

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 1/30/98

Docket No 980174 - TA

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. CPE \_\_\_\_\_

3. CCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Alternate Access Vendor Certificate No.  
3166 by ICG ACCESS SERVICES, INC.

5. Suggested Docket Mailing List (attach separate sheet if necessary)  
Telecom Group effective 1/29/98.

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 29-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

(TA017)

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 Alternative Access Vendor Regulatory Assessment Fee Return and a check for the amount due of \$384.04. 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 Tax Analyst

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

98 JAN 29 AM 10  
MAIL ROOM

RECEIVED

JAN 30 1998

CMU

*An ICG Communications Company*

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

# Alternative Access Vendor 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

TA017  
 ICG Access Services, Inc.  
 P. O. Box 6742  
 Englewood, CO 80155-6742

DEPOSIT  
**D698**

DATE

JAN 29 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY	
Check#	058532
\$	384.04 0603005
	003001
\$	P 0603005
	004011
\$	1
Postmark Date	1/29/98
Initials of Preparer	AP

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

LINE NO.	WIDE AREA TOLL SERVICE	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Special Access Services	\$ _____	\$ _____
2.	Private Line Services	_____	256,023.7P
3.	Leased Facilities & Circuits Services	_____	_____
4.	Miscellaneous Services	_____	_____
5.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ 256,023.7P
6.	Regulatory Assessment Fee Due (Multiply Line 5 by 0.0015)	_____	384.04
7.	Penalty for Late Payment	_____	_____
8.	Interest for Late Payment	_____	_____
9.	TOTAL AMOUNT DUE	_____	\$ 384.04

AS PROVIDED IN SECTION 364.335, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) Brenda Hawkins  
 What is the total amount of customer deposits collected? What is the total amount of bills held (if applicable)?  
 Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_ Amount: \$ \_\_\_\_\_

### VENDOR INFORMATION

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

RECEIVED  
 PUBLIC SERVICE COMMISSION  
 JAN 29 PM 2:55  
 MAIL ROOM

I, the undersigned owner/officer of the above-named vendor 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 affirm that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public agent in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 Claudia Swanson  
 Claudia Swanson  
 (Please Print Name)  
 Corporate Tax Manager  
 (Title)  
 Telephone Number (303) 626-3172  
 F.E.I. No. \_\_\_\_\_  
 1-26-98  
 (Date)