

REQUEST TO ESTABLISH DOCKET

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

RECEIVED-FPSC

Date: 4/18/2011 Docket No.: 110116-TX 11 APR 19 PH 3:15

1. From Staff / Division: Division Of Regulatory Analysis/Toni Earnhart **2E**

COMMISSION
CLERK

2. OPR: Toni Earnhart, RAD

3. OCR: GCO

4. Suggested Docket Title: Compliance investigation of CLEC Certificate No. 8745, issued to SIP Interchange Corporation, for apparent first-time violation of Rule 25-4.0161, FAC., Regulatory Assessment Fees; Telecommunications Companies.

5. Program/Module/Submodule Assignment: A18a, A10

6. Suggested Docket Mail List.

a. Provide NAMES/ACRONYMS, if registered company. Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TX979		

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: Supporting Documentation Attached To be provided with Recommendation

Comments:

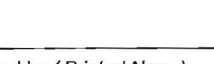
DOCUMENT NUMBER-DATE

02683 APR 19 =

FPSC-COMMISSION CLERK

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. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Muhammad R	C. Date of Delivery 2-25-11
1. Article Addressed to: TX979-10-0-D SIP Interchange Corporation 1415 South Voss Road, #110-463 Houston, TX 77057-1086	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7006 0100 0003 1056 9787	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1340	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 Do not write on this area.

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. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
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2. Article Number (Transfer from service label)	7006 0100 0003 1056 9787	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

DOCUMENT NUMBER DATE

02683 APR 19 =

FPSC-COMMISSION CLEAR

COMPANY IDENTIFICATION

Printed on 04/18/2011 at 16:13:20 by TJE

Complete Name: SIP Interchange Corporation

Mailing Name: SIP Interchange Corporation

Company Code: TX979 FEID Number: 20-8465074

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 02/05/2009 Inactive Date:
 Service: CLX - Competitive Local Exchange
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate:

Assessment	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

Last modification was made on Wednesday, December 8, 2010 at 12:57 PM by David Brown

Regulatory Assessment Fee (RAF) System

File Edit View Payments Tools Reports Options Docket Viewer

Regulatory Assessment Fee History Form

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

Company Identification

Complete Name: SIP Interchange Corporation

Mailing Name: SIP Interchange Corporation

Company Code: TX979 Regulated: 02/05/2009 Inactive:

History Summary Information

RAF Period Covered: 01/01/2010-12/31/2010 CLX Service: CLX

Description	RAF Period	Postmark	Amount
Delinquent letter generated	01/01-12/31/2010	02/22/2011	
RAF form generated	01/01-12/31/2010	12/05/2010	

Isolate: All Entries

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1 of 1

Modification Log

02/22/2011

Last modification was made on Tuesday, February 22, 2011 at 3:09 PM by David Brown

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