

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date March 5, 1999

Docket No. 990279-II

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of IXC Certificate No. 5157 by US Xchange of Florida, L.L.C., Effective 01/25/99

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>David J. Easter</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
02969 MAR-89
FPSC-RECORDS/REPORTING

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI641
 US Xchange of Florida, L.L.C.
 20 Monroe N.W., Suite 450
 Grand Rapids, MI 49503

FOR PSC USE ONLY	
Check#	
\$	0603001
	003001
\$	P
	0603001
	004011
\$	1
Postmark Date	
Initials of Preparer	

PERIOD COVERED:

01/01/1998 TO
 12/31/1998

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		0
10.	Penalty for Late Payment		0
11.	Interest for Late Payment		0
12.	TOTAL AMOUNT DUE		\$ 0

*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
 Alternate-Operator Service Rebiller
 Other: INACTIVE

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip)

 (Telephone)

What is the total amount of customer deposits collected?
 Amount: \$ 0 for 19 98

What is the total amount of bond held (if applicable)?
 Amount: \$ 0 Expires: _____

COMPANY INFORMATION

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

RECEIVED
 MAR 04 1999

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 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) CEO (Title) 1/20/99 (Date)

RICHARD POSTMA
 (Please Print Name)

Telephone Number (616) 493 7000 Fax Number (616) 493 7007
 F.E.I. No. NONE