

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date July 17 2001

Docket No. 010974-TP

1. Division Name/Staff Name Regulatory Oversight/Pruitt
2. OPR RG0
3. OCR Legal

4. Suggested Docket Title Request for cancellation of ALEC Certificate No. 7783 and IXC Certificate No. 7784
by eVoice Telecom, Inc., effective June 29, 2001.

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)

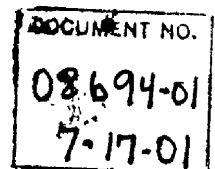
eVoice Telecom, Inc.

2. Interested Persons and their representatives (if any)

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

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



1184

2001 JUN 29 AM 9:44
MAIL ROOM

Lance J.M. Steinhart, P.C.

Attorney At Law
6455 East Johns Crossing
Suite 285
Duluth, Georgia 30097

Also Admitted in New York
and Maryland

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

June 28, 2001

VIA OVERNIGHT DELIVERY

Blanca S. Bayo, Director
Division of Records and Reporting
Florida Public Service Commission ("FPSC")
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RECEIVED

JUL 13 2001

Florida Public Service Commission
Division of Regulatory Oversight

RECEIVED
DIVISION OF RECORDS AND REPORTING
FLORIDA PUBLIC SERVICE COMMISSION
01 JUN 29 AM 9:44
MAIL ROOM

010974-TP

Re: Termination of eVoice Telecom, Inc's Certificate Nos. 7783 & 7784

Dear Ms. Bayo:

Please accept this letter as the request of eVoice Telecom, Inc. ("eVoice") to cancel its certificates to provide Alternative Local Exchange Telecommunications Service ("ALEC") and Interexchange Telecommunications Service ("IXC") in the state of Florida, effective immediately. Please be advised that eVoice has never had, and currently has no, customers for any telecommunications services within Florida (retail or wholesale). This request for cancellation is based upon the determination by eVoice that it no longer wishes to be a certificated provider in the state of Florida. In addition, enclosed please find a check in the amount of \$100 as payment of the regulatory assessment fees ("RAF") for the year 2001. I have also enclosed completed RAF's for the year 2001.

To effect this termination, please note the following relevant information for eVoice:

- ALEC Certificate No.: 7783
- ALEC Docket No.: 010094-TX
- ALEC Consummating Order No.: PSC-01-0973-CO-TX (April 20, 2001)
- IXC Certificate No.: 7784
- IXC Docket No.: 010095-TI
- IXC Consummating Order No.: PSC-01-0897-CO-TI (April 9, 2001)

DOCUMENT NO.
03694-01
7-17-01

Blanca S. Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
June 28, 2001
Page 2

By this letter, eVoice also requests that the Commission cancel as soon as possible its PSC Tariff No. 1 for the provision of intrastate interexchange telecommunications services within the state of Florida, and in any case coincident with the cancellation of eVoice's certificates. Please be advised that eVoice does not presently have a tariff on file for the provision of local exchange service in the state of Florida.

eVoice currently has no customers in the State of Florida, therefore, there will be no adverse impact upon consumers. Therefore, we respectfully request that the Commission grant eVoice's request in an expeditious manner.

Respectfully submitted,



Lance J.M. Steinhart, Esq.
Attorney for eVoice Telecom, Inc.

cc: Jonathon Boisseau, eVoice
Enclosures

Interexchange Company Regulatory Assessment Fee Return

See TX 561
CK Amt \$100.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
ROR

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

TJ502	
eVoice Telecom, Inc.	
1394 Willow Road, Menlo, CA 94025	
DEPOSIT	DATE
D 0 8 5 0	JUN 2 9 2001

FOR PSC USE ONLY	
Check# <i>2885</i>	
\$ <i>50.00</i>	0603001
\$ _____	003001
\$ _____	P
\$ _____	0603001
\$ _____	004011
Postmark Date <i>6/28/01</i>	
Initials of Preparer <i>mc</i>	

PERIOD COVERED:

01/01/01-12/31/01

Please Complete Below If Official Mailing Address Has Changed

eVoice Telecom, Inc. (Name of Company) 1394 Willow Road (Address) Menlo, CA (City/State) 94025 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.

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 Rebiller 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) <i>Lance J.M. Steinha</i>	(Title) <i>Rgt. Ctrl</i>	(Date) <i>6/28/01</i>
Lance J.M. Steinha (Preparer of Form - Please Print Name)	Telephone Number <i>770 232-9200</i> Fax Number <i>770 232-9208</i>	
	F.E.I. No. <i>94-3370687</i>	

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/01-12/31/01

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

TX561
 eVoice Telecom, Inc.
 1394 Willow Road, Menlo, CA 94025
 DEPOSIT DATE
 DEPOSIT JUN 29 2001

FOR PSC USE ONLY
 Check# 2885
 \$ 50.00 0603006
 003001
 P
 0603006
 004011
 Postmark Date 6/28/01
 Initials of Preparer MC

eVoice Telecom, Inc.

1394 Willow Road

Menlo CA 94025

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0013)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.

** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS

() Facilities-Based Provider

() Reseller

() Other:

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 (X) 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 service in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

Lance J.M. Steinhart

(Preparer of Form - Please Print Name)

Telephone Number (770) 232-9200 Fax Number (770) 232-9208

F.E.I. No 94-3370687