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REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK) MAY 16 PM 3:11

Date:	5/16/2011	Docket No.:	110164-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. TK273, issued to Grasshopper Group, 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.	<p>a. Provide NAMES/ACRONYMS, if registered company. <input type="checkbox"/> Provided as an Attachment</p> <table border="1"> <thead> <tr> <th>Company Code, if applicable:</th> <th>Parties (include address, if different from MCD):</th> <th>Representatives (name and address):</th> </tr> </thead> <tbody> <tr> <td>TK273</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)</p> <table border="1"> <thead> <tr> <th>Company Code, if applicable:</th> <th>Interested persons, if any, (include address, if different from MCD):</th> <th>Representatives (name and address):</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	TK273															Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):															
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7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation																																				
Comments:																																							

COMMISSION CLERK

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- APA _____
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- SSC _____
- ADM _____
- OPC _____
- CLK N.G.

DOCUMENT NUMBER-DATE
 03389 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: Grasshopper Group, LLC

Mailing Name: Grasshopper Group, LLC

Company Code: TK273 Regulated: 10/30/2009 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 - ... Netflix - ... (371 unr... Regulat... « 5:02 PM

DOCUMENT NUMBER-DATE
03389 MAY 16 =
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COMPANY IDENTIFICATION

Printed on 05/06/2011 at 17:02:49 by TJE

Complete Name: Grasshopper Group, LLC

Mailing Name: Grasshopper Group, LLC

Company Code: TK273 FEID Number: 06-1668922

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

Reg. Date: 10/30/2009 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:

TK273-10-0-D
 Grasshopper Group, LLC
 197 1st Avenue, Suite 200
 Needham, MA 02494-2873

2. Article Number

(Transfer from service label)

7006 0100 0003 1056 9176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent AddresseeB. Received by (*Printed Name*)

Adriano De Filippis

C. Date of Delivery

7/25/11

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

