

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 991389-TI Date Docketed: 09/14/1999 Title: Application for certificate to provide interexchange telecommunications service by Maxcess, Inc. Company: Maxcess, Inc.

Official Filing Date: Last Day to Suspend: Expiration:

Referred to: ADM AFA APP CAF (CMU) EAG GCL LEG RAR PAI WAW

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module B1(a)

Staff Assignments

OPR Staff Staff Counsel OCRs () () () ()

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770 Current CASR revision level

0

Due Dates

Previous Current

Table with 40 numbered rows for scheduling and two columns for Due Dates (Previous, Current).

Recommended assignments for hearing and/or deciding this case:

Full Commission Commission Panel Hearing Examiner Staff

Date filed with RAR:

Initials: OPR Staff Counsel

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Table for Hearing Officer(s) assignments with columns for Commissioners (ALL, GR, DS, CL, JN, JC), Hrg. Exam., and Staff.

- Prehearing Officer

Table for Prehearing Officer assignments with columns for Commissioners (GR, DS, CL, JN, JC) and ADM.

DOCUMENT NO. 16641-00

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: Date: / /

Case Assignment and Scheduling Record

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Docket No. 991389-TI Date Docketed: 09/14/1999 Title: Application for certificate to provide interexchange telecommunications service by Maxcess, Inc.
 Company: Maxcess, Inc.

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 ("()" indicates OPR) _____ X _____ _____ _____ _____ _____ _____

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module Bl(a)

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 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770**
 Current CASR revision level

Staff Assignments

<u>OPR Staff</u>	<u>T Williams</u>

<u>Staff Counsel</u>	<u>K Pena, C Bedell</u>

<u>OCRs (AFA)</u>	<u>P Lester</u>

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Due Dates

Previous Current

	NONE	11/18/1999
1. Staff Recommendation	NONE	11/18/1999
2. Agenda - Regular	NONE	11/30/1999
3. PAA Order - Automatic Closing	NONE	12/19/1999
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Recommended assignments for hearing and/or deciding this case:
 Full Commission X Commission Panel _____
 Hearing Examiner _____ Staff _____
 Date filed with RAR: 09/17/1999
 Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

- Prehearing Officer

Commissioners						Hrg. Exam.	Staff
ALL	GR	DS	CL	JN	JC		
X							

Commissioners					ADM
GR	DS	CL	JN	JC	
				X	

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 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: 09/17/1999

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

March 29, 2000

(CERTIFIED MAIL NO. 00-139)

ISG-Telecom Consultants
Attention: Matthew A. Brown
838 Village Way, Suite 1200
Palm Harbor, Florida 34683

FPSC, CLK - CORRESPONDENCE
✓ Administrative Parties Consumer
DOCUMENT NO. 16641 00
DISTRIBUTION: _____

Re: Return of Confidential Document(s) to the Source (Docket No. 991389-TI)

Dear Mr. Brown:

Commission staff have advised that Confidential Document No. 11041-99, filed on behalf of Maxcess, Inc., can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records

Enclosure

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 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 wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

ISG-Telecom Consultants
838 Village Way, Suite 1200
Palm Harbor, Florida 34683

a. Article Number

00-139

4b. Service Type

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

Delivery

3/31

5. Received By: (Print Name)

Addressee's Address
and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.