REQUEST TO ESTABLISH DOCKET

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

Date:	4/19/2011	Docket No.:	25 110123-TX

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. 5926, issued to ElectroNet Intermedia Consulting, Inc., 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.	☐ Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TX160		

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:

COM
APA
ECR ____
GCL ____
RAD ____
SSC ____
ADM ____
OPC ____
CLK *Nonryl*

PSC\CLK 010-C (Rev. 04/08)

G:\2010 RAF COMPLIANCE PAA CO MEMO\REQUEST TO ESTABLISH DOCKETCOMPLIANCECLECRAFsecondviolation.doc

Regulatory Assessment Fee Related Dockets   ×

History

: Case Management Docket Viewer (090193-TX)   _ |□|×

| Title | General | Progmods | Staff | Events | Documents | Utilities | Parties | Comments | Fines |

Print CASR

Docket Title

Compliance investigation of CLEC Certificate No. 5296, issued to ElectroNet Intermedia Consulting, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

Cancel

|◄   ◄   ►   ►|

Docket Number

<Enter docket number>

4 of 4

Monday, Apr 18, 2011 04:01 PM

Complete Name: ElectroNet Intermedia Consulting, Inc.

Mailing Name: ElectroNet Intermedia Consulting, Inc.

Company Code: TX160   FEID Number: 59-3404211

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

Reg. Date:	01/13/1998	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: ElectroNet Intermedia Consulting, Inc.

Mailing Name: ElectroNet Intermedia Consulting, Inc.

Company Code: TX160   Regulated: 01/13/1998   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

Print/Preview

Edit

Document Image

Cancel

1 of 1

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... | (322 unr... | Bunkbed... | 2 cms ▼ | Regulat... | 03233-1... | « 4:00 PM

Monday, Apr 18, 2011 04:00 PM

CERTIFIED MAIL

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:

TX160-10-0-D
ElectroNet Intermedia Consulting, Inc.
3411 Capital Medical Blvd.
Tallahassee, FL 32308-4425

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X   ☐ Agent
                     ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
   If 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

2. Article Number
   (Transfer from service label)   7006 0100 0003 1056 8919

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540