

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 1/30/98

Docket No. 98-0168-TI

1. Division Name/Staff Name COMMUNICATIONS/Hawkins  
2. CPE \_\_\_\_\_  
3. OCE \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of Interexchange Telecommunications Service by ICG, ACCESS SERVICES, INC. effective 1/29/98.  
*Telecom Group* Cert 7/3/98/10

5. Suggested Docket Filing List (attach separate sheet if necessary) 1/29/98.

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

(TI347)

1. Parties and their representatives (if any)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Interested Persons and their representatives (if any)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. Check one:  Documentation is attached.  
 Documentation will be provided with the recommendation.



**ICG**  
TELECOM GROUP, INC.

January 16, 1998

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0865

Dear Sirs:

Enclosed is our 1997 Interexchange Company Regulatory Assessment Fee Return and a check for the amount due of \$50.00. Please note that this is our final return because our Florida operation has been sold, and therefore we have no further tax obligation.

Please call me at (303) 626-3613 if you have any questions.

Sincerely,

*Beverly Winter*

Beverly Winter  
Senior Technical Analyst

RECEIVED

FLORIDA PUBLIC  
SERVICE COMMISSION

98 JAN 29 10 51 AM '98

MAIL ROOM

An ICG Communications Company

9605 East Maroon Circle • Englewood, Colorado 80112 • P.O. Box 6742 • Englewood, Colorado 80155-6742 • (303) 572-5960

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:

Actual Return  
 Estimated Return

PERIOD COVERED:  
01/01/1997 TO  
12/31/1997

TI347  
ICG Access Services, Inc.  
P. O. Box 6742  
Englewood, CO 80155-6742  
DEPOSIT DATE  
D698 JAN 29 1997

FOR PSC USE ONLY  
Check # 05853-3  
\$ 50.00 0603001  
003001  
\$ \_\_\_\_\_ P  
0603001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 1/26/97  
Initials of Preparer RP

Please Complete Below if Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION   | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|-------------------------|--------------------|
| 1.       | Long Distance Services   | \$ _____                | \$ _____           |
| 2.       | Access Services  | _____                   | _____              |
| 3.       | Private Line Services  | _____                   | _____              |
| 4.       | Leased Facilities & Circuits Services  | _____                   | _____              |
| 5.       | Miscellaneous Services   | _____                   | _____              |
| 6.       | TOTAL Telephone Services   | \$ _____                | \$ _____           |
| 7.       | LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing) | ( _____ )               | ( _____ )          |
| 8.       | TOTAL REVENUES For Regulatory Assessment Fee Calculation                       | _____                   | _____              |
| 9.       | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)                      | _____                   | _____              |
| 10.      | Penalty for Late Payment   | _____                   | _____              |
| 11.      | Interest for Late Payment  | _____                   | _____              |
| 12.      | TOTAL AMOUNT DUE   | _____                   | \$ <u>50.00</u>    |

\*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

### CURRENT COMPANY STATUS

Facilities-Based Carrier  Reseller  Call Aggregator  
 Alternate-Operator Service  Rebiller  Other: Alternative Access Vendor

### BILLING INFORMATION

Complete below if billing agent if other than yourself. Brenda Hawkins  
\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)  
What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_  
What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 377.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to defraud is guilty of a misdemeanor of the second degree.

Claudia Swanson Signature of Company Official  
Claudia Swanson (Please Print Name)  
Corporate Tax Manager (Title) 1/16/98 (Date)  
Telephone Number 303 1626-3172  
F.E.I. No. \_\_\_\_\_