

REQUEST TO ESTABLISH DOCKET

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

Date:	5/10/2011	Docket No.:	110145-T1
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 IXC Registration No. TJ680, issued to Cypress Communications Operating Company, LLC, for apparent first-time violation of Section 364.336, F.S., and Rule 25-4.0161, F.A.C., 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):	
TJ680			
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:			

11 MAY 10 PM 4:27

2E COMMISSION CLERK

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 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLR _____

DOCUMENT NUMBER - DATE
 03244 MAY 10

FPSC-COMMISSION CLERK

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: Cypress Communications Operating Company, LLC

Mailing Name: Cypress Communications Operating Company, LLC

Company Code: TJ680 Regulated: 09/06/2002 Inactive:

History Summary Information

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

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 3:08 PM by David Brown

Start [Icons] » Inbox - ... (381 unr... PSC Audi... Internal ... WAY-FM ... Regulat...

« 4:10 PM

COMPANY IDENTIFICATION

Printed on 05/05/2011 at 16:10:23 by TJE

Complete Name: Cypress Communications Operating Company, LLC

Mailing Name: Cypress Communications Operating Company, LLC

Company Code: TJ680 FEID Number: 58-2536853

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

Reg. Date: 09/06/2002 Inactive Date:
 Service: IXC - Interexchange Telephone
 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 1:00 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:

TJ680-10-0-D
Cypress Communications Operating Com
3565 Piedmont Road
4 Piedmont Center, Suite 600
Atlanta, GA 30305-4614

2. Article Number
(Transfer from service label)

7006 0100 0003 1056 8155

COMPLETE THIS SECTION ON DELIVERYA. Signature
  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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

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2. Article Number
(Transfer from service label)

7006 0100 0003 1056 8155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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