REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)										
Date:	4/26/2010		7,500	Docket No.:	10 (	0223-TX				
1. From Staff / Divis		ision:	Pruitt/ Rad							
2. OPR:	RAD									
3. OCR:	GCL									
4. Suggested Docket Title:			Compliance investigation of CLEC Certificate No. 8756, issued to TelCentris Communications, LLC, 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. Sugges	ted Doc	ket Mail L	ist.							
a. Provide NAMES/ACRONYMS, if regis				red company.	☐ Provided as an	Attachment				
Company Code, if applicable: TX993		Parties (include address, if different from MCD):			Representatives (name and address):					
b. Pro	vide CC	OMPLETE	NAME AND ADDRI	ESS for all othe	s. (match represen	tatives to companies)				
, ,		Interested persons, if any, (include address, if different from MCD):			D					
if applicat	oie:	(include a	address, if differen	nt from MCD):	Representatives (n	ame and address):				
7. Check o	ne:	⊠ Supp	orting Documenta	ntion Attached	☐ To be provided	I with Recommendation				
Comments:										

CLERK COMMISSION

10 APR 26 PM 12: 59

BECEIVED FPSC

U3321 APR 26 9

## TX993-09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver					
Article Addressed to:	D. Is delivery address different from item 1?					
TX993 TelCentris Communications, LLC 10180 Telesis Court, Suite 150						
San Diego, CA 92121-2742	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.					
	4. Restricted Delivery? (Extra Fee) Yes					
2. Article Number 7009 341 (Transfer from service label)	0 0002 4112 0301					
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540					

## Competitive Local Exchange Company Regulatory Assessment Fee Return

		Florida Public Service Commission				FOR PSC USE ONLY			
STATU	IS:				Chaola 4	Check# NO Check!			
V Act	tual Return	(See Filing Instructions on Back of Form) TX993-09-0-R				100 011	•		
	imated Return	The faces was to the first total statute.	TelCentris Communications, LLC		2		06-03-001		
	nended Return		·		s /	003001			
		San Diego, CA 92	elesis Court, Suite 150						
DEDIO	D COVERED:	San Diego, CA 92	121-2/42		<i>y</i>	P 06-03-001			
	19 TO 12/31/2009					/ /	004011		
						,			
					Postmar	t Date	ſ		
						of Preparer			
		Please Complete Below	If Official Mailing Add	dress Has Changed					
		two court is		.,		N= 1			
	(Name of Company)		(Address)		(City/Sta	te)	(Zip)		
LINE NO.	ACCC	OUNT CLASSIFICATION		FLORIDA GI OPERATING RE		INTRASTATE	REVENIE		
				~~					
1. 2.	Basic Local Services  Long Distance Services	(Intral ATA only)(1)		\$		\$	7		
3.	Access Services	(Indat.ATA only)		<del></del>			<del></del>		
4.	Private Line Services			a		E	,		
5.	Leased Facilities & Circ	uits Services		O'		- C	7		
6.	Miscellaneous Services					&	<u>}</u>		
7.	TOTAL REVENUES					s E	<del>}</del>		
8.	LESS: Amounts Paid to	Other Telecommunications Com	panies <sup>(2)</sup>			- E	<i>&gt;</i>		
9.	NET INTRASTATE O	PERATING REVENUE for Re	gulatory Assessment Fe	e Calculation (Line 7	less Line 8)	s O	_		
10.		Fee Due (Multiply Line 9 by 0.00		The second control of the second seco	,	E	<del>}</del>		
11.		t (see "3. Failure to File by Due	The second secon				7		
12.		t (see "3. Failure to File by Due I	Date" on back)				<del></del>		
13.	Extension Payment ree	(see "4. Extension " on back)					<del></del>		
14.	TOTAL AMOUNT DU	IE (\$600.00 MINIMUM)				s	(3)		
	(1) Other long distance	revenue must be listed on the Int	crexchange Regulatory	Assessment Fee Retu	rn.				
	(2) These amounts mus	t be intrastate only and must be v	erifiable (see "2. Fees"	on back).	. 6 66600 1	11 1000-10 - 000001 0000000			
	(3) Regardless of the gr Section 364.336, Flo	oss operating revenue of a comparida Statutes.	any, a minimum annual	regulatory assessmen	it fee of \$600 sha	ill be imposed as pr	ovided in		
				,	·				
		CUR	RENT COMPANY ST	CATUS					
(X) Facilit	ties-Based Provider	( ) Reseller							
<u> </u>		( ) Other:							
		Ві	LLING INFORMATI	ON					
Complete	below if billing agent is other	er than yourself.							
	(Name)		(Address: City/	State/Zin)	(Tel	ephone)			
	(Name)	, , , , , , , , , , , , , , , , , , ,	(Address, City)	——————————————————————————————————————					
			MPANY INFORMAT	ION					
	ise telecommunications' faci		IO						
	ho do you lease these faciliti	es from? Name:							
Address:		*							
7 11-		-C ()			- 1 - 1 - 1 - C 1		. Line of a subsequent		
		of the above-named company, ment. I am aware that pursuant t							
		the performance of his official of							
	( h		CF	<del>-</del> 0		2/1/	10		
	(Signature of Compar	ny Official)		(Title)		<u></u>	Date)		
	The state of compar	• •		0 ~	`~.				
	/	7	elephone Number	(818) 761-2	845 Fax No	imber (611) 6	215-2018		
(I	Preparer of Form - Plea	(5)		5-12725	17/				
			F.E.I. No	3 -1 21030	* V				
PSC/RAI	D 007 (Rev. 12/09)			canomine -	dhearn)I OCALC and	*errm\formerve30288828			
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