

# REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date March 5, 1999

Docket No. 990278-TF

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of IXC Certificate No. 4436 by The Phonco, Inc. d/b/a Network Services Long Distance. Effective 02/27/99

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)

<u>David Gross</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

**02968** MAR-8 8

FPSC-RECORDS/REPORTING

FAX TRANSMISSION & REGULAR MAIL

Date: 2/27/99  
To: Florida PSC  
2540 Shumard Oak Blvd  
Tallahassee, FL 32399

RECEIVED

MAR 04 1999

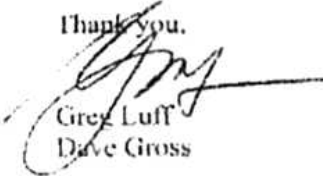
Re: Phonco, Inc DBA Network Services Long Distance  
PO Box 686  
New Hope, PA 18939

CMU

Re: Removal of certification TI481

We have not been operating as a reseller since 8/97. This serves as request to de-certify our company.

Thank you.



Greg Luff  
Dave Gross

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILLED ON OR BEFORE 02/01/1999

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

Actual Return  
Estimated Return

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

TI481  
Network Services Long Distance  
P. O. Box 686  
New Hope, PA 18939

FOR PSC USE ONLY

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

\$ \_\_\_\_\_ 0603001  
003001

\$ \_\_\_\_\_ P  
0603001  
004011

\$ \_\_\_\_\_ 1

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

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.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment	_____	_____
11.	Interest for Late Payment	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ _____

*Cancel CERT*

\*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

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

### CURRENT COMPANY STATUS

Facilities Based Carrier     Reseller     Call Aggregator  
 Alternate-Operator Service     Reseller     Other \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_  
(Telephone) \_\_\_\_\_  
What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_  
What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

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

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 of Company Official) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Please Print Name) \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
F.E.I. No. \_\_\_\_\_