REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date_	12/18/98	•		Docket No. <u>9819</u>	79-TX
1. Di	ivision Name/Staff Name <u>Communication</u>	s/Isle	г		
2. O F	PR Communications/Isler				
	CR Legal Services				
4. Su	uggested Docket Title <u>Cancellation by</u>	/ Flori	da Public Service C	commission of Alternat	ive Local Exchange
<u>Certi</u>	ficate Number 5285 Issued to Inter-Tel	<u>NetSol</u>	utions, Inc. for Vi	olation of Rule 25-4	.0161,
<u>F.A.C.</u>	., Regulatory Assessment Fees; Telecomm	<u>unicat</u>	ions Companies	TX149	
	uggested Docket Mailing List (attach se Provide NAMES ONLY for regulated comp	-			
В	as shown in Rule 25-22.104, F.A.C. Provide COMPLETE name and address for	allo	thers. (<u>Match repre</u>	sentatives to clients	<u>.</u>)
	1. Parties and their representatives	(if an	y)		
Johr	n J. O'Block				
		_			

		_			
	2. Interested Persons and their repre	sentat	ives (if any)		
		_			
		_			
		_			
6. Ch e	eck one: XX Documentation is attached				
	Documentation will be pro		with recommendation		
	pocumentation with be pro	TIGEG !	with recommendation	•	
I:\PSC	C\RAR\WP\ESTDKT.				
PSC/RA	AR 10 (Revised 01/96)				

DOCUMENT NUMBER-DATE 14596 DEC 28 #

State of Florida



Public Service Commission

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

DATE: December 2, 1998

TO: Paula Isler

FROM: Jackie Knight

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 todays 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	T8576	21	TI631	41	TI965	61	TX090
2	TI579	22	TI638	42	TI970	62	TX104
3	TI580	23	TI643	43	TI993	63	TX107
4	TT583	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	1 3	TX156
14	TI615	34	TI685	54	TX052	73	·
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. G:\pi3.mpl

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COMPANY REG NACTIVE PERIOD RAF NAME DATE ENDING FORM

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1.		
ADDRESS completed or	3. Article Addressed to:	4a. Article Number 4b. Service Type Registered Insured Return Receipt for Merchandise 7. Date of Delivery		
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid) 02595-97-B-0179 Domestic Return Receipt		
	PS Form 3811 , Decemb <u>er</u>) 1994	2090-97-6-01/9	Pomestic Herain Hecelbr	