Case Assignment and Scheduling Record

Section 1 - Bureau of Records and Hearing Services Completes

PSC/CCA015-C (Rev. 01/03)

telecommunications service by Independent Telecommunications Systems, Inc. d/b/a Systems, Inc. d/b/a ITS Communications d/b/a IXC [Direct.
Official Filling Bake	
Official Filing Date: Last Day to Suspend: Expiration:	
Referred to: AUS CAF CCA (CMP) ECR EXT GCL MMS PIF ("()" indicates OPR) X	
Section 2 - OPR Completes and returns to CCA in 10 workdays. Time Schedule	
Program/Module B1(a) WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION.	
Staff Assignments Staff Assignments Current CASR revision level	Due Dates
OPR Staff Prov	vious Current
2.	
3. 4.	
Staff Counsel 6.	
OCRs () 8.	
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29. 30.	
Recommended assignments for hearing and/or deciding this case:	
Full Commission Commission Panel 33	
Hearing Examiner Staff 35.	
tiate filed with CCA.	
38. 39.	
Section 3 - Chairman Completes Assignments are as follows:	
process	CUMENT NO.
Commissioners Hrg. Staff Commissioners ADM	Disease
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Where panels are assigned the senior Commissioner is Panel Chairman:	145-03
the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case. Date: //	

* COMPLETED EVENTS

Case Assignment and Scheduling Record

vices Completes

Docket No. 030474-TI Date Docketed: 06/02/2003 Title: Application for certificate to provide interexchange telecommunications service by Independent Telecommunications Company: Independent Telecommunications Systems, Inc. d/b/a Systems, Inc. d/b/a ITS Communications d/b/a IXC Direct. Official Filing Date: Last Day to Suspend: Expiration: Referred to: AUS CAF CCA (CMP) ECR EXT GCL MMS PIF ("()" indicates OPR) Section 2 - OPR Completes and returns to CCA in 10 workdays. Time Schedule WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770 Program/Module B1(a) Staff Assignments Current CASR revision level Due Dates OPR Staff T McCoy 0 Previous Current Staff Recommendation NONE 09/04/2003 2. Agenda 3. PAA Order - Close if No Protest NONE 09/16/2003 NONE 10/06/2003 4. 5. Staff Counsel V McKay 6 OCRs () 8. 9 10 11. 12 13. 14. 15 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26 27. 28. 29 30. Recommended assignments for hearing 31. and/or deciding this case: 32 33 Full Commission X Hearing Examiner Commission Panel 34. 35. Staff 36 Date filed with CCA: 06/11/2003 37 38. Initials: OPR 39 Staff Counsel 40. <u>Section 3 - Chairman Completes</u> Assignments are as follows: - Hearing Officer(s) - Prehearing Officer Commissioners Hrg. Staff Commissioners **ADM** Exam. ALL DS ΒZ DV JB DS DV BZ BD Χ X Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Approved:

PSC/CCA015-C (Rev. 01/03)

Where one Commissioner, a Hearing Examiner or a Staff Member is

assigned the full Commission decides the case.

Section 1 - Bureau of Records and Hearing

* COMPLETED EVENTS

Date: 06/11/2003

STATE OF FLORIDA

COMMISSIONERS: LILA A. JABER, CHAIRMAN J. TERRY DEASON BRAULIO L. BAEZ RUDOLPH "RUDY" BRADLEY CHARLES M. DAVIDSON



DIVISION OF THE COMMISSION CLERK & ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

Hublic Service Commission

June 4, 2003

Patrick D. Crocker, Esquire Early, Lennon, Crocker & Bartosiewicz, P.L.C. 900 Comerica Building Kalamazoo, Michigan 49007-4752

Re: Docket No. 030474-TI

Dear Mr. Crocker:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by Independent Telecommunications Systems, Inc. d/b/a ITS Communications d/b/a IXC Direct, which was filed in this office on June 2, 2003, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please note as well that Commission Rule 25-22.005(7), F.A.C., requires certificate companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of the Commission Clerk and Administrative Services
Florida Public Service Commission

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
RUDOLPH "RUDY" BRADLEY
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DIVISION OF THE COMMISSION CLERK & ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

Hublic Service Commission

November 13, 2003

IXC Direct 4079 Park East Court Kentwood, MI 49546-8815

Re: Docket 030474 - Acknowledgment of registration as intrastate interexchange

telecommunications company effective June 2, 2003 by Independent

Telecommunications Systems, Inc. d/b/a ITS Communications d/b/a IXC Direct

Dear Sir/Madam:

The Division of the Commission Clerk and Administrative Services received a check for the amount of \$250.00 on June 2, 2003 from Independent Telecommunications Systems, Inc. d/b/a ITS Communications d/b/a IXC Direct. The payment was the filing fee for registration as an intrastate interexchange telecommunications company. However, pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Florida Public Service Commission. Therefore, a refund will be made to your firm. Enclosed please find the Application for Refund. Please sign and date the application and return it to us at your earliest convenience.

Thank you very much for your assistance in this matter. Please feel free to contact us at 850-413-6770 if you have any questions or need further assistance.

Sincerely,

Kay Flynn, Chief

Bureau of Records and Hearing Services

Enclosure

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money. Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 367.071(3)*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim. Independent Telecommunications Systems, Inc. Name: d/b/a_ITS Communications d/b/a IXC Direct FEIN or SS No 38-2642388 Address: 4079 Park East Court, Kentwood, MI 49546-8815 Amount: \$250.00 Date Paid June 2, 2003 Reason for Claim: The payment is the filing fee for Independent Telecommunications Systems, Inc. d/b/a ITS Communications d/b/a IXC Direct's registration as an intrastate interexchange telecommunications company. Pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Public Service Commission. CERTIFIED TRUE AND CORRECT this _____ day of _______, 20_____ * Must be completed if authority is other than Section 215.26, Florida Statutes. (FOR AGENCY USE ONLY) Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 250.00 The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No.______ dated ______ NAME OF ACCOUNT: ACCOUNT CODE Statutory Authority for Collection: It is requested that payment be made from the following account: NAME OF ACCOUNT: ACCOUNT CODE CERTIFIED TRUE AND CORRECT this _____day of ___ , 20 Florida Public Service Commission Agency Signature of Authorized Person Title