-21.98
5
      TF330
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      TF340
7
      TF341
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      TF342
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      TF343 - (an celeo (15 98
      TF348
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Should you have any questions, please let me know.

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SENCER: Complete items 1 and/or 2 for additional services. Complete items 1, 4s, and 4s. Print your name and address on the reverse of the form so that we card to you. Attent this form to the front of the matgliton, or on the least if speparet. With Thetern Receipt Requested" on the matgletes below the article that delivered is delivered.	oo daya ndt	I also wish to rece following services extra fee): 1. Addresse 2. Restricted Consult postmask	(for an e's Address I Delivery
3. Article Addressed to:	4a. Article N	umber	
TF291	4b. Service Registers Represe	nd Mail calpt for Marchandles	Cortilled Insured COO
5. Peceived By: (Print Nume) 5. 12 Eyword 6. Signature: (Addissess or Agent) X	8. Addresse and fee is	n'e Address (Önly II paid)	fequeeted 1
6. Signature: (Addissasse or Agent)	2000L07.0.0179	Domestic Retu	m Recei