| | | | | - FIGENSE DO | | | |
|---|--------------|---|---|--|--|--|--|
| REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLIMAY 16 PM 3: 11 | | | | | | | |
| Date: | 5/16/2011 | | Docket No.: | 110104-TI COMMISSION | | | |
| 1. From Staff / Division: | | | Division Of Regulatory Analysis/To | oni Earnhart CLERK | | | |
| 2. OPR: | Toni Earnhar | t, RA | D | | | | |
| 3. OCR: | GCO | | | | | | |
| 4. Suggested Docket Title: | | ile: | Compliance investigation of IXC Registration No. TK273, issued to Grasshopper Group, LLC, 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 | n/Module/Sub | mod | ule Assignment: | A18a, A10 | | | |
| 6. Sugges | ted Docket M | ail Li | st. | | | | |
| a. Pro | vide NAMES/ | ACR | ONYMS, if registered company. | ☐ Provided as an Attachment | | | |
| Company if applicat TK273 | | Parties (include address, if different from MCD): | | Representatives (name and address): | | | |
| 11/2/3 | | | | | | | |
| | | | | rs. (match representatives to companies) | | | |
| Company if applicat | 100 | | d persons, if any, address, if different from MCD): | Representatives (name and address): | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. Check o | ne: 🖂 S | Supp | orting Documentation Attached | ☐ To be provided with Recommendation | | | |
| Comments: | | | | | | | |

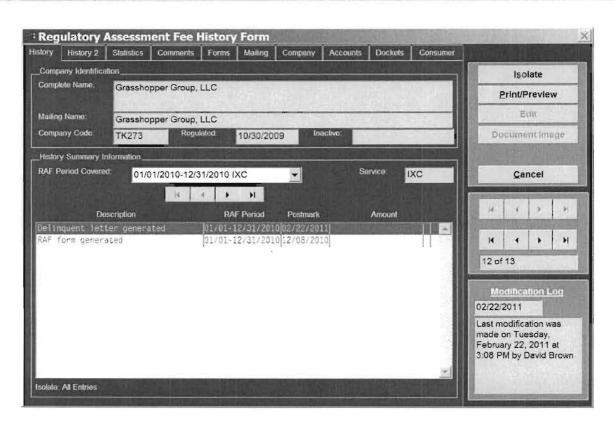
COM
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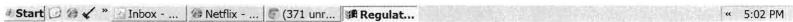
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COMPANY IDENTIFICATION

Printed on 05/06/2011 at 17:02:49 by TJE

Complete Name: Grasshopper Group, LLC

Mailing Name: Grasshopper Group, LLC

Company Code: TK273 FEID Number: 06-1668922

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

Reg. Date: 10/30/2009 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

| 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. Article Addressed to: TK273-10-0-D Grasshopper Group, LLC 197 1st Avenue, Suite 200 | A. Signature A. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| Needham, MA 02494-2873 | 3. Service Type Certified Mail | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | |
| Article Number 7006 010 (Transfer from service label, | 10 0003 1056 9176 | |
| PS Form 3811, February 2004 Domestic R | leturn Receipt 102595-02-M-1540 | |

THE ACTION IN OTO 4 SSELECT NUMBER HITEO

| 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: | A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes | | | | |
| TK273-10-0-D Grasshopper Group, LLC 197 1st Avenue, Suite 200 | If YES, enter delivery address below: No | | | | |
| Needham, MA 02494-2873 | 3. Service Type | | | | |
| 2. Article Number 700L 0100 | 0003 1056 9176 | | | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-4 | | | | | |

Certified Mail Prov

A mailing receipt

A unique identifier for

A record of delivery k

Important Reminders:

Certified Mail is not a

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NO INSURANCE C
valuables, please con

For an additional fee,
delivery. To obtain Ret
Receipt (PS Form 381
fee. Endorse mailpiece
a duplicate return rece
required.

For an additional fee
addressee's suthorize
endorsement "Restric

If a postmark on the C
cle at the post office
receipt is not needed,
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Internet access to deli