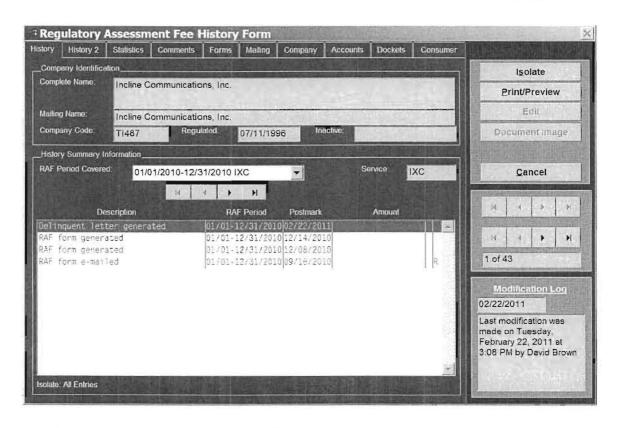
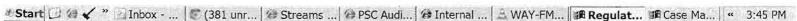
		u u	REQUEST TO ESTABL					
-			(Please type or print. File original	11 MAY IN PM I. 2				
Date:	5/10/20	11	Docket No.:					
1. From Staff / Division:			Division Of Regulatory Analysis/Toni Earnhart					
2. OPR:	Toni Ea	arnhart, RA	AD					
3. OCR:	GCO							
4. Suggested Docket Title:		cet Title:	Compliance investigation of IXC Registration No. TJ487, issued to Communications, Inc., for apparent first-time violation of Section 364.336, F.S. Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications.					
5. Program/Module/Submo		e/Submo	dule Assignment:	A18a, A10				
6. Sugges	sted Doc	ket Mail L	_ist.					
a. Pro	ovide NA	MES/ACF	RONYMS, if registered company.	☐ Provided as an Attachment				
			address, if different from MCD):	Representatives (name and address):				
TI487								
				rs. (match representatives to companies)				
Company Code, if applicable:			ed persons, if any, address, if different from MCD):	Representatives (name and address):				
	-							
7. Check o	one:	⊠ Sup	porting Documentation Attached	☐ To be provided with Recommendation				
7. Check of		⊠ Sup	porting Documentation Attached	☐ To be provided with Recommendation				
		⊠ Supp	porting Documentation Attached	F-7				

OPC
CLK PSC CLK 010-C (Rev. 04/08)

GCL RAD SSC Eile Edit View Payments Tools Reports Options Docket Viewer





COMPANY IDENTIFICATION

Printed on 05/05/2011 at 15:45:43 by TJE

Complete Name: Incline Communications, Inc.

Mailing Name: Incline Communications, Inc.

Company Code: TI487 FEID Number: 59-3315186

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

Reg. Date: 07/11/1996 Inactive Date:

Service: IXC - Interexchange Telephone

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 12:58 PM by David Brown

and the second s		
SENDER: COMPLETE THIS SECTION	A. Signature X. Agent Addressea B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below:	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.		
1. Article Addressed to: TI487-10-0-D Incline Communications, Inc. 715 W. US Highway 92		
Seffner, FL 33584-3513	Service Type Certified Mail	
Article Number (Transfer from service label) 7006	PEEG 4201 E000 0010	
PS Form-3811, February 2004 Domest	ic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	ı		COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you Attach this card to the back of the materials.	d. reverse		A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery		
or on the front if space permits. 1. Article Addressed to:		-	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
TI487-10-0-D Incline Communications, Inc. 715 W. US Highway 92			·		
Seffner, FL 33584-3513		-	3. Service Type Certified Mail □ Express Mail □ Registered □ Receipt for Merchandise □ Insured Mail □ C.O.D.		
			4. Restricted Delivery? (Extra Fee) ☐ Yes		
Article Number (Transfer from service label)	7006	01	100 0003 1056 8339		
PS Form 3811, February 2004	Domestic	Retu	turn Receipt 102595-02-M-1540		

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