

# REQUEST TO ESTABLISH DOCKET

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

Date:	4/19/2011	Docket No.:	110122-TX 22
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. 8537, issued to Pelzer Communications Corporation, 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):	
TX814			
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:			

COM \_\_\_\_\_  
 APA \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 SSC \_\_\_\_\_  
 ADM \_\_\_\_\_  
 OPC \_\_\_\_\_  
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DOCUMENT NUMBER DATE  
 02740 APR 21 =  
 FPSC-COMMISSION CLEF

Regulatory Assessment Fee Related Docket

### Case Management Docket Viewer (070351-TX)

History

Title General Prognods 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.

Print CASR

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Navigation: [Home] [Left] [Right] [End]

Docket Number

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COMPANY IDENTIFICATION

Printed on 04/18/2011 at 16:22:43 by TJE

Complete Name: Pelzer Communications Corporation

Mailing Name: Pelzer Communications Corporation

Company Code: TX814 FEID Number: 11-3713981

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

Reg. Date: 12/03/2004 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 History Form

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

**Company Identification**

Complete Name: Pelzer Communications Corporation

Mailing Name: Pelzer Communications Corporation

Company Code: TX614 Regulated: 12/03/2004 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

Isolate  
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1 of 5

**Modification Log**

02/22/2011

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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

TX814-10-0-D  
 Pelzer Communications Corporation  
 P. O. Box 8085  
 Silver Spring, MD 20907-8085

2. Article Number

(Transfer from service label)

7006 0100 0003 1056 9954

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Bonita Baly* Agent Addressee

B. Received by (Printed Name)

*Bonita Baly*

C. Date of Delivery

*2/25/11*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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X

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4. Restricted Delivery? (Extra Fee)

 Yes