

# REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date March 5, 1999

Docket No. 990280-TI

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. 4697 by North American InTeleCom, Inc., 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>Rick Cantu</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

**02970 MAR-88**

FPSC-RECORDS/REPORTING



# Communication, Corp.

959 E Collins Blvd. Suite 150, Richardson, Texas 75081  
(972) 664-2600 FAX (972) 664-2655

January 18, 1999

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Re: North American Intelcom, Inc.  
FEI # 74-2538300  
TI522

Dear Sir or Madam:

Please be advise that North American Intelcom, Inc. no longer conducts any business activity since 1/1/98. All assets were transferred to the new company TSC Payphone, Corp. TSC Payphone, Corp. will be reporting the Interexchange Company Regulatory Assessment Fee Return. Please close our account.

Should you have any questions, do not hesitate to contact me at (972) 664-2633.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sou Li', written in a cursive style.

Sou Li  
Tax Manager

RECEIVED

MAR 04 1999

CMU

(Formerly Known as Telservice Communication, Inc.)  
TSC Payphone Corp., North American InTeleCom, Inc., &  
Value-Added Communications are Wholly Owned Subsidiaries

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return  
 Estimated Return

T1522  
 North American InTeleCom, Inc.  
 14100 San Pedro Avenue, Suite 400  
 San Antonio, TX 78232

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
 003001  
 P  
 \$7.50 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

North American InTelecom, Inc. P.O. Box 551378 RICHARDSVILLE/TX 75085  
 (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.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	( _____ )	( _____ )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment	_____	_____
11.	Interest for Late Payment	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ _____

\*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: \_\_\_\_\_

### 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: \$ \_\_\_\_\_ 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 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.

Walter K. Kaudelka  
 (Signature of Company Official)

VP - FINANCE 1/20/99  
 (Title) (Date)

WALTER K. KAUDELKA  
 (Please Print Name)

Telephone Number (972) 664-2633 Fax Number (972) 664-2655  
 F.E.I. No. 74-2538300