REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)							
Date:	4/26/2010			Docket No.:	100220-TX		
1. From Staff / Division:		ision:	Pruitt/ Rad				
2. OPR:	RAD						
3. OCR:	GCL						
4. Suggested Docket Title:			Compliance investigation of CLEC Certificate No. 7764, issued to North County Communications Corporation, for apparent first-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 registere				ed company.	☐ Provided as an Attachment		
Company Code, if applicable:		Parties (include address, if different from MCD):			Representatives (name and address):		
h Pro	vide CO	MPI FTE N	NAME AND ADDRE	SS for all other	s (match representatives to companies)		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies) Company Code, Interested persons, if any,							
if applicable:					Representatives (name and address):		
, ,							
		_					
_			_				
7. Check o	ne:	⊠ Supp	orting Documenta	tion Attached	☐ To be provided with Recommendation		
Comments:							

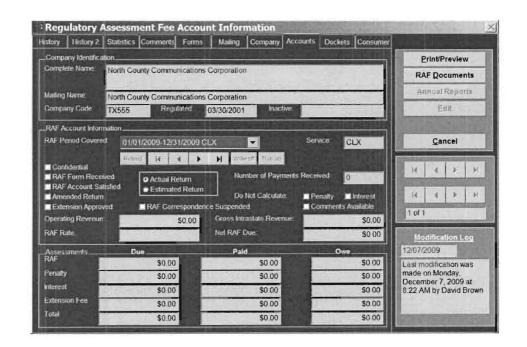
CTEBK COMMISSION 10 APR 26 PH 12: 58 HECEINED-EBRC

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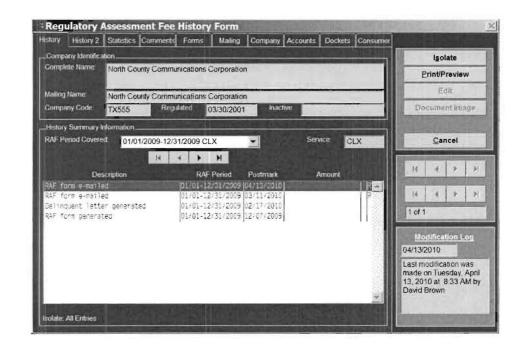
CENDED, COMPLETE THE SECTION				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. 	erse	A. Signature X Korn CC Signature B. Received by (Printed Name) C. Date of Delivery		
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
TX555 North County Communications Col 3802 Rosecrans, Suite 485 San Diego, CA 92110-3114	rporation	3. Service Type Certified Mail		
		4. Restricted Delivery? (Extra Fee)		
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PS Form 3811, February 2004 Do	omestic Retu	urn Receipt 102595-02-M-1540		

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