

REQUEST TO ESTABLISH DOCKET

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

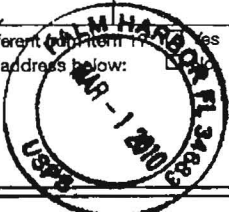
Date:	4/20/2010	Docket No.:	100191
1. From Staff / Division:	Pruitt/ Rad 8		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Compliance investigation of AAV Certificate No. 8595, issued to Your Sp, Inc, for apparent second-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
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):	
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 APR 20 11 56 AM
 COMMISSIONER
 CLERK

COM _____
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DOCUMENT NUMBER-DATE
 03064 APR 20 09
 FPSC-COMMISSION CLERK

TA076 - 09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>
1. Article Addressed to: TA076 Your Sip, Inc. P. O. Box 2413 Palm Harbor, FL 34682-2413	<p></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7009 3410 0002 4112 2480

PS Form 3811, February 2004

Domestic Return Receipt

702695-02-M-1540

DOCUMENT NUMBER-DATE

03064 APR 20 09

FPSC-COMMISSION CLERK

Regulatory Assessment Fee Account Information

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: Your Sip, Inc.
 Mailing Name: Your Sip, Inc.
 Company Code: TA076 Regulated: 09/21/2005 Inactive:

RAF Account Information

RAF Period Covered: 01/01/2009-12/31/2009 AAV Service: AAV
 Confidential
 RAF Form Received
 RAF Account Satisfied
 Amended Return
 Extension Approved
 Actual Return
 Estimated Return
 Number of Payments Received: 0
 Do Not Calculate
 Penalty
 Interest
 RAF Correspondence Suspended
 Comments Available
 Operating Revenue: \$0.00 Gross Intrastate Revenue: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessments	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

Print/Preview
RAF Documents
 Annual Reports
 Edit
 Cancel

1 of 1

Modification Log
 12/07/2009
 Last modification was made on Monday, December 7, 2009 at 8:21 AM by David Brown