

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

**Date:** 8/20/2004      **Docket No.:** 040906-11

**1. Division Name/Staff Name:** Division Of Competitive Markets & Enforcement/Isler

**2. OPR:** Division Of Competitive Markets & Enforcement

**3. OCR:** Office Of The General Counsel

**4. Suggested Docket Title:** Compliance investigation of The Free Network, L.L.C. for apparent violation of Section

**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:**  
 Documentation is attached.  
 Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

09110 AUG 20 03

STATE OF FLORIDA

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



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
BETH W. SALAK  
DIRECTOR  
(850) 413-6600

## Public Service Commission

June 10, 2004

Mr. Vitaliano Terracciano, President  
The Free Network, L.L.C. (TJ237)  
1607 East Big Beaver Road, Suite 201  
Troy, MI 48083-2068

Dear Mr. Terracciano:

The Regulatory Assessment Fee (RAF) is due by January 30<sup>th</sup> 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. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 RAF return form is enclosed. If full payment, including penalty and interest charges, along with the RAF return form, are not received by July 2, 2004, a docket may be established. Since this will be the second time a docket is established for the same rule violation, staff intends to recommend that your company be fined or its certificate cancelled if you do not respond. 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 2003 RAF return form, either pay the 2004 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 collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or by writing to me at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures  
TMS #1455

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

An Affirmative Action / Equal Opportunity Employer

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

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ237-03-0-R  
 The Free Network, L.L.C.  
 1607 East Big Beaver Road, Suite 201  
 Troy, MI 48083-2068

P. Isler

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
003001

\$ \_\_\_\_\_ P  
0603001  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

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.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	( _____ )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	_____
9.	<b>Regulatory Assessment Fee Due</b> (Multiply Line 8 by 0.0015)	_____	_____
10.	<b>Penalty for Late Payment</b> (see "3. Failure to File by Due Date" on back)	_____	_____
11.	<b>Interest for Late Payment</b> (see "3. Failure to File by Due Date" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ _____

\* 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**

- Facilities-Based Carrier       Reseller       Call Aggregator  
 Alternate-Operator Service       Rebiller       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?      What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_\_      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).

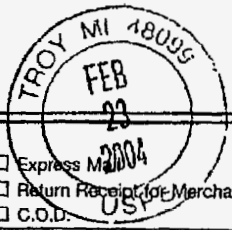
Specific Authority: 350.127(2), F. S.

Law Implemented: 350.113, 350.127(1), 364.285, 364.337, 364.345, F.S.

History: New 2/23/87, amended 3/13/96.

TJ237-03-0-8

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: TJ237 The Free Network, L.L.C. 1607 East Big Beaver Road, Suite 201 Troy, Michigan 48063-2068	C. Signature X <i>Muske</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If different, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	7002 0860 0001 1760 3768	
	Domestic Return Receipt	
	102595-01-M-1424	



**COMPANY IDENTIFICATION**

Printed on 04/27/2004 at 11:51:02 by PJI

Complete Name: The Free Network, L.L.C.

Mailing Name: The Free Network, L.L.C.

Company Code: TJ237                      FEID Number: 38-3360921

**RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003**

Reg. Date: 08/03/1999                      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

Period covered: 01/01/2003 through 12/31/2003                      RAF rate:

Operating rev:                                  \$0.00                      Interstate rev:                                  \$0.00

Documents: Delinquent letter mailed on 02/20/2004

                    Delinquent letter mailed on 02/19/2004

                    Delinquent letter mailed on 02/18/2004

                    RAF form mailed on 12/03/2003

## MCD Company Information for TJ237

Printed on 04/23/2004 at 16:11:20 by PJI

Company Code: TJ237  
Complete Name: The Free Network, L.L.C.  
Mailing Name: The Free Network, L.L.C.  
Certificate No(s): 7090  
Status: Active  
Regulation Date: 08/03/1999  
Bankruptcy: No  
Company Liaison #1: Vitaliano Terracciano  
Title: President, Business Development  
Mailing Address: 1607 East Big Beaver Road, Suite 201

Physical Location: Troy, MI 48083-2068  
1607 East Big Beaver Road, Suite 201

Phone: Troy, MI 48083-2068  
(248) 526-1000  
Fax: (248) 526-1001

### Related Dockets:

990359-TI **Application for certificate to provide interexchange telecommunications service by The Free Network, L.L.C.**

001338-TI **Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate No. 7090 issued to The Free Network, L.L.C. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.**

030483-TI **Joint application for waiver of carrier selection requirements of Rule 25-4.118, F.A.C., for transfer of partial customer base from The Free Network, L.L.C. (holder of IXC Registration No. TJ237) to Lightyear Communications Inc. (holder of IXC Registration No. TI189).**