

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date October 7, 2004

Docket No.

041198 -TI

1. Division Name/Staff Name: Division of Competitive Markets and Enforcement

2. OPR: Curry

3. OCR: GCO

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.



September 29, 2004
Via Overnight Delivery

210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

Ms. Beth Salak
Director of Competitive Markets and Enforcement
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

**RE: Name Change for Inmate Calling Services, LLC d/b/a ICSolutions formerly known as Inmate Calling Services, LLC
Florida Tariff No. 2 - Interexchange Telecommunications Services**

Dear Ms. Salak:

Enclosed please find the original and three (3) copies of the replacement Interexchange Tariff No. 2 submitted on behalf of Inmate Calling Services, LLC d/b/a ICSolutions. This tariff, Tariff No. 2, cancels and replaces, in its entirety, the current tariff on file with the Commission, Florida Tariff No. 1 of Inmate Calling Solutions, LLC. Also enclosed is the Certificate of Fictitious Name Registration filed with the Florida Department of State.

The purpose of this filing is to add a d/b/a to the company name, changing the name from Inmate Calling Services, LLC to Inmate Calling Services, LLC d/b/a ICSolutions. There are no changes in the rates, terms, rules and regulations of the tariff.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing may be directed to my attention at (407) 740-3004 or rnorton@tminc.com. Thank you for your assistance.

Sincerely,

Robin Norton, Consultant to
Inmate Calling Services, LLC

RN/bc

Enclosures

cc: Suzanne Haffner, ICS
file: ICS - FL - Inmate
tms: FLi0404

2004 SEP 30 PM 2:55
DIVISION OF
COMPETITIVE SERVICES



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 28, 2004

ICSOLUTIONS
5883 RUE FERRARI
SAN JOSE, CA 95138

Subject: **ICSOLUTIONS**

REGISTRATION NUMBER: **G04272900013**

This will acknowledge the filing of the above fictitious name registration which was registered on September 28, 2004. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 704A00056648

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. ICSolutions
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

5883 Rue Ferrari
Mailing Address of Business
San Jose, CA 95138
City State Zip Code

3. Florida County of principal place of business: _____
Leon County
(see instructions if more than one county)

4. FEI Number: 82-0559085

04 SEP 2004

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. Last _____ FIRST _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

2. Last _____ FIRST _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. Inmate Calling Solutions, LLC
Entity Name
5883 Rue Ferrari
Address
San Jose, CA 95138
City State Zip Code
 Florida Registration Number M03000002032
 FEI Number: 82-0559085
 Applied for Not Applicable

2. _____
Entity Name
 Address _____
 City _____ State _____ Zip Code _____
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 9/24/04
Signature of Owner Date

Phone Number: 800-661-3845

CONSENT TO FILE

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50