

ORIGINAL
DISTRIBUTION CENTER
06 AUG -4 AM 7:10

FROM: Ann Terputac
Executor of the Estate of James W. DeBolt
921 Lodgepole Drive
Imperial, PA 15126 Cell # 412-335-5552

TO: State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

060469-TC

This is a request for the abatement of the penalty for failure to file the returns for regulatory assessment fees for revenue from public telephones owned by individuals.

James W. DeBolt died on April 5, 2006. I, Ann Terputac, am the executor of the estate of James W. DeBolt and have no idea as to what needs to be filed. You can call or write to me to discuss this.

Faxed is a copy of:

- A. Death certificate
- B. Letter of administration
- C. Pay telephone operating certificate
Certificate # 4545
Docket # 951565


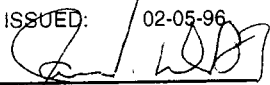
This information is being faxed on August 2, 2006 and a copy will be mailed the same day.

I plan to file all required reports immediately and to sell the telephones to a third party licensed with the public service commission before December 31, 2006.

*INFO
ALREADY
FAXED
TO
YOU
ON
AUG 2, 2006*

Sincerely,
Ann Terputac

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

STATE OF FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BLVD. TALLAHASSEE, FL. 32399 PAY TELEPHONE OPERATING CERTIFICATE	
CERTIFICATE # 4545	DOCKET # 951565
	ISSUED TO: JAMES W. DEBOLT ADDRESS: 1715 TAMPA STREET TAMPA, FL. 33602
	ISSUED: 02-05-96  SIGNATURE

DOCUMENT NUMBER-DATE

06964 AUG-4 8

FPSC-COMMISSION CLERK

IN THE CIRCUIT COURT FOR
HILLSBOROUGH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

File No. 06-1049

JAMES WILLIAM DeBOLT,

Division A

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, JAMES WILLIAM DeBOLT, a resident of Hillsborough County, Florida, died on April 5, 2006, owning assets in the State of Florida, and

WHEREAS, ANN D. TERPUTAC has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare ANN D. TERPUTAC duly qualified under the laws of the State of Florida to act as Personal Representative of the estate of JAMES WILLIAM DeBOLT, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on 27 Apr, 2006.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

David J.
Circuit Judge

THIS IS TO CERTIFY THAT THE FOREGOING
IS A TRUE AND CORRECT COPY OF THE
DOCUMENT ON FILE IN MY OFFICE AND
THE SAME IS IN FULL FORCE AND EFFECT
THIS 28 DAY OF April, 2006



PAT FRANK
CLERK OF THE CIRCUIT COURT
BY [Signature] D.C.
DEPUTY CLERK

FILED
APR 28 AM 8:26
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY FL
PROBATE

#1818487v1

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

REDACTED

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) James William DeBolt 2. SEX Male

3. DATE OF BIRTH (Month, Day, Year) May 21, 1953 4a. AGE-Last Birthday (Years) 52 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) April 05, 2006

6. SOCIAL SECURITY NUMBER 7. BIRTHPLACE (City and State or Foreign Country) Connellsville, Pennsylvania 8. COUNTY OF DEATH Hillsborough

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival NON-HOSPITAL: Hospice facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) 502 W. County Line Road 11a. CITY, TOWN, OR LOCATION OF DEATH Lutz 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE Florida 14b. COUNTY Hillsborough 14c. CITY, TOWN, OR LOCATION Lutz

14d. STREET ADDRESS 502 W. County Line Road 14e. APT. NO. 14f. ZIP CODE 33548 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Telecommunication Engineer 15b. KIND OF BUSINESS/INDUSTRY Telecommunication

16. DECEDENT'S RACE (Specify the races to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) H. Melvin DeBolt 21. MOTHER'S NAME (First, Middle, Maiden Surname) Ann Laughlin

22a. INFORMANT'S NAME Ann Terputac 22b. RELATIONSHIP TO DECEDENT Sister 23a. INFORMANT'S MAILING - STATE Pennsylvania

