

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date March 5, 1999

Docket No. 990276-TX

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of ALEC Certificate No. 5150 by US Xchange of Florida, L.L.C., Effective 01/25/99
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)

David J. Easter

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

2. Interested Persons and their representatives (if any)

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

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

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

DOCUMENT NUMBER-DATE  
**02966 MAR-89**  
FPSC-RECORDS/REPORTING

# Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
 \$ \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \$ \_\_\_\_\_ 0603006  
 \$ \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ 1

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

STATUS:  
 Actual Return  
 Estimated Return

TX091  
 US Xchange of FLorida, L.L.C.  
 20 Monroe Avenue, N.W., Suite 450  
 Grand Rapids, MI 49503

PERIOD COVERED:  
 01/01/1998 TO  
 12/31/1998

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services	<u>0</u>	<u>0</u>
3.	Access Services	<u>0</u>	<u>0</u>
4.	Private Line Services	<u>0</u>	<u>0</u>
5.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
6.	Miscellaneous Services	<u>0</u>	<u>0</u>
7.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)		<u>0</u>
9.	Penalty for Late Payment		<u>0</u>
10.	Interest for Late Payment		<u>0</u>
11.	TOTAL AMOUNT DUE		\$ <u>0</u>

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

### CURRENT COMPANY STATUS

Facilities-Based Provider  
 Reseller  
 Other: INACTIVE

### BILLING INFORMATION

Complete below if billing agent if other than yourself.  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone)

### COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**RECEIVED**

**MAR 04 1999**

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

[Signature]  
 (Signature of Company Official)  
RICHARD POSLUM  
 (Please Print Name)

CEO (Title) 1/20/99 (Date)  
 Telephone Number (616) 493 7000 Fax Number (616) 493 7007  
 F.E.I. No. NONE