

Case Assignment and Scheduling Record

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

Docket No. 991616-TX Date Docketed: 10/18/1999 Title: Application for certificate to provide alternative local exchange telecommunications service by O1 Communications of Florida, LLC.
 Company: O1 Communications of Florida, LLC

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

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

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

Time Schedule

Program/Module B1(a)

Staff Assignments

OPR Staff

Staff Counsel

OCRs ()

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Recommended assignments for hearing and/or deciding this case:

Full Commission _____ Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR: _____

Initials: OPR _____
 Staff Counsel _____

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

Due Dates

Previous Current

1.	_____	_____	_____
2.	_____	_____	_____
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39.	_____	_____	_____
40.	_____	_____	_____

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.

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: / /

16688-00

Case Assignment and Scheduling Record

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

Docket No. 991616-TX Date Docketed: 10/18/1999 Title: Application for certificate to provide alternative local exchange telecommunications service by 01 Communications of Florida, LLC.
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Referred to: ADM AFA APP CAF (CMU) EAG GCL LEG RAR PAI WAW
 ("()") indicates OPR _____ X _____ _____ _____ X _____ _____ _____ _____

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

Program/Module	B1(a)
<u>Staff Assignments</u>	
OPR Staff	<u>N Pruitt</u>
Staff Counsel	<u>M Stern</u>
OCRs (AFA)	<u>D Draper</u>
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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

1. Staff Recommendation
2. Agenda - Regular
3. PAA Order - Automatic Closing
4. _____
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		<u>Due Dates</u>	
		Previous	Current
1.	Staff Recommendation	NONE	01/06/2000
2.	Agenda - Regular	NONE	01/18/2000
3.	PAA Order - Automatic Closing	NONE	02/07/2000
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Recommended assignments for hearing and/or deciding this case:
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 Hearing Examiner _____ Staff _____
 Date filed with RAR: 10/27/1999
 Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

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- 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: 10/27/1999

M E M O R A N D U M

December 28, 1999

RECEIVED--FPSC

99 DEC 28 PM 1:34

RECORDS AND
REPORTING

TO: DIVISION OF RECORDS AND REPORTING
FROM: DIVISION OF LEGAL SERVICES (STERN) MKS *J/K*
RE: DOCKET NO. ~~991577-TX~~, 991616-TX - APPLICATIONS FOR
ALTERNATIVE LOCAL EXCHANGE TELECOMMUNICATIONS SERVICE.

2530-PAA

Attached is a NOTICE OF PROPOSED AGENCY ACTION ORDER GRANTING
CERTIFICATES TO PROVIDE ALTERNATIVE LOCAL EXCHANGE
TELECOMMUNICATIONS SERVICES, to be issued in the above-referenced
docket. (Number of pages in order - 4)

MKS/anc
Attachment
cc: Division of Communications
I: 991577pa.mks

12/0

DOCUMENT NO
<i>116688-00</i>

STATE OF FLORIDA



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

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

Public Service Commission

FPSC, CLK - CORRESPONDENCE
Administrative Parties Consumer
DOCUMENT NO. 16688-00
DISTRIBUTION: ✓

March 29, 2000

(CERTIFIED MAIL NO. 00-128) ✓

01 Communications of Florida, LLC
Attention: Alexandra Hanson
770 L Street, Suite 960
Sacramento, California 95814

Re: Return of Confidential Document(s) to the Source (Docket Nos. 991615-TI and 991616-TX)

Dear Ms. Hanson:

Commission staff have advised that Confidential Document Nos. 12664-99 and 12666-99, filed on behalf of 01 Communications of Florida, LLC, can be returned to the source. The documents are enclosed.

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

Sincerely,

Handwritten signature of Kay Flynn in cursive.

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:

01 Communications of Florida, LLC
 Attention: Alexandra Hanson
 770 L Street, Suite 960
 Sacramento, California 95814

4a. Article Number

00-128

4b. Service Type

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

7. Date of Delivery

4-3-00

5. Received By: (Print Name)

NICHOLAS STEN

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.