

REQUEST TO ESTABLISH DOCKET

RECEIVED-FPSC

(Please type or print. File original *plus* 1 copy with CLK.)

11 MAY 16 PM 3:10

Date:	5/16/2011	Docket No.:	110159-T1
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart	
COMMISSION CLERK			
2. OPR:	Toni Earnhart, RAD		
3. OCR:	GCO		
4. Suggested Docket Title:	Compliance investigation of IXC Registration No. TK248, issued to ABAVISION SUPPLY, CO, for apparent first-time violation of Section 364.336, F.S., and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.			<input type="checkbox"/> Provided as an Attachment
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TK248			
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation

Comments:

- COM _____
- APC _____
- ECR _____
- GCL _____
- RAD _____
- SSC _____
- ADM _____
- OPC _____
- CLK N.G.

DOCUMENT NUMBER-DATE
03384 MAY 16 =
FPSC-COMMISSION CLERK

Regulatory Assessment Fee (RAF) System

File Edit View Payments Tools Reports Options Docket Viewer

Regulatory Assessment Fee History Form

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: ABAVISION SUPPLY, CO

Mailing Name: ABAVISION SUPPLY, CO

Company Code: TK248 Regulated: 03/27/2009 Inactive:

History Summary Information

RAF Period Covered: 01/01/2010-12/31/2010 IXC Service: IXC

Description	RAF Period	Postmark	Amount
Delinquent letter generated	01/01-12/31/2010	02/22/2011	
RAF form generated	01/01-12/31/2010	12/08/2010	

Isolate: All Entries

Isolate

Print/Preview

Edit

Document Image

Cancel

7 of 7

Modification Log

02/22/2011

Last modification was made on Tuesday, February 22, 2011 at 3:08 PM by David Brown

Start | Inbox - ... | Netflix - ... | (371 unr... | Regulat...

« 4:58 PM

COMPANY IDENTIFICATION

Printed on 05/06/2011 at 16:59:03 by TJE

Complete Name: ABAVISION SUPPLY, CO

Mailing Name: ABAVISION SUPPLY, CO

Company Code: TK248 FEID Number: 26-2683783

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

Reg. Date: 03/27/2009 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 1:01 PM by David Brown

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32309-0850



7006 0100 0003 1056 9275



Barcode

February 22, 2011

473-1-11

US POSTAGE

Mailed From: 32309

02/22/2011

\$05.540

3-11

3-16

1ST CLASS
2ND CLASS
POSTAGE



3333581821 8021

Reason Checked
Not Known
Sufficient Address
to Such Street
Do Not

TK248-10-0-D
ABAVISION SUPPLY, CO
P. O. Box 21821
Ft. Lauderdale, FL 33335-1821

Your Certificate/Registration Expires

SENDER: COMPLETE THIS SECTION

- 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:

TK248-10-0-D
ABAVISION SUPPLY, CO
P. O. Box 21821
Ft. Lauderdale, FL 33335-1821

2. Article Number
(Transfer from service label)

7006 0100 0003 1056 9275

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

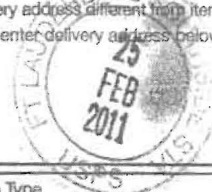
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

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PS Form 3811, February 2004

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X

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If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
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- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes