REQUEST TO ESTABLISH DOCKET (PLEASE TIPE)

				(PI	LEASE TYPE)		10	71101
Date		09/16/98				De	schot No. <u>78</u>	1156-10
1.	Divla	sion Hame/Staff	BaseComunicati	om/iste	r			
			/Isler					
-								
4.	Sugge	seted Docket Ti	tle <u>Cancellation</u>	by flor	ida Public i	Gervice Commis	sion of Pay Is	lephone Certificate
Humb	er <u>3</u> 0	750 Issued to M	KC. Inc. D/b/e 100 (<u>comunic</u>	tions For V	<u>iolation of Ru</u>	iles 25-4.0161	F.A.C., Regulatory
Asse	8 0 Mar	nt Fees: Teleco	munications Compan	ies				
5.	Same	ested Docket No	iling List (attach	seperate	sheet if no	cessary)		
	A. Pr	rowich MANES ON	LY for regulated co	- 	or ACRONYINS	CMLY regulate	d industries.	
	81	shown in Rule	25-22.104, F.A.C. name and address f	•				(<u>4.</u>)
	1.	. Parties and ti	heir representative	e (If em	y)			
Ric	hard	Gonzalez					·	
						_		
	2.	. Interested Per	rsons and their rep	resentat	ives (17 am	y)		
•								
6. C	heck	one:	mentation is ettech					
						andat i.a.		
		Docu	mentation will be p	- OVICEO	mith Leconom	MANUTUM.		
1:\P	SC\RA	ME\₩P\ESTDKT.						

PSC/RAR 10 (Revised 01/96)

DOCUMENT HEMBER-DATE 10227 SEP 17 #

State of Florida



Public Service Commission

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

DATE: May 20, 1998

TO: Paula Isler

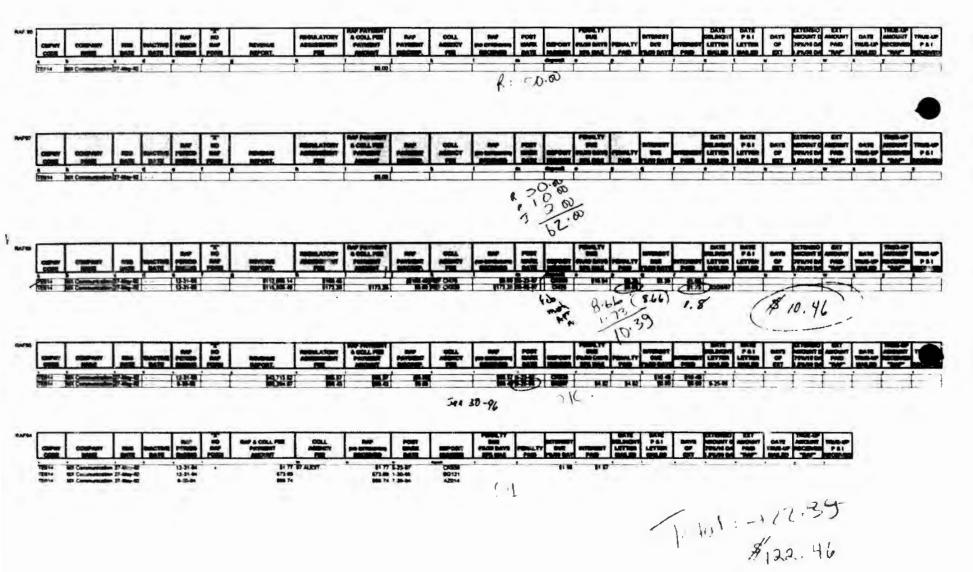
FROM: Michael Lake

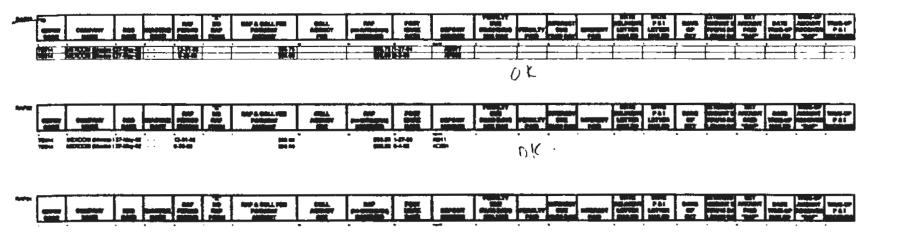
RE: RAF non payments - Fifth set of 10

Paula, attached are ten communication companies (fifth 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 May is \$2.0 and Penalty is \$10. 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 file.

TE600 √ //∆ ì 2 TE602 No. TE610 Ja 3 TE614 % 4 TE635 6 5 6 TE642 /4 7 TE660 /40 8 TE685 VAD 9 TE688 /40 TE692 / 7, 27- 7 14 . DK 177 10

Should you have any questions, please let me know. G:\pi5.mpl





OCcupiedo Bates 1 analter 2 applicational consequences of the term	that we can return this go	leo wish a receive the lowing cos (for an dre fee):	
Affect this form to the tront of the maliphose, or on the back parted. a White "Retest Receipt Requester" on the maliphose below if a The Retest Receipt will show to whom the article was delivered.	he article reproduct.	Addresses's Address Restricted Delivery Consult postmaster for fee.	
3 Article Addressed to:	7. Date of Dailys	Certified insured tor Merchandes © 000	
5. Received By: (Print Name) 6. Signature: (Addresses or Agent) X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and fee to pak	Address (Only II requested of) omestic Return Receipt	