

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date: October 1, 1998

Docket No. 981249-TX

1. Division Name/Staff Name: Communications/ T. McCoy  
2. OPR: T. McCoy  
3. OCR: \_\_\_\_\_

4. Suggested Docket Title: Cancellation by the Florida Public Service Commission of Interexchange Telecommunications Company Certificate No. 3977 issued to Multimedia Telephone Service, Inc. for violation of Rule 25-4.043, Florida Administrative Code, Response to Commission Staff Inquiries and Rule 25-4.0161, Florida Administrative Code, Regulatory Assessment Fee.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.  
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Multimedia Telephone Service, Inc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Interested Persons and their representatives (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

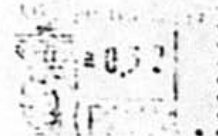
DOCUMENT NUMBER-DATE

**10808** OCT-1 98

FPSC-RECORDS/REPORTING


Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0870

2ND Reg



TI342

MultiMedia Telephone Service, Inc.  
450 Mission Street, Suite 407  
San Francisco CA 94105

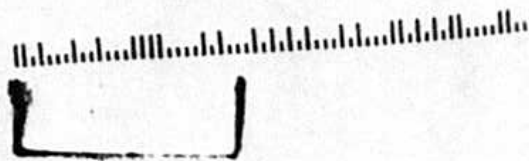


Mailed Letter Address  
 Announced to recipient  
 Forwarding Proper Label  
 No. User Number  
 Decrement  
 Insufficient Credit  
 Technical Error  
 No Mail Received

MULT450 941053007 1597 15 03/16/98  
NOTIFY SENDER OF NEW ADDRESS  
MULTIMEDIA TELEPHONE SERVICES - MTS  
1255 POST ST / E M WALSH STE 948  
SAN FRANCISCO CA 94109-6712



94105-2321 03



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

11 342

4a. Article Number  
P173996791

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
12-22-97

6. Received By: (Print Name)  
XQ Kest

8. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850





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- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

12-22-97

6. Received By: (Print Name)

[Signature]

8. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.