

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 11/30/98

Docket No. 981758-77

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate Number 4466 issued to GTN d/b/a Global Telecom Network for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Hearing List (attach separate sheet if necessary)

- 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.)

1. Parties and their representatives (if any)

<u>Elba Hinckley</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.  
 Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

**13385 NOV 30 8**

FPSC-RECORDS/REPORTING

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete item 3.
- Print your name and address on the reverse of this form and attach this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also want to receive the following services (for an extra fee):

12-17-97 20:21

1.  Addressee's Address  
 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TI 497

4a. Article Number

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

12/15

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

Thank you for using Return Receipt Services.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete item 3.
- Print your name and address on the reverse of this form and return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

TI 4147

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

12/15

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

8. Addressee's Address (Only if requested and fee is paid)

I also request to receive the following services (for an additional fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Services.