REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)								
Date:	ate: 4/18/2011		Docket No.:	110115-TX	11 APR 19 PM 3: 15			
1. From Staff / Division:		sion:	Division Of Regulatory Analysis/Toni Earnhart 26 COMMISSI		COMMISSION			
2. OPR:	Toni Ea	Earnhart, RAD CLERK						
3. OCR:	GCO							
4. Suggested Docket Title:			Compliance investigation of CLEC Certificate No. 8731, issued to Excelacom Light, LLC., for apparent first-time violation of Rule 25-4.0161, FAC., Regulatory Assessment Fees; Telecommunications Companies.					
5. Program/Module/Submod			dule Assignment: A18a, A10					
6. Sugges	ted Doc	ket Mail L	ist.					
a. Provide NAMES/ACRONYMS,			ONYMS, if registered company.	Provided as an Att	achment			
Company Code, if applicable:		Parties (include address, if different from MCD):		Representatives (name	and address):			
h Pro	wide CO	MDI ETE I	NAME AND ADDRESS for all other	es (match representativ	vas to companias)			
Company			d persons, if any,	s. (match representativ	es to companies)			
The second secon			address, if different from MCD):	Representatives (name	and address):			
			-					
			-					
7. Check o	ne:	⊠ Supp	oorting Documentation Attached	☐ To be provided wit	h Recommendation			
Comments:								

DOCUMENT HUMBEN DATE

SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SECTION ON DEL	N/Core
<ul> <li>Complete items 1, 2, and 3, Alsitem 4 if Restricted Delivery is a</li> <li>Print your name and address or so that we can return the card it</li> <li>Attach this card to the back of the card it is pace permits.</li> </ul>	lestred. I the reverse	A. Sigpattre  X. B. Réceived by ( Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to:  TX968-10-0-D  Excelacom Light, LLC.  11710 Plaza America Drive, Reston, VA 20190-4771	Suite 1002	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
71031011, VII 20100-1111		3. Service Type  Certified Mall  Registered Insured Mail  C.O.D.	ot for Merchandise
2. Article Number		4. Restricted Delivery? (Extra Fee)	☐ Yes
(Transfer from service label)	7006 01	848P 4201 E000 00.	
PS Form 3811, February 2004	Domestic Re	urn Receipt	102595-02-M-1540

## INVITEIFIFT FO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
TX968-10-0-D Excelacom Light, LLC. 11710 Plaza America Drive, Suite 1002		
Reston, VA 20190-4771	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
8	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 700L 01	.DD DDD3 1056 9848	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540	

## COMPANY IDENTIFICATION

Printed on 04/18/2011 at 16:12:31 by TJE

Complete Name: Excelacom Light, LLC.

Mailing Name:

Excelacom Light, LLC.

Company Code:

TX968

FEID Number:

26-2684405

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Req. Date:

10/15/2008

Inactive Date:

Service:

CLX - Competitive Local Exchange

Received:

No RAF Form

Status:

Pending

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 0 Payments Made to Date

Operating Rev:

\$0.00

Interstate Rev:

\$0.00

RAF Rate:

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 8, 2010 at 12:57 PM by David Brown

File Edit View Payments Iools Reports Options Docket Viewer

