

ORIGINAL

020072-TC

CK 0241
\$100.00
MC

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1. Name of company or name of individual (not fictitious name or d/b/a):

MINTE SAUT MAILEMARIAM

2. Name under which applicant will do business (fictitious name, etc.):

ADIS-TELECOM

3. Official mailing address:

Street: 2205 BEECH-DR

P.O. Box: _____

City: TALLAHASSEE

State: FL

Zip: 32303

4. Florida address:

Street: SAME RD ABOVE

P.O. Box: _____

City: _____

State: _____

Zip: _____

5. Structure of organization:

(☒) Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

DEPOSIT

D161

DATE

JAN 29 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: _____

forwarded to Fiscal for deposit.

Fiscal to forward a copy of check

to RAR with proof of deposit.

Initials of person who forwarded check:

Sga

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

DOCUMENT NUMBER-DATE₂

01098 JAN 29 02

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