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Via Overnight Delivery

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: FONIX TELECOM, INC.

Dear Sirs:

Enclosed please find an original and six (6) copies of the Application Form for authority to provide alternative local exchange service within the State of Florida, submitted on behalf of Fonix Telecom, Inc. The requisite \$250.00 filing fee is also enclosed herewith.

Please acknowledge receipt of this filing by returning a date stamped copy of this letter in the self-addressed envelope provided.

Thank you for your assistance. Please call with any questions.

Sincerely,

Monica Borne Haab

- CMP _____
- COM _____
- CTR _____ cc: Michael Britt, Fonix
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

05 JUN 10 AM 10:22

DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

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FDSC-COMMISSION CLERK