

REQUEST TO ESTABLISH DOCKET		
(Please type or print. File original with CLK.)		
Date:	5/30/2017	
1. From Division / Staff:	Tel/Curry	
2. OPR:	TEL	
3. OCR:	GCL	
4. Suggested Docket Title:	2018 State certification §54.313 and §54.314, annual reporting requirements for high-cost recipients, and certification of support for eligible telecommunications carriers.	
5. Program/Module/Submodule Assignment:	A19, B11	
6. Suggested Docket Mailing 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):
TL715	Northeast Florida Telephone Company d/b/a NEFCOM	
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 type="checkbox"/> Supporting documentation attached	<input checked="" type="checkbox"/> To be provided with Recommendation
Comments:		

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 COMMISSION CLERK