

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 12/18/98

Docket No. 981968-TX

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 Alternative Local Exchange Certificate Number 5187 Issued to Easton Telecom Services Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

5. Suggested Docket Mailing 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>Robert E. Mocas</u> | _____ |
| _____                  | _____ |
| _____                  | _____ |
| _____                  | _____ |
| _____                  | _____ |
| _____                  | _____ |
| _____                  | _____ |

2. Interested Persons and their representatives (if any)

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

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

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
**14578 DEC 24 98**  
FPSC-RECORDS/REPORTING



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the 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 wish to request the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:  
  
TX 107

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)  
HEIDI MOCAS

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

6. Signature: (Addressee or Agent)  
X Heidi Mocas

Domestic Return Receipt

Thank you for using Return Receipt Service.