

ORIGINAL

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date	July 12, 2002	Docket No.	020699-TI
1. Division Name/Staff Name:		Division of Competitive Markets & Enforcement/Isler	
2. OPR: Division of Competitive Markets & Enforcement/Isler			
3. OCR: Office of the General Counsel			
4. Suggested Docket Title: Cancellation by Florida Public Service Commission of IXC Certificate No. 7263 issued to Connect!LD, Inc. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.			
5. Suggested Docket Mailing List (attach separate sheet if necessary)			
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.			
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)			
1. Parties and their representatives (if any):			
2. Interested persons and their representatives (if any):			
6. Check one:			
<input checked="" type="checkbox"/> Documentation is attached.			
<input type="checkbox"/> Documentation will be provided with recommendation.			
PSC\CCA010-C (Rev 10/01)			

DOCUMENT NUMBER DATE

07206 JUL 12 8

FPSC-COMMISSION CLERK

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

May 21, 2002

Ms. Carole Hamon, Regulatory Supervisor
Connect!LD, Inc. (TJ297)
124 West Capitol, Suite 250
Little Rock, AR 72201-3704

Dear Ms. Hamon:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

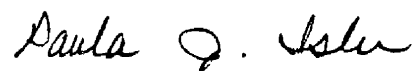
If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 11, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.474, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax, at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Ms. Carole Hamon, Regulatory Supervisor
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May 21, 2002

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler". The signature is written in black ink and is positioned above the typed name.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

TJ297-01-0-R
 Connect!LD, Inc.
 124 West Capitol, Suite 250
 Little Rock, AR 72201-3704

 cc: P. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P
 _____ 0603001
 _____ 004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
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	_____	\$ _____

* 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

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Facilities-Based Carrier | <input type="checkbox"/> Reseller | <input type="checkbox"/> Call Aggregator |
| <input type="checkbox"/> Alternate-Operator Service | <input type="checkbox"/> Rebiller | <input type="checkbox"/> 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)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number (_____)	Fax Number (_____)
F.E.I. No. _____		

25-24.474 Cancellation of a Certificate.

(1) The Commission may on its own motion cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rule or order; or
- (c) Violation of Florida Statutes.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (c) A statement on treatment of customer deposits and final bills.
- (d) Proof of individual customer notice regarding discontinuance of service.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.285, 364.337, 364.345 FS.

History--New 2-23-87, Amended 3-13-96

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TJ297 Connect!LD, Inc.
 124 West Capitol, Suite 250
 Little Rock, Arkansas 72201-3704

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

3-4-02

C. Signature

X Mrs. C. L. White Agent
 Addressee

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7001 2510 0007 4216 3333

FSS

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

MCD Company Information for TJ297

Printed on 07/09/2002 at 14:58:02 by PJI

Company Code: TJ297
Complete Name: Connect!LD, Inc.
Mailing Name: Connect!LD, Inc.
Certificate No(s): 7263
Status: Active
Regulation Date: 12/29/1999
Bankruptcy: No
Company Liaison #1: Carole Hamon
Title: Regulatory Supervisor - Tariff
Mailing Address: 124 West Capitol, Suite 250

Physical Location: Little Rock, AR 72201-3704
124 West Capitol, Suite 250

Phone: Little Rock, AR 72201-3704
(501) 401-7711
Fax: (501) 401-7799

Related Dockets:
991086-TI Application for certificate to provide interexchange telecommunications service by Connect!LD, Inc.

COMPANY IDENTIFICATION

Printed on 05/20/2002 at 10:17:21 by PJI

Complete Name: Connect!LD, Inc.

Mailing Name: Connect!LD, Inc.

Company Code: TJ297 FEID Number: 91-1935140

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date: 12/29/1999 Inactive Date:
 Service: IXC - Interexchange Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 2:56 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001 RAF rate:
 Operating rev: \$0.00 Interstate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2002
 RAF form mailed on 12/06/2001