

1087

ORIGINAL



VIA AIRMAIL

July 10, 2003

Florida Public Service Commission
Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RECEIVED FPSC
03 JUL 15 PM 2:37
COMMISSION
CLERK

Re: TRICOM USA, INC. RAF Audit Control No. 03-065-6-2

Dear Sir or Madam:

In accordance with Florida Administrative Code (FAC) Rule 25-22.006, Tricom USA, Inc. is filing this claim for confidential treatment for ALL materials pursuant to section 364.183(1), F.S. Enclosed please find a copy of the listed materials, which confidentiality is being claimed.

If there are any questions regarding this matter, please do not hesitate to call me at (626) 397-4900. We thank you in advance for your courtesy and attention with respect to this matter.

Very truly yours,

Bela Szabo, 2nd VP of International Business
TRICOM USA, Inc.

CCA note: No enclosures accompanied
this letter.

uf 7/15/03

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

Marquette

ONE EXCHANGE PLACE

03 JUL 15 AM 10:31
DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

06223 JUL 15 03

FPSC-COMMISSION CLERK



Lope de Vega No. 95 • Santo Domingo, República Dominicana • Tel:(809) 476-6000 • 1 200-8011 Fax:(809) 476-4412 • Apartado Postal: 30373 • RNC 101502525

SHIPPER'S UPS ACCOUNT NO. 22727V		SHIPPER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES	
NAME OF SENDER Rafucia Scto		TELEPHONE NO. (089) 476 4489	
COMPANY NAME AND ADDRESS TELECOM Luce. Lopez de U. #75 1016 Talon, Scto Nivel Sancti Spiritus, P.R. Rep. Dom. no			

CONSIGNEE'S UPS ACCOUNT NO.		CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (V.A.T., Importers No., E.I. No., etc.)	
NAME OF CONTACT PERSON		TELEPHONE NO. 809 476 4490	
COMPANY NAME AND ADDRESS Florida Public Service Commission Commissioner's Office 2540 Commercial Bank Bldg Tallahassee, FL 32309 COUNTRY USA			

PAYMENT OF CHARGES						
BILLING OPTION						
<input checked="" type="checkbox"/> PREPAID	<input type="checkbox"/> FREIGHT COLLECT	<input type="checkbox"/> FOB	<input type="checkbox"/> C&F	<input type="checkbox"/> DELIVERED DUTY PAID, V.A.T. UNPAID	<input type="checkbox"/> BILL DUTY, TAX AND OTHER CHARGES TO BE SHIPPED	
<small> Prepaid: Shipper pays all shipping charges, duty and V.A.T. Freight Collect: Consignee pays all shipping charges, duty and V.A.T. FOB: Shipper pays shipping charges to port of export. Consignee pays balance. C&F: Shipper pays shipping charges and duty to port of export. Consignee pays V.A.T. (Shipper must have a UPS account). Delivered Duty Paid: Shipper pays shipping charges and duty. Consignee pays V.A.T. (Shipper must have a UPS account). Bill Duty, Tax and Other Charges to be Shipped: Shipper pays shipping charges and duty. Consignee pays V.A.T. (Shipper must have a UPS account). </small>						
<input type="checkbox"/> ALL SHIPPERS <input type="checkbox"/> CUSTOMER SHIPPING CHARGES AS INDICATED BY						
FOR PREPAID BILLING OPTION ONLY			THIRD PARTY'S COMPANY NAME			

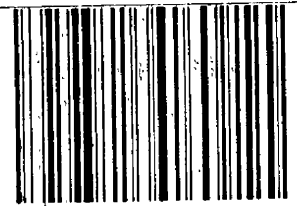


UPS WORLDWIDE SERVICES WAYBILL
(non-negotiable)

TYPE OF SERVICE	
EXPRESS PLUS	<input type="checkbox"/> 1+
EXPRESS	<input checked="" type="checkbox"/> 1
EXPEDITED	<input type="checkbox"/> 2

SHIPMENT INFORMATION			
NO. OF PACKAGES (IN BRACKET)	DESCRIPTION OF GOODS	WEIGHT (KGS)	ZONE
1	(L.A.S)		
<input type="checkbox"/> LTR	<input type="checkbox"/> 10KG BOX	<input type="checkbox"/> 25KG BOX	<input type="checkbox"/> OTHER
DESCRIPTION OF GOODS		INDICATE ONLY COMMERCIAL VALUE	
Documents		<input checked="" type="checkbox"/>	
REFERENCE NO. 1			
REFERENCE NO. 2			

6 COUNTRY OF ORIGIN (MANUFACTURE) OF GOODS		
RECEIVED FOR UPS BY	DATE	TIME



M047 692 765 6

7 SPECIAL INSTRUCTIONS
SATURDAY DELIVERY (EXPRESS PLUS and EXPRESS ONLY) After tacking label to package(s)



M047 692 765 6
M047 692 765 6



M047 692 765 6

UPS Waybill / Tracking No. **M047 692 765 6**

8 DATE OF SHIPMENT	SHIPPER'S SIGNATURE
	<i>[Signature]</i>

DELIVERY 2
DELIVERY 1
EXPORT 2
EXPORT 1
LCS 01181 US 1000 W