## **ORIGINAL**

	_		Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.  Initials of person who forwarded check:    Dalloga-TI   Dalloga     Dalloga-TI		
1.	This is an application for $\sqrt{\ }$ (check one):		Initials of person who forwarded check: #150.00		
		Original certificate (new company).	D2	logg-TI M	
	( )	( ) Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.			
	( )	( ) Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.			
	( )	Approval of transfer of control: Exacertificated company. The Commission	n must approve the new		
			DEPOSIT		
2.	Name o	of company:	D2602	00T 08 202 <b>2</b>	
	PRI	MU COMMUNICATIONS	INC		
2	<b>N</b> T	Name and a which and in the last of the la			
3.	Name under which applicant will do business (fictitious name, etc.):				
4.	Official mailing address (including street name & number, post office box, city, state, z code):				
	GIT	GIT BIRCHTREE CT			
	POCHESTER HILLS				
	MICHIGAN 48306				
5.	Florida	address (including street name & number	er, post office box, city, s	state, zip code):	
			6.		
-	Select type of business your company will be conducting $\sqrt{\text{(check all that apply)}}$ :				
· 	( )		any owns and ope cations switches an	rates or plans to	
<del>-</del>		facilities in Florida.	витіон сеитев	IRTZIO	
* Require	ed by Com	31 (12/96) mission Rule Nos. 25.24-470, 5-24.473, 25-24.480(2).	72:8 MA 7- 1	י יישרי די חב	
∠J-∠4.° ⊶	+, 1, and 2.	5 2 1. 17 5, 20 27.700(Z).	··· · · · · · · · · · · · · · · · ·	DOCUMENT NUMPER-DATE	

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