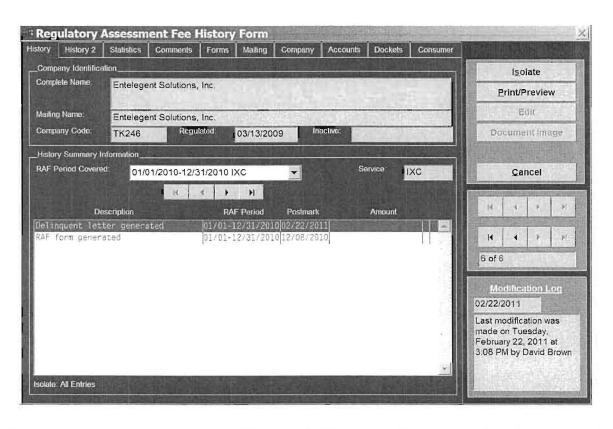
| | | (| Please type or print. File original | LISH DOCKET PECEIVED-FPSC plus 1 copy with CLK.) | | |
|---------------------------------|--------------------|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|
| Date: | 5/16/20 | | Docket No.: | 110158:TI TIMAY 16 PM 3: 10 | | |
| 1. From Staff / Division: | | ision: | Division Of Regulatory Analysis/Toni Earnhart COMMISSION | | | |
| 2. OPR: | Toni Earnhart, RAD | | | 7 CLERK | | |
| 3. OCR: | GCO | | | | | |
| 4. Suggested Docket Title: | | ket Title: | Solutions, Inc., for apparent first-ti | Registration No. TK246, issued to Entelegate violation of Section 364.336, F.S., and Rule ent Fees; Telecommunications Companies. | | |
| 5. Progra | m/Modu | le/Submod | dule Assignment: | A18a, A10 | | |
| 6. Sugge | sted Doc | ket Mail L | ist. | | | |
| a. Pr | ovide NA | MES/ACR | ONYMS, if registered company. | ☐ Provided as an Attachment | | |
| Company Code, if applicable: | | Parties (include address, if different from MCD): | | Representatives (name and address): | | |
| h Pr | ovide CC | MPI ETE | NAME AND ADDRESS for all othe | ers. (match representatives to companies) | | |
| Company | | | d persons, if any, | (match representatives to companies) | | |
| if applicable: | | (include address, if different from MCD): | | Representatives (name and address): | | |
| | | | | | | |
| 7 Check | one: | ⊠ Supp | porting Documentation Attached | ☐ To be provided with Recommendation | | |
| Comment | s: | | | | | |
| M | | | DOCUMENT NUMBER - DATE | | | |

Eile Edit View Payments Tools Reports Options Docket Viewer



DOCUMENT NUMBER - DATE

03383 MAY 16 =

COMPANY IDENTIFICATION

Printed on 05/06/2011 at 16:58:19 by TJE

Complete Name: Entelegent Solutions, Inc.

Mailing Name: Entelegent Solutions, Inc.

Company Code: TK246

FEID Number: 26-3715190

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

Req. Date:

03/13/2009

Inactive Date:

Service:

IXC - Interexchange Telephone

Received:

Status:

No RAF Form

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 1:01 PM by David Brown

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 mailpiece, or on the front if space permits. 1. Article Addressed to: TK246-10-0-D Entelegent Solutions, Inc. 3800 Arco Corporate Drive, Suite 310 | A. Signature A. Signature Adjust Ad |
| Charlotte, NC 28273-3411 | 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) Yes |
| (Transfer from service label) 7006 C | 100 0003 105F JS85 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-1540 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Signature ☐ Agent ☐ Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| TK246-10-0-D Entelegent Solutions, Inc. 3800 Arco Corporate Drive, Suite 310 Charlotte, NC 28273-3411 | |
| Onanotte, NO 20275-5411 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| 1 10 00 10 00 10 10 10 10 10 10 10 10 10 | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7006 01 | 00 0003 1056 9282 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-154 |

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Certified Mail Pro

A mailing receipt

A unique identifier to

A record of delivery Important Reminders.

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For an additional fee delivery To obtain Re
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For an additional fee addressee's authorized a duplicate return recrequired.

For an additional fee addressee's authorized a duplicate return recrequired.

For an additional fee addressee's authorized and research is not needed IMPORTANT: Save the Internet access to de addressee's to de addressee to de addressee's to de addressee to decore and research to APOs a