



Public Service Commission

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

DATE: April 29, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: *Jm*
Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 990519-TI, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide interexchange telecommunications service by TranStar Communications USA, L.C.

Change to:

Application for certificate to provide alternative local exchange telecommunications service by TranStar Communications USA, L.C.

Please see attached Dept. of State certificate and review to the original application on file. This company applied for an ALEC certificate not an IXC certificate. The company code and the docket title suffix will need to be changed as well. Please let me know if you have any questions.

Thank you.

AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 MAS _____
 OPC _____
 RRR _____
 SEC _____
 WAW _____
 OTH *copy Wawwa*

DOCUMENT NUMBER-DATE
 05458 APR 29 1999
 FPSC-RECORDS/REPORTING

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by TRANSTAR COMMUNICATIONS, L.C. doing business in Florida as TRANSTAR COMMUNICATIONS USA, L.C., a Texas limited liability company, authorized to transact business within the state of Florida on March 29, 1999, as shown by the records of this office.

The document number of this limited liability company is M99000000469.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Thirtieth day of March, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

COPY

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

990519-71

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**