REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

| | | (PLEASE TYPE) | Quinos - |
|-------|---|------------------------------------|---------------------------------------|
| Date | 09/17/98 | | Bocket No. 981203-TC |
| 1. 1 | Division Name/Staff Name Communic | cations/Isler | |
| 2. (| OPR Communications/Isler | | |
| | OCR Legal Services | | |
| | | | |
| | | | mmission of Pay Telephone Certificate |
| Numbe | per 2401 Issued to Own Your Own Pho | ne Centers, Inc. For Violation of | Rules 25-4.0161. F.A.C., Regulatory |
| Asse | essment Fees; Telecommunications Con | mpenies | |
| 5. | Suggested Docket Mailing List (att | ach separate sheet if necessary) | |
| | A. Provide NAMES ONLY for regulate | d companies or ACRONYMS ONLY regu | ulated industries, |
| | as shown in Rule 25-22.104, F.A B. Provide COMPLETE name and address | ess for all others. (Match represe | entatives to clients.) |
| | 1. Parties and their representa | itives (if any) | |
| Jame | nes N. McDonald | | |
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| | | | |
| | 2. Interested Persons and their | | |
| | 2. Interested Persons and their | representatives (if any) | |
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| 6. C | Check one: XX Documentation is at | ttached. | |
| | Documentation will | be provided with recommendation. | |
| | | | |
| 1:\P | PSC\RAR\WP\ESTDKT. | | |
| PSC/ | /RAR 10 (Revised 01/96) | | |

DOCUMENT NUMBER-DATE
10485 SEP 22 %
FPSC-RECORDS/REPORTING

State of Florida



Public Service Commission

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

DATE: April 28, 1998

TO: Paula Isler

FROM: Michael Lake

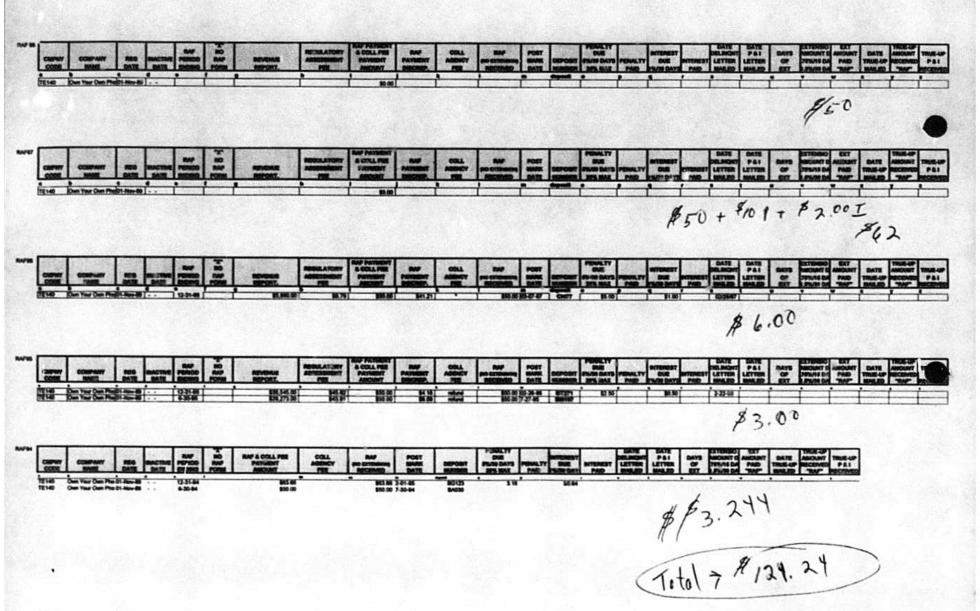
RE: RAF NON PAYMENTS - SECOND SET OF 10

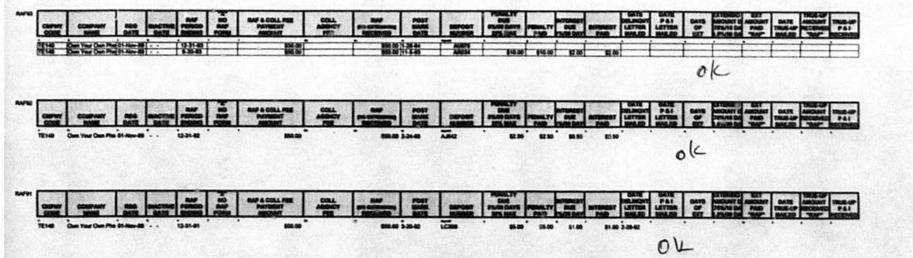
Paula, attached is a set of companies (second 10) who have not paid RAF's for 97. Interest and Penalty were calculated through the end of May (P-\$10.00 I-\$2.00). I have a total on the bottom of the first sheet as to what amount a utility owes. As before, I have not made copies, therefore you will need to keep the data for your files.

TD444 1- 20 1. TD514 V- 20 3. -TD618 V 10 TD722 100 TD865 100 4. 5. TD897 140 6. - masing and in order to 7. TE022 D-8. TE067 / no TE140 Jug TE164 100

Should you have any questions, please let me know.

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| Complete items 1 and/or 2 for all tional services. Complete items 3, 4e, and 4! Print your name and address drifthe reverse of this form card to you. Attach this form to the front of the mailpiece, or on the beparrel. Writs "Return Receipt Requested" on the mailpiece below The Return Receipt will show to whom the article was de delivered. | ick if space does not 1. Addressee's Address rite article number. 2. Restricted Delivery | |
|---|--|--|
| 3. Article Addressed to: | 4a. Article Number | |
| TE 140 | 4b. Service Type Registered Certifie Express Mail Insured Return Receipt for Merchandse COD 7. Date of Delivery | |
| Received By: (Print Name) Signature: (Andresses of Agent) | 8. Addressel's Address (Only II requested and fee is paid) | |