

REQUEST TO ESTABLISH DOCKET

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

Date:	4/19/2011	Docket No.:	110121-TX 25
1. From Staff / Division:	Division Of Regulatory Analysis/Toni Earnhart		
2. OPR:	Toni Earnhart, RAD		
3. OCR:	GCO		
4. Suggested Docket Title:	Compliance investigation of CLEC Certificate No. 8393, issued to Home Town Telephone, LLC, for apparent second-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.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TX740			
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:			

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Regulatory Assessment Fee Related Dockets

Case Management Docket Viewer (060462-TX)

Title General Progmodes Staff Events Documents Utilities Parties Comments Fines

Docket Title

Compliance investigation of CLEC certificate holders for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees, Telecommunications Companies

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Docket Number

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COMPANY IDENTIFICATION

Printed on 04/18/2011 at 15:59:23 by TJE

Complete Name: Home Town Telephone, LLC

Mailing Name: Home Town Telephone, LLC

Company Code: TX740 FEID Number: 11-3698769

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

Reg. Date: 12/10/2003 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 12:56 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: Home Town Telephone, LLC

Mailing Name: Home Town Telephone, LLC

Company Code: TX740 Regulated: 12/10/2003 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	12/08/2010	

Isolate: All Entries

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Modification Log

02/22/2011

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

Start | Inbox - ... | Windows... | REQUES... | (321 unr... | Bunkbed... | 2 cms | Regulat... | 03233-1... | 3:59 PM

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"/> <i>Deborah Farhat</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>TX740-10-0-D Home Town Telephone, LLC 1100 N.W. 163rd Drive, Suite A Miami, FL 33169-5816</p>		<p>B. Received by (Printed Name) DEBORAH FARHAT</p>	<p>C. Date of Delivery 2-24-11</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7006 0100 0003 1057 0059</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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>	
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