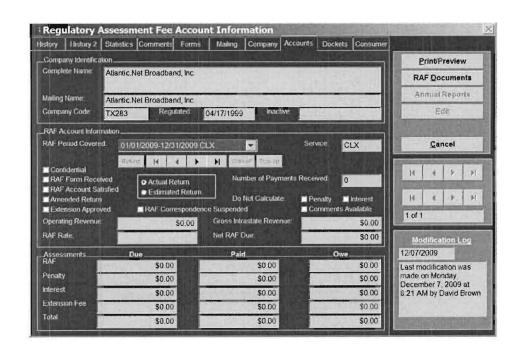
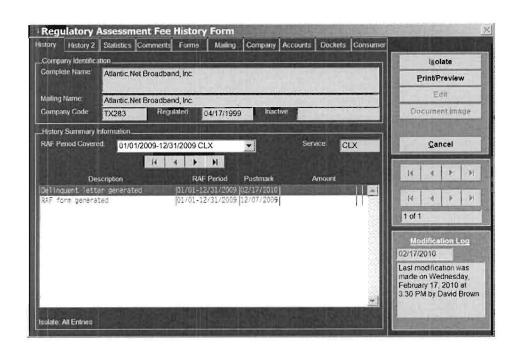
REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)									
Date:	4/22/20			Docket No.:		002 00 TX			
1. From Staff / Division:			Pruitt/ Rad		I				
2. OPR:	RAD								
3. OCR: GCL									
4. Suggested Docket Title:			Compliance investigation of CLEC Certificate No. 6070, issued to Atlanti Broadband, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regu Assessment Fees; Telecommunications Companies.						
5. Program	n/Modu	le/Submod	dule Assignment:		A18a, A10				
6. Sugges	ted Doc	ket Mail L	ist.						
a. Pro	vide NA	MES/ACR	ONYMS, if registered company.		Provided as an Attachment				
Company Code, if applicable:		Parties (include address, if different from MCD):			Representatives (name and address):				
b. Pro	vide CC			SS for all othe	rs. (match	representatives to companies)			
Company if applicat			d persons, if any, address, if different	t from MCD):	Represent	tatives (name and address):			
7. Check one: 🛛 Supp		porting Documentation Attached		☐ To be provided with Recommendation					
Comments	5 :								
		: 32 SC	CPERK 10 APR 22 PM 3 10 APR 22 PM 3	SSC ADM OPC		13 1 4 1 APR 22 9			
SC\CLK 010-C	, (Kev. 04/	U 9)		CLKA	9	G:\Compliance ESTABLISH DOCKET.do FPSC-CUMHISSIDN CLERK			

TX283-09-0-D

SENDER: COMPLETE THIS SECTI	ON	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is designed. Print your name and address on the so that we can return the card to year at the print of the or on the front if space permits. Article Addressed to: TX283 Atlantic.Net Broadband, Inc. 440 Kennedy Blvd., Suite 3 Orlando, FL 32810-6277 	ired. ne reverse /ou.	A. Signature X B. Received by (Printed Name) C: AMULI KM7 D. Is delivery address different from item 1' If YES, enter delivery address below: 3. Service Type Certified Mail Registered Return Receipt Insured Mail C.O.D.	Yes No		
		4. Restricted Delivery? (Extra Fee)	☐ Yes		
Article Number (Transfer from service label)	7009 343	LO 0002 4112 0745			
PS Form 3811, February 2004	Domestic Ret	102595-02-M-1540			









TX283-09-0-R

STATUS:

Actual Return

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Estimated Return Amended Return		Atlantic.Net Broadband, Inc. 440 Kennedy Blvd., Suite 3 Orlando, FL 32810-6277			\$ E 003001		
	D COVERED: 09 TO 12/31/2009	Orlando, 112 32	010 0277		Postmark Date Initials of Preparer	004011	
		Please Complete Be	elow If Official Mailing A	ddress Has Changed	Initials of Preparer		
я		5					
	(Name of Company)		(Address)	·	(City/State)	(Zip)	
LINE NO.	ACCOL	JNT CLASSIFICATION		FLORIDA GRO		STATE REVENUE	
1. 2. 3.	Basic Local Services Long Distance Services (I Access Services	ntraLATA only) ⁽¹⁾		s <u>\$.66</u>	\$	φ.φφ	
4. 5. 6.	Private Line Services Leased Facilities & Circui Miscellaneous Services	its Services					
7. 8. 9.		ther Telecommunications ERATING REVENUE for	Companies ⁽²⁾ SEC; or Regulatory Assessment	1 117/118	\$ (INDV — ess Line 8) \$ 0	\$. \$\$ \$. \$\$	
10. 11. 12. 13.	Regulatory Assessment For Penalty for Late Payment Interest for Late Payment	tee Due (Multiply Line 9 by (see "3. Failure to File by (see "3. Failure to File by tee "4. Extension" on back	7 0.0020) Due Date" on back) Due Date" on back)	FEB 26 AM 9:			
13.	TOTAL AMOUNT DUE		5		\$ /	600.00 B	
() Facili	(2) These amounts must l	to intrastate only and must so operating revenue of a control of a con		on back). al regulatory assessment		sed as provided in	
		() Othe	r;				
Complete	below if billing agent is other	than yourself.	BILLING INFORMA	TION			
(Name)			(Address: Cit	y/State/Zip)	() (Telephone)		
	ase telecommunications' facili tho do you lease these facilities		COMPANY INFORMA) NO	ATION			
informatio	undersigned owner/officer or on is a true and correct statem to mistead a public servant in	ent. I am aware that pursi	ant to Section 837.06, Flo	orida Statutes, whoever k	nowingly makes a false s		
رک	(Signature of Company	Official)	Accounting	Marag-6 (Title)		/22/20/D (Date)	
3	ason Gine Preparer of Form - Please	e Print Name)	Telephone Number	(321)266-30	37 Fax Number (3	21)234-036	
			F.E.I. No.				
PSC/RA	.D 007 (Rev. 12/09)			C:\DOCUME~1\db	orown\LOCALS~ \Temp\foxmerg	e30185961\xxmergeformxx.doc	