

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	2/5/2010	Docket No.:	100066-TC
1. From Staff / Division:	Pruitt/Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 5118 by Pulham Communications, effective December 31, 2009.		
5. Program/Module/Submodule Assignment:	B1f		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TG018	Pulham Communications		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

RECEIVED-FPSC
 10 FEB - 5 AM 11:24
 COMMISSION
 CLERK

DOCUMENT NUMBER-DATE

00815 FEB-5 09

FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

(See Filing Instructions on Back of Form)

TG018-09-0-R
 Pulham Communications
 5036 Dover Street, N.E.
 St. Petersburg, FL 33703-3215

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # No Check!

\$ _____ 06-03-001
 \$ _____ E 003001
 \$ _____ P 06-03-001
 \$ _____ I 004011

Postmark Date _____
 Initials of Preparer _____

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation <i>(Line 2 less Line 3)</i>	\$ _____
5.	Regulatory Assessment Fee Due - <i>(Multiply Line 4 by 0.0020)</i>	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ _____
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official 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. _____

DOCUMENT NUMBER DATE
 00815 FEB-5 2009
 FPSC-COMMISSIONER

DEAR SIR,

I AM NO LONGER

A PAY PHONG PROVIDOR.

Tim Pughan