

# REQUEST TO ESTABLISH DOCKET

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

RECEIVED-FPSC  
11 MAY 17 PM 3:29

Date:	5/17/2011	Docket No.:	110172-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. TK303, issued to Tatkatel, 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):	
TK303			
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	

COM  
ADA  
Comments:

- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- RAD \_\_\_\_\_
- SSC \_\_\_\_\_
- ADM \_\_\_\_\_
- OPC \_\_\_\_\_
- CLK N.G

DOCUMENT NUMBER-DATE  
03422 MAY 17 =  
FPSC-COMMISSION CLERK

**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

Isolate  
Print/Preview  
Edit  
Document Image  
Cancel

Modification Log

02/22/2011

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

DOCUMENT NUMBER-DATE  
03422 MAY 17 =  
FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 05/09/2011 at 14:39:07 by TJE

Complete Name: Tatkatel, Inc.

Mailing Name: Tatkatel, Inc.

Company Code: TK303 FEID Number: 27-1717240

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

Reg. Date: 05/27/2010 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

State of Florida

# Public Service Commi

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

*Handwritten signature*

**DEFINITED MAIL™**



7006 0100 0003 1056 9046

MAR 16



February 22, 2011

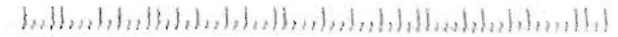
TK303-10-0-D  
Tatkatel, Inc.  
16001 Hillside Avenue  
Jamaica, NY 11432-3975

NIXIE 110 DE 1 00 03/18/11

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 32399005099 \*0839-03424-22-41

1432399005099



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to:  TK303-10-0-D Tatkatel, Inc. 16001 Hillside Avenue Jamaica, NY 11432-3975	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7006 0100 0003 1056 9046		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540