REQUEST TO ESTABLISH DOCKET (Please type or print. File original <i>plus</i> 1 copy with CLK.)									
Date: 3/12/2010				Docket No.:					
1. From Staff / Division:		Pruitt/Rad ~		110020-TC					
2. OPR: RAD			i fuitortad	\times					
3. OCR:	GCL								
4. Suggested Docket Title: R			Request for cancellation of PATS Certificate No. 8424 by NSC Communications Public Services Corporation, effective March 5, 2010.						
					B1f S S S				
5. Program/Module/Submodule Assignment:			dule Assignment:		B1f 😌 😇 😳				
6. Sugges	ted Doo	ket Mail L	ist.						
a. Provide NAMES/ACRONYM			ONYMS, if register	red company.	\Box Provided as an Attachment $\overline{\Box}$				
		Parties (include	address, if differer	nt from MCD):	Representatives (name and address):				
TG977			munications Public						
b. Pro	ovide CC	MPLETE		ESS for all othe	ers. (match representatives to companies)				
Company			d persons, if any,						
if applicable:		(include a	address, if differen	nt from MCD):	Representatives (name and address):				
7. Check one:		🛛 Supp	porting Documenta	ation Attached	To be provided with Recommendation				
Comments:									

COCUMENT REMBER-DATE

01716 MAR 129

PSC\CLK 010-C (Rev. 04/09)

FPSC-COMMISSION CLERK

Document2

Estimated Return Amended Return Amended Return FIERIOD COVERED: 1/01/2009 TO 12/31/2009 ACC Corpo 5724 V Pleasa VSC Sevice (Dypt) (Name of Company) LINE NO. ACC 1. Gross Operating Revenue 3. LESS: Amounts Paid to (see "2. Fees" on back) 4. TOTAL REVENUES for (Line 2 less Line 3) 5. Regulatory Assessment I 6. Penalty for Late Paymen 7. Interest for Late Paymen 8. Extension Payment Fee 9. TOTAL AMOUNT DU 10. Number of pay telephone	Vest Las Positas Blvd., Suite 110 iton, CA 94588-4034 DEPOSIT DATE , 0 2 0 MAR 11 1 Complete Below If Official Mailing Address Has Chang M PO BOX 334 (Address) OUNT CLASSIFICATION	2010 Postmark Date 3/5//0 Initials of Preparer/M				
Please (MACE) NSC Service (OMDE) (Name of Company) LINE NO. ACC 1. Gross Operating Revenue 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to (see "2. Fees" on back) 4. TOTAL REVENUES for (Line 2 less Line 3) 5. Regulatory Assessment 1 6. Penalty for Late Paymen 7. Interest for Late Paymen 8. Extension Payment Fee 9. TOTAL AMOUNT DU 10. Number of pay telephone	O 2 0 MAR 1 1 2 Complete Below If Official Mailing Address Has Chang M PO BOX 334 (Address) OUNT CLASSIFICATION	E S 00 S I Postmark Date 3/5//0 Initials of Preparer PHENSIMHM, CA 9451 (City/State) (Zip)				
Please NSC Service (Opput) (Name of Company) LINE NO. ACC 1. Gross Operating Revenue 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to (see "2. Fees" on back) 4. TOTAL REVENUES for (Line 2 less Line 3) 5. Regulatory Assessment I 6. Penalty for Late Paymen 7. Interest for Late Paymen 8. Extension Payment Fee 9. TOTAL AMOUNT DU 10. Number of pay telephone	Complete Below If Official Mailing Address Has Chang W PO (Address) OUNT CLASSIFICATION	2010 Jed DECASIONEM, OA 945 (City/State) (Zip)				
(Name of Company) LINE NO. ACO 1. Gross Operating Revenue 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to (see "2. Fees" on back) 4. TOTAL REVENUES for (Line 2 less Line 3) 5. Regulatory Assessment I 6. Penalty for Late Paymen 7. Interest for Late Paymen 8. Extension Payment Fee 9. TOTAL AMOUNT DU 10. Number of pay telephone	(Address) OUNT CLASSIFICATION					
 NO. ACC Gross Operating Revenue Gross Intrastate Revenue LESS: Amounts Paid to (see "2. Fees" on back) TOTAL REVENUES for (Line 2 less Line 3) Regulatory Assessment I Penalty for Late Paymen Interest for Late Paymen Extension Payment Fee TOTAL AMOUNT DU Number of pay telephone 		<u>AMOUNT</u> s <u>146, 219, 31</u>				
 Gross Intrastate Revenue LESS: Amounts Paid to (see "2. Fees" on back) TOTAL REVENUES for (Line 2 less Line 3) Regulatory Assessment I Penalty for Late Paymen Interest for Late Paymen Extension Payment Fee for TOTAL AMOUNT DU Number of pay telephone 	(Florida)	s 146, 219.30				
 LESS: Amounts Paid to (see "2. Fees" on back) TOTAL REVENUES for (Line 2 less Line 3) Regulatory Assessment I Penalty for Late Payment Interest for Late Payment Extension Payment Fee (TOTAL AMOUNT DU Number of pay telephonet 						
 (see "2. Fees" on back) 4. TOTAL REVENUES for (<i>Line 2 less Line 3</i>) 5. Regulatory Assessment I 6. Penalty for Late Payment 7. Interest for Late Payment 8. Extension Payment Fee (9. TOTAL AMOUNT DU 10. Number of pay telephonet 	Gross Intrastate Revenue					
 (Line 2 less Line 3) 5. Regulatory Assessment I 6. Penalty for Late Paymen 7. Interest for Late Paymen 8. Extension Payment Fee (9. TOTAL AMOUNT DU 10. Number of pay telephone 	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)					
 Penalty for Late Paymen Interest for Late Paymen Extension Payment Fee TOTAL AMOUNT DU Number of pay telephone 	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)					
 Interest for Late Payment Extension Payment Fee TOTAL AMOUNT DU Number of pay telephone 	ee Due - (Multiply Line 4 by 0.0020)	[00.00]				
 8. Extension Payment Fee 9. TOTAL AMOUNT DU 10. Number of pay telephone 	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)					
 9. TOTAL AMOUNT DU 10. Number of pay telephone 	Interest for Late Payment (see "3. Failure to File by Due Date" on back) $2.W$					
10. Number of pay telephon	Extension Payment Fee (see "4. Extension" on back)					
	TOTAL AMOUNT DUE (MINIMUM \$100.00) $s \underline{212.09}$					
this Return $#2010$	s in operation at close of period covered	1 by				
(1) These amounts must be intrastat	only and must be verifiable (see "2. Fees" on back). revenue of a company, a minimum annual regulatory assess	sment fee of \$100 shall be imposed as provided in				

MULL FOR				
(Signature of Company Official)	(Title)	(Date)		
ferinaCarter	Telephone Number 925, 6W-2131 Fax.	Number 925,461-5000		
(Preparer of Form - Please Print Name)	F.E.I. No. 91-18054370 1716 MAP 120			

.C:\DOCUME-1\dbrown\LOCALS-1\Temp\foxmerze30566394\xxmergeformxx.doc FPSC-CUMMISSION CLERK