

State of Florida



# Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

## -M-E-M-O-R-A-N-D-U-M-

**DATE:** August 20, 2012  
**TO:** Ann Cole, Commission Clerk – PSC, Office of Commission Clerk  
**FROM:** Toni J. Earnhart, Regulatory Analyst II, Office of Telecommunications  
**RE:** Docket No. 120147-TX; Midwestern Telecommunications, Incorporated

RECEIVED-FPSC  
 12 AUG 21 PM 1:28  
 COMMISSION CLERK

Please add the attached signed certified return receipt card from the Company to the docket file. Also note the company paid the 2012 minimum RAF due for a voluntary cancellation to process.

Please call 413-6532, if you have any questions.

### Attachments

COM \_\_\_\_\_  
 AFD \_\_\_\_\_  
 APA \_\_\_\_\_  
 ECO \_\_\_\_\_  
 ENG \_\_\_\_\_  
 GCL \_\_\_\_\_  
 IDM \_\_\_\_\_  
 TEL \_\_\_\_\_  
 CLK NG

DOCUMENT NUMBER-DATE

05727 AUG 21 2012

FPSC-COMMISSION CLERK

FOR ENVELOPE TO THE RIGHT

**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:

**Jerry Holt**  
**15426 S. 70<sup>th</sup> Court**  
**Orland Park, IL 60462**

2. Article Number

(Transfer from service label)

7006 2760 0003 8794 0953

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

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

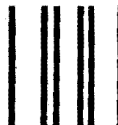
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE

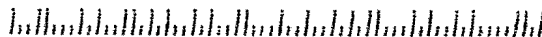


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

12 JUL 23 AM 9:51

DIVISION OF **Public Service Commission**  
 REGULATORY COMPLIANCE **2540 Shumard Oak Blvd.**  
**Tallahassee, FL 32399-0850**  
**Att: Toni Earnhart**



DOCUMENT NUMBER-DATE

05727 AUG 21 04

FPSC-COMMISSION CLERK

### Regulatory Assessment Fee Account Information

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Customer

Company Identification

Complete Name: **Midwestern Telecommunications, Incorporated**

Mailing Name: **Midwestern Telecommunications, Incorporated**

Company Code: **TX688** Regulated: **02/14/2003** Inactive:

RAF Account Information

RAF Period Covered: **01/01/2012-12/31/2012 CLX** Service: **CLX**

Audited     Confidential     RAF Form Received     RAF Account Satisfied     Amended Return     Allowance Approved  
 Correspondence Suspended     Bankruptcy     Penalty     Interest     Comments Available

Operating Revenue: **\$0.00**    Gross Infrastructure Revenue: **\$0.00**

RAF Rate: **0.0013**

Assessments	Due	Paid	Owe
RAF	\$600.00	\$600.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$600.00</b>	<b>\$600.00</b>	<b>\$0.00</b>

Print/Preview  
RAF Documents  
Annual Reports  
Edit  
Cancel

Navigation: [Back] [Previous] [Next] [Forward]

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Modification Log

08/17/2012  
Last modification was made on Friday, August 17, 2012 at 9:59 AM by Karen Belcher