REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

					(PLEASE 11)	· ·		naum -
Det	:e	09/16/98					Docket Bo.	981158-R
1.	Div	islan Bana/I	itaff Hamo<u>C</u>	commissions/	Isler			
2.	OPE	Communica	tions/Isler					
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4.	Sug	gested Docks	t Title <u>C</u> a	ncellation by	<u>Florida Publ</u>	ic Service Com	mission of P	av Telephone Certificat
Nu.	ber :	3096 Issued	to Beuford B.	Wentworth For	Violetion o	f Rules 25-4.0	161. F.A.C	Regulatory
<u> </u>	08 8 II	ent Fees: Te	lecommicati	one Compenies				
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5.	_		_	t (attach sepa		-		
		as shown in	Rule 25-22.10	gulated compen 4, F.A.C. address for a				-
				esentatives (i		***		
Be	ufon	d B. Wentwor	th				.	
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	,	7. Intereste	d Persons and	their represe	ntatives (if	erry)		
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6.	Check	k ane: XX	Documentation	is strached.				
				will be provid	ded with rec	onnendet fon.		
1.1	DECVI	BABILEDI ESTOR	•					

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE 10229 SEP 17 8 TESC-RECORDS/ACPORTING

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

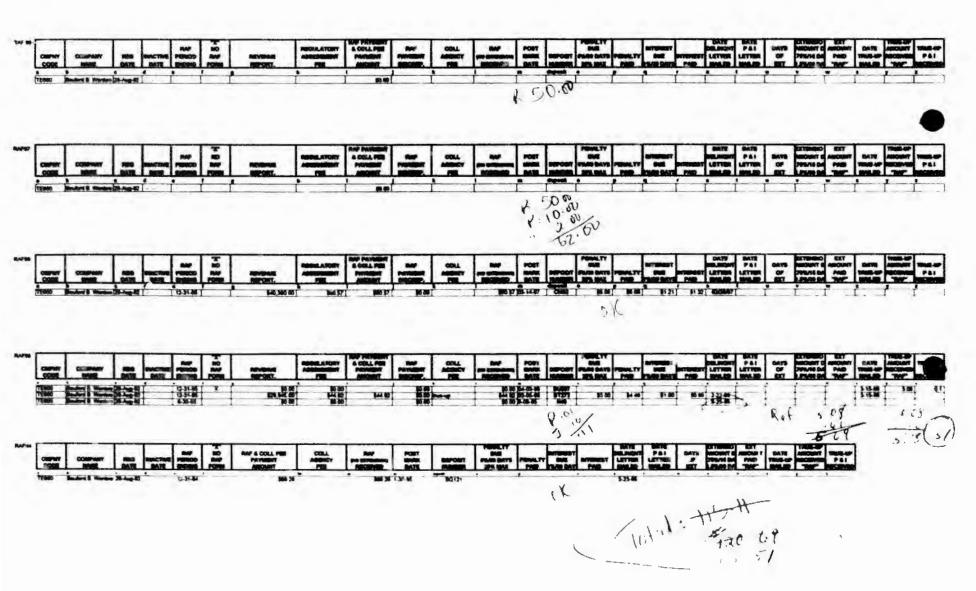
RE: RAF non payments - Fifth set of 10

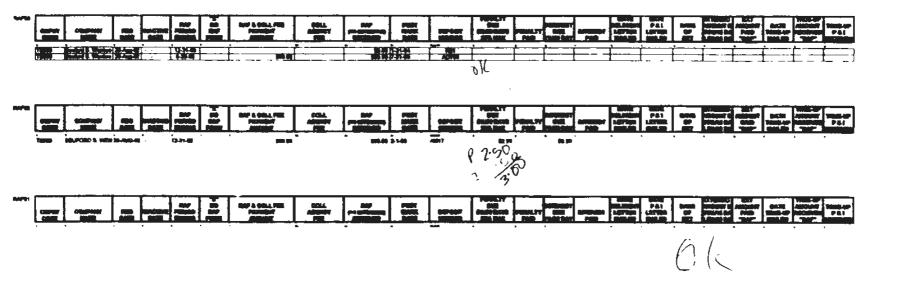
Paula, attached are ten communication companies (fifth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of May is \$2.0 and Penalty is \$10. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your file.

1 TE600 √ /20 2 TE602 No. 3 TE610 4 4 TE614 Ju 5 TE635 % TE642 /4 6 7 TE660 J40 8 TE685 vm 9 TE688 /40 TE692 1 74 " " . T.K 777 10

Should you have any questions, please let me know.

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### Complete Name 1 and/or ### Additional services. ##### Operation States 3, 4a, and ###################################	that we can return this extra If space does not 1, 1 9 enticle number. red and the date	I also we have preceive the following privious (for an extra fee): 1. Addresses's Addresse 2. Pleastricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number 4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchandles COD 7. Date of Delivery		
TE660			
5. Beceived By: (Print Name)	8. Addressee's Address (Only If requested and fee is paid)		
8. Signature: (Addresses or Agent) X Research (Deptemble) PS Form 3811, December 1994	102595-97-8-0179 Dom	estic Return Receipt	