

REQUEST TO ESTABLISH DOCKET RECEIVED-FPSC
 (Please type or print. File original *plus* 1 copy with CLK.)

Date:	5/16/2011	Docket No.:	110157-T 11 MAY 16 PM 3:10
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. TK239, issued to Viscom International, Inc., 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):	
TK239			
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
 CLK N.G.

DOCUMENT NUMBER-DATE
 03382 MAY 16 =
 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:

Mailing Name:

Company Code: Regulated: Inactive:

History Summary Information

RAF Period Covered: Service:

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

Modification Log

02/22/2011

Last modification was made on Tuesday, February 22, 2011 at 3:08 PM by David Brown

Start | Inbox - ... | Netflix - ... | (371 unr... | Regulat...

« 4:57 PM

COMPANY IDENTIFICATION

Printed on 05/06/2011 at 16:57:39 by TJE

Complete Name: Viscom International, Inc.

Mailing Name: Viscom International, Inc.

Company Code: TK239 FEID Number: 04-3597371

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

Reg. Date: 01/01/2009 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 1:01 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:

TK239-10-0-D
Viscom International, Inc.
1500 Southland Circle, N.W., Suite K
Atlanta, GA 30318-3669

2. Article Number

(Transfer from service label)

7006 0100 0003 1056 9329

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *T. Naylor* Agent Addressee

B. Received by (Printed Name)

T. Naylor

C. Date of Delivery

3-2-11

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

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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7006 0100 0003 1056 9329

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? 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**Certified Mail Provi**

- A mailing receipt.
 - A unique identifier for the mailpiece.
 - A record of delivery kept by the post office.
- Important Reminders:**
- Certified Mail may ONLY be used for mailpieces that require a signature.
 - Certified Mail is not available for mailpieces that require a signature.
 - NO INSURANCE COVERAGE is provided for Certified Mail. For valuables, please contact your carrier for additional information.
 - For an additional fee, you may obtain a Return Receipt (PS Form 3811) with your Certified Mail. Endorse mailpiece with a duplicate return receipt required.
 - For an additional fee, you may obtain a Restricted Delivery endorsement "Restricted Delivery" on the mailpiece. If a postmark on the mailpiece at the post office is not needed, the receipt is not needed.
- IMPORTANT: Save this receipt. It is required for Internet access to delivery status information. If addressed to APDs at**