23b. CITY OR TOWN Imperial 23c. STREET ADDRESS 921 Lodgepole Drive 23d. ZIP CODE 15126

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Washington Cemetery 25a. LOCATION - STATE Pennsylvania 25b. LOCATION - CITY OR TOWN Washington

26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) 2462 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

28. NAME OF FUNERAL FACILITY Blount & Curry F. H.-Carrollwood 29a. FACILITY'S MAILING - STATE Florida

29b. CITY OR TOWN Tampa 29c. STREET ADDRESS 3207 W. Bears Ave. 29d. ZIP CODE 33618

30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - Of the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) 31b. DATE SIGNED (month/day/year) 4/14/06 32. TIME OF DEATH (24 hr.) 2325 33. MEDICAL EXAMINER'S CASE NUMBER

34. LICENSE NUMBER (of Certifier) ME0022308 34b. CERTIFIER'S NAME William R Dinwoodie, MD 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S - STATE Florida 36b. CITY OR TOWN Tampa 36c. STREET ADDRESS 12902 Magnolia Drive 36d. ZIP CODE 33612

37. SUBREGISTRAR - Signature and Date 38a. LOCAL REGISTRAR - Signature 38b. DATE FILED BY REGISTRAR (Month, Day, Year) APR 20 2006

Signature of Susan Perry, CHIEF DEPUTY REGISTRAR

APR 21 2006

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1946 (08-04)

B2409033

CERTIFICATION OF VITAL RECORD



* 2 4 0 9 0 3 3 *

BEFORE THE PUBLIC SERVICE COMMISSION

In re: Compliance investigation of PATS certificate holders for apparent second-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.	DOCKET NO. 060469-TC ORDER NO. PSC-06-0618-PAA-TC ISSUED: July 20, 2006
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NOTICE OF PROPOSED AGENCY ACTION ORDER IMPOSING PENALTIES AND COLLECTION COSTS, AND REQUIRING PAYMENT OF DELINQUENT REGULATORY ASSESSMENT FEES, OR CANCELLING PATS CERTIFICATES FOR VIOLATION OF RULE 25-4.0161, FLORIDA ADMINISTRATIVE CODE

BY THE COMMISSION:

NOTICE is hereby given by the Florida Public Service Commission that the action discussed herein is preliminary in nature and will become final unless a person whose interests are substantially affected files a petition for a formal proceeding, pursuant to Rule 25-22.029, Florida Administrative Code.

Pursuant to Rule 25-4.0161(10), Florida Administrative Code, telecommunications companies that fail to pay the Regulatory Assessment Fee, including statutory late payment charges, within 15 days after receiving a delinquent notice, shall be automatically penalized \$500 for a first offense, \$1,000 for a second offense, and \$2,000 for a third offense. The penalty amounts include collection costs. If an entity fails to pay the Regulatory Assessment Fee in full, including statutory late payment charges, along with the penalty amount, that entity's certificate shall be cancelled.

Pursuant to Section 364.336, Florida Statutes, certificate holders must pay a minimum annual Regulatory Assessment Fee of \$50 if the certificate was active during any portion of the calendar year. Pursuant to Rule 25-4.0161(2), Florida Administrative Code, the form and applicable fees are due to the Florida Public Service Commission by January 30 of the subsequent year. Pursuant to Section 350.113(4), Florida Statutes, the Regulatory Assessment Fee return forms, for the period of January 1 through December 31, are mailed to entities at least 45 days prior to the date that payment of the fee is due. All entities that apply for a certificate receive a copy of our rules governing pay telephone service (PATS).

The Division of the Commission Clerk and Administrative Services (CCA) advised our staff that the entities listed below failed to comply with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. In addition, each entity listed below has had a prior docket for the same rule violation in which each entity proposed a settlement or paid the penalty imposed to resolve its respective docket.

DOCUMENT NUMBER-DATE

06375 JUL 20 06

FPSC-COMMISSION CLERK