

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 11/30/98

Docket No. 981789-TL

1. Division Name/Staff Name Communications/Isler
2. GPR Communications/Isler
3. OOR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate Number 4746 issued to International Telemedia Associates, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Hearing 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. (Hatch representatives to clients.)

1. Parties and their representatives (if any)

<u>Eldridge Holloway</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:
- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\BAR\MP\ESTDKT.  
PSC/BAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

**13490 DEC-18**

FPSC-RECORDS/REPORTING



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3 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 of the **Track It** specu 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 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:

T1548

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12/15

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Richard B. [Signature]*

PS Form 3811, December 1994

102595-97 8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.