REQUEST TO ESTABLISH DOCKET

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1. 1	Div	rision M	me/Staff	Hemo Comes	nications/Is	ler					
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F.A.	с.,	Regula	tory Asses	sment Fees: 1	Telecomunic	ations C	comenies				
5. :	Sug	gested i	Docket Mai	Ling List (a	ttach separa	ite sheet	if neces	sary)			
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1	В.	Provide	COMPLETE	name and add	ress for all	others.	(MATCH P	epresentati	Ves to ctil	SIILB.	
		1. Part	ies and th	eir represen	tatives (if	any)					
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6. C	Chec	ck one:									
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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

State of Florida



Public Service Commission

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

DATE: October 8th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 50

Paula, attached are fifty communication companies (first 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 October is \$5.00 and Penalty is \$12.50. 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.

	1				
1	TF676	21	TF755 -Kelly	41	TF842 - Kelly
2	TF679	22	TF757	42	TF846
3	TF680	23	TF763	43	TF848
4	TF682	24	TF768	44	TF850
5	TF688	25	TF769	45	TF856
6	TF692	26	TF774	46	TF862
7	TF698	27	TF775	47	TF870
8	TF699	28	TF777	48	TF882
9	TF700	29	TF799	49	TF888
10	TF701	30	TF802	50	TF891
11	TF718	31	TF807		
12	TF719	32	TF813		
13	TF726	33	TF814 - Kelly		
14	TF729	34	TF817		
15	TF736	35	TF820		•
16	TF737	36	TF822		
17	TF738	37	TF828		
18	TF742	38	TF836		
19	TF748	39	TF837		
20	TE755	40	TF841		

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this torm s card to you. Attach this form to the front of the malipleos, or on the bar permit. With "Return Receipt Requested" on the malipleos below a The Return Receipt will show to whom the article was deli delivered.					
3. Article Addressed to:	4a. Article Number				
TF138	4b. Service Type Registered Certified Express Mell Insured Return Receipt for Merchandise COD 7. Date of Delivery				
Received By: (Print Name) Signature: (Addressee or Agent)	B. Addresses's Address (Only II requested and fee is paid)	đ			