

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 990340-TX Date Docketed: 03/17/1999 Title: Application for certificate to provide alternative local exchange telecommunications service by CommcoTec Corporation.
 Company: CommcoTec Corporation

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: ADM AFA APP CAF (CMU) EAG GCL LEG RAR RRR WAW
 ("(") indicates OPR) _____ X _____ _____ X _____ _____ _____ _____ _____

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module B1(a)

**WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT.
 IT IS TENTATIVE AND SUBJECT TO REVISION.
 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level**

<u>Staff Assignments</u>	
<u>OPR Staff</u>	_____

<u>Staff Counsel</u>	_____
<u>OCRs ()</u>	_____

()	_____

()	_____

()	_____

()	_____

	<input type="text" value="0"/>	<u>Due Dates</u>	
		Previous	Current
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

Recommended assignments for hearing and/or deciding this case:
 Full Commission _____ Commission Panel _____
 Hearing Examiner _____ Staff _____
 Date filed with RAR: _____
 Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	GR	DS	CL	JN	JC		

- Prehearing Officer

Commissioners					ADM
GR	DS	CL	JN	JC	

DOCUMENT NO.
16071-99

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.

Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: / / _____

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 990340-TX Date Docketed: 03/17/1999 Title: Application for certificate to provide alternative local exchange telecommunications service by CommoTec Corporation.
 Company: CommoTec Corporation

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: ADM AFA APP CAF (CMU) EAG GCL LEG RAR RRR WAW
 ("()") indicates OPR: _____ X _____ X _____ _____ _____ _____

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

<u>Program/Module</u>	B1(a)
	<u>Staff Assignments</u>
<u>OPR Staff</u>	N Pruitt

<u>Staff Counsel</u>	K Pena
<u>OCRs (AFA)</u>	E Samaan

()	_____

()	_____

()	_____

()	_____

**WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT.
 IT IS TENTATIVE AND SUBJECT TO REVISION.
 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level**

0		<u>Due Dates</u>	
		Previous	Current
1.	Staff Recommendation	NONE	06/24/1999
2.	Agenda - Regular	NONE	07/06/1999
3.	PAA Order - Automatic Closing	NONE	07/26/1999
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		
13.	_____		
14.	_____		
15.	_____		
16.	_____		
17.	_____		
18.	_____		
19.	_____		
20.	_____		
21.	_____		
22.	_____		
23.	_____		
24.	_____		
25.	_____		
26.	_____		
27.	_____		
28.	_____		
29.	_____		
30.	_____		
31.	_____		
32.	_____		
33.	_____		
34.	_____		
35.	_____		
36.	_____		
37.	_____		
38.	_____		
39.	_____		
40.	_____		

Recommended assignments for hearing and/or deciding this case:
 Full Commission X Commission Panel _____
 Hearing Examiner _____ Staff _____
 Date filed with RAR: 03/19/1999
 Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	GR	DS	CL	JN	JC		
X							

- Prehearing Officer

Commissioners					ADM
GR	DS	CL	JN	JC	
					X

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: 03/19/1999

C

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

March 17, 1999

Brenda J. Boykin, Attorney
Gurman Blask & Freedman Chartered
1400 Sixteenth Street, NW, Suite 500
Washington, DC 20036

Re: Docket No. 990340-TX

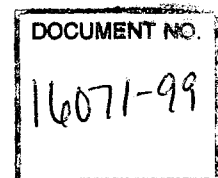
Dear Ms. Boykin:

This will acknowledge receipt of an application for certificate to provide alternative local exchange telecommunications by CommcoTec Corporation, which was filed with this office on March 17, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting
Florida Public Service Commission



STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770



Public Service Commission

FPSC, CLK - CORRESPONDENCE
Administrative Parties Consumer
DOCUMENT NO. 16071-99
DISTRIBUTION: _____

January 28, 2000

(CERTIFIED MAIL NO. 00-0050)

Gurman Law Firm
Attention: Brenda J. Boykin
1400 16th Street NW, Suite 500
Washington, D.C. 20036

**Re: Return of Confidential Document(s) to the Source (Docket No. 990340-TX -
Application of CommcoTec Corporation for alternative local exchange
telecommunications certificate)**

Dear Ms. Boykin:

Commission staff have advised that Confidential Document No. 03348-99 filed on behalf of CommcoTec Corporation can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records

Enclosure

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *confidential*
German law firm
Attn: Brenda Boykin
1400 16th St NW, Suite 500
Washington DC 20036

4a. Article Number
00-0050

4b. Service Type

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

7. Date of Delivery
1-21-00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X.R. Oden

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

Thank you for using Return Receipt Service.