

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 12/18/98

Docket No. 981902-77

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange
Telecommunications Certificate Number 5200 Issued to Universal Communications Network, Inc. d/b/a UCN, Inc. for
Violation of Rule 25-4.0161, F.S.C., Regulatory Assessment Fees: Telecommunications Companies

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 silents.)

1. Parties and their representatives (if any)

Nancy A. Buffine _____

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\BAR\MP\ESTDCKT.

PSC/BAR 10 (Revised 01/95)

DOCUMENT NUMBER-DATE

14248 DEC 18 98

FPSC-RECORDS/REPORTING

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 12/18/98

Docket No. 981902-71

1. Division Memo/Staff Memo Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate Number 5200 Issued to Universal Communications Network, Inc. d/b/a UCN, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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

- A. Provide NAMES ONLY for regulated companies or ACHRYRS 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)

Nancy A. Buffing

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

14248 DEC 18 98

FPSC-RECORDS/RE. CRTING



Public Service Commission

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

DATE: December 2, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JK*
 RE: RAF non payments - *Final set*

Paula, attached are seventy-three communication companies (final set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through December 25th is \$5.50 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	TI8576	21	TI631	41	TI965	61	TX090
2	TI579	22	TI638	42	TI970	62	TX104
3	TI580	23	TI643	43	TI993	63	TX107
4	TI583	24	TI645	44	TJ005	64	TX108
5	TI594	25	TI646	45	TJ017	65	TX109
6	TI596	26	TI647	46	TJ020	66	TX114
7	TI597	27	TI651	47	TJ024	67	TX123
8	TI598	28	TI654	48	TJ027	68	TX142
9	TI602	29	TI660	49	TJ029	69	TX144
10	TI608	30	TI670	50	TS167	70	TX145
11	TI610	31	TI672	51	TS168	71	TX148
12	TI611	32	TI673	52	TX023	72	TX149
13	TI613	33	TI678	53	TX043	73	TX156
14	TI615	34	TI685	54	TX052		
15	TI616	35	TI687	55	TX055		
16	TI617	36	TI688	56	TX064		
17	TI622	37	TI700	57	TX068		
18	TI623	38	TI861	58	TX075		
19	TI627	39	TI895	59	TX083		
20	TI629	40	TI950	60	TX084		

Should you have any questions, please let me know.
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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TIG70

4a. Article Number

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Quincy Duarte*

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

56.414

Thank you for using Return Receipt Services.