

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON

STATE OF FLORIDA



DIVISION OF THE COMMISSION CLERK &
ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

Public Service Commission

September 18, 2003

FPSC, CLK - CORRESPONDENCE
✓ Administrative Parties Consumer
DOCUMENT NO. 14446-03
DISTRIBUTION: _____

(CERTIFIED MAIL NO. 7002-0860-0001-1755-5647)

Winafred Brantl, Esquire
Kelley Drye & Warren LLP
Tysons Corner, Suite 1200
8000 Towers Crescent Drive
Vienna, Virginia 22182

Re: Return of Confidential Document to the Source, Docket No. 030480-TI

Dear Ms. Brantl:

Commission staff have advised that Confidential Document No.04910-03, filed on behalf of Baldwin County Internet/DSSI Service, L.L.C., can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning return of this material.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records and Hearing Services

KF/mhl
Enclosure

cc: Toni McCoy, Division of Competitive Markets and Enforcement
Victor McCoy, Office of the General Counsel

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>9/27/03</u></p>
<p>1. Article Addressed to:</p> <p>WINAFRED BRANTL, ESQUIRE KELLEY DRYE & WARREN LLP TYSONS CORNER STE 1200 8000 TOWERS CRESCENT DR VIENNA VA 22182</p>	<p>C. Signature <u>[Signature]</u></p> <p>D. Is delivery address different from item label? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Stamp: VIENNA VA 22182 09/27/03 USPS</i></p>
<p>2. Article Number (Transfer from service label) _____</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7002 0860 0001 1755 5647</p>	

Case Assignment and Scheduling Record

Section 1 - Bureau of Records and Hearing Services Completes

Docket No. 030480-TI Date Docketed: 06/03/2003 Title: Application for certificate to provide interexchange telecommunications service by Baldwin County Internet/DSSI Service, L.L.C.
 Company: Baldwin County Internet/DSSI Service, L.L.C.

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: _____ AUS CAF CCA (CMP) ECR EXT GCL MMS PIF
 ("() " indicates OPR) _____ X X _____

Section 2 - OPR Completes and returns to CCA in 10 workdays.

Time Schedule

Program/Module B1(a)

Staff Assignments

<u>OPR Staff</u>	_____

<u>Staff Counsel</u>	_____
<u>OCRs ()</u>	_____

()	_____

()	_____

()	_____

()	_____

()	_____

()	_____

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level

0

Due Dates

Previous Current

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
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37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

Recommended assignments for hearing and/or deciding this case:

Full Commission _____ Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with CCA: _____

Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

- Prehearing Officer

Commissioners						Hrg. Exam.	Staff
ALL	JB	DS	BZ	BD	DV		

Commissioners					ADM
JB	DS	BZ	BD	DV	

DOCUMENT NO

14446-03

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____

Date: / /

STATE OF FLORIDA

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Public Service Commission

ACKNOWLEDGMENT

DATE: 6/3/03

TO: BRANTZ / KELLEY

FROM: M. SANDERS, Division of the Commission Clerk and
Administrative Services

RE: Acknowledgment of Receipt of Confidential Filing

04910-03

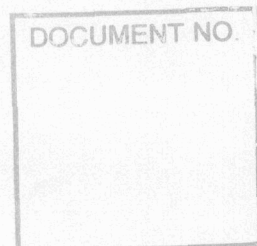
This will acknowledge receipt of a CONFIDENTIAL DOCUMENT filed in Docket No.

030480-T1 or (if filed in an undocketed matter) concerning _____

FINANCIAL INFO, and

filed on behalf of BALOWIN COUNTY INTERNET / DSSI SERVICE L.L.C. The
document will be maintained in locked storage.

Any questions regarding this matter should be directed to Kay Flynn at (850) 413-6770.



PSC/CCA019-C (Rev 01/03)

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

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PSC Website: <http://www.floridapsc.com>

Internet E-mail: contact@psc.state.fl.us

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Public Service Commission

June 4, 2003

Winafred Brantl, Attorney
Kelley Drye & Warren LLP
Tysons Corner
8000 Towers Crescent Drive, Suite 1200
Vienna, Virginia 22182

Re: Docket No. 030480-T1

Dear Ms. Brantl:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by Baldwin County Internet/DSSI Services, L.L.C., which was filed in this office on June 3, 2003, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please note as well that Commission Rule 25-22.005(7), F.A.C., requires certificate companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of the Commission Clerk and Administrative Services
Florida Public Service Commission

STATE OF FLORIDA

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Public Service Commission

September 18, 2003

(CERTIFIED MAIL NO. 7002-0860-0001-1755-5647)

Winafred Brantl, Esquire
Kelley Drye & Warren LLP
Tysons Corner, Suite 1200
8000 Towers Crescent Drive
Vienna, Virginia 22182

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Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records and Hearing Services

KF/mhl
Enclosure

cc: Toni McCoy, Division of Competitive Markets and Enforcement
Victor McCoy, Office of the General Counsel

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(850) 413-6330 (ADMIN)

Public Service Commission

November 13, 2003

Winafred Brantl
Kelley Drye & Warren LLP
8000 Towers Crescent Dr.
Suite 1200
Vienna, VA 22182

030000

Re: Docket 030480 - Acknowledgment of registration as intrastate interexchange telecommunications company effective June 3, 2003, by Baldwin County Internet/DSSI Service, L.L.C.

Dear Mr. Brantl:

The Division of the Commission Clerk and Administrative Services received a check for the amount of \$250.00 on June 3, 2003 from Kelley Drye & Warren LLP. The payment was the filing fee for Baldwin County Internet/DSSI Service, L.L.C.'s registration as an intrastate interexchange telecommunications company. However, pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Florida Public Service Commission. Therefore, a refund will be made to your firm. Enclosed please find the Application for Refund. Please provide us with your Federal ID number, sign and date the application and return it to us at your earliest convenience.

Thank you very much for your assistance in this matter. Please feel free to contact us at 850-413-6770 if you have any questions or need further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records and Hearing Services

Enclosure

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 367.071(3)*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Kelley Drye & Warren LLP FEIN or SS No _____

Address: 8000 Towers Crescent Drive, Suite 1200, Vienna, VA 22182

Amount: \$250.00 Date Paid June 3, 2003

Reason for Claim: The payment is the filing fee for Baldwin County Internet/DSSI Service, L.L.C.'s registration as an intrastate interexchange telecommunications company. Pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Public Service Commission.

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 250.00

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____.

NAME OF ACCOUNT: _____

ACCOUNT CODE											

Statutory Authority for Collection: _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE											

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____

Florida Public Service Commission
Agency

Signature of Authorized Person

Title