REQUEST TO ESTABLISH DOCKET

3. GCR Legal Services 4. Suggested Decket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 2552 Issued to Jackson Memorial Mospital for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies 5. Suggested Decket Mulling List (attach separate sheet if necessary) A. Provide NAMES CHLY for regulated companies or ACREMYNS CHLY regulated industries, as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all others. (Hatch representatives to clients.) 1. Parties and their representatives (if any) Catherine Gallamber 2. Interested Persons and their .epresentatives (if any)	Date	e 09/17/98 Bocket Bo. / 0/11/1
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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

901191-70

State of Florida



Public Service Commission

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

DATE: May 5, 1998

TO: Paula Isler

FROM: Michael Lake

RE: RAF no

RAF non payments - Third set of 10

Paula, attached are ten communication companies (third 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 files.

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Total \$132.60

Complete from 1 2 for additional services. Complete from 1 2 for additional services. Print your name and address on the reverse of this form so card to you. Attach this form to the front of the malipiece, or on the bad permit. Witte "Return Receipt Requested" on the malipiece below to Witte "Return Receipt will show to whom the article was deligated.		extra tee): 1. Addresses's Address 2. Restricted Delivery Consult postmaster for tee.
*The Receipt will show to whom the delivered. 3. Article Addressed to: TE244	46. Article N 4b. Service Registe Expres Return 7. Date of	Type Certified a Meli Insured Receipt for Merchandse COO
5. Received By: (Print Name) 6. Signature: (Addresses or Agent) X PS Form 3811, December 1994	and to	e is paid) 179 Domestic Return Recei