

REQUEST TO ESTABLISH DOCKET

(Please Type)

| | | | |
|---|--|--------------------|-----------|
| Date: | 8/30/2004 | Docket No.: | 040980-71 |
| 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 AccessLine LD Services, Inc. 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): | | | |
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| 2. Interested persons and their representatives (if any): | | | |
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| | | | |
| 6. Check one: | | | |
| <input checked="" type="checkbox"/> | Documentation is attached. | | |
| <input type="checkbox"/> | Documentation will be provided with recommendation. | | |

DOCUMENT NUMBER-DATE
09490 AUG 31 04
FPSC-COMMISSION CLERK

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. Tim Roberts, VP of Operations
AccessLine ID Services, Inc. (TJ846)
11201 SE 8th Street, Suite 200
Bellevue, WA 98004-6420

Dear Mr. Roberts:

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. 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. Your company may be fined or your 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, or by writing to me at the address below.

Sincerely,

Handwritten signature of Paula J. Isler in cursive.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures
TMS #1418

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

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ846-03-0-R
 AccessLine ID Services, Inc.
 11201 S.E. 8th Street, Suite 200
 Bellevue, WA 98004-6420

P. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P _____ 0603001
 _____ 004011

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
 10/07/2003 TO 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

_____ (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. | 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

- 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.

TJ846-03-0-D

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:

TJ846 AccessLine® ID Services, Inc.
11201 S.E. 8th Street, Suite 200
Bellevue, Washington 98004-6420

2. Article Number
(Transfer from service label)

7002 0860 0001 1760 7636

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

2-24-04

C. Signature

x *Paavol*

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

COMPANY IDENTIFICATION

Printed on 04/28/2004 at 11:00:39 by PJI

Complete Name: AccessLine ID Services, Inc.

Mailing Name: AccessLine ID Services, Inc.

Company Code: TJ846 FEID Number:

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

Reg. Date: 10/07/2003 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 11, 2003 at 12:05 PM by David Brown

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
 RAF form mailed on 12/11/2003

MCD Company Information for TJ846

Printed on 08/27/2004 at 10:28:12 by PJI

Company Code: TJ846
Complete Name: AccessLine ID Services, Inc.
Mailing Name: AccessLine ID Services, Inc.
Certificate No(s):
Status: Active
Regulation Date: 10/07/2003
Bankruptcy: No
Company Liaison #1: Tim Roberts
Title: Vice President of Operations
Mailing Address: 11201 S.E. 8th Street, Suite 200

Physical Location: Bellevue, WA 98004-6420
11201 S.E. 8th Street, Suite 200

Phone: Bellevue, WA 98004-6420
(206) 515-1710
Fax: (206) 515-1710

Related Dockets:

030972-TI

Acknowledgment of registration as intrastate interexchange telecommunications company effective October 7, 2003, by AccessLine LD Services, Inc.