### Case Assignment and Scheduling Record

g (RAR) Completes

Section 1 - Division of Records and Repo

PSC/RAR-15 (Rev. 1/98)

Docket No. 990213-TI	Date Docketed: <u>02/2</u>	<u>25/1999</u> Title	: Applica	tion fo	r certificat	e to pr	ovide ir	terexchange	
Company: KMC Telecom III, I	nc.		telecom	municat	ions service	by KMC	: Telecom	III, Inc.	
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Official Filing Date: Last Day to Suspend:	 Expiration	nn·							
	ADM AFA	APP CAF	- (CMU)	EAG (	GCL LEG	RAR	RRR	WAW	
Referred to: ("()" indicates OPR)	$\frac{\lambda}{\lambda}$	— — —	<u>X</u>	·	<u>X</u>	——		<u>—</u>	
Section 2 - OPR Completes an	d returns to RAR in	10 workdays.			<u>Tin</u>	e Sched	<u>lule</u>		
Program/Module B1(a)		WARNING: TH	IS SCHEDUL	E IS AN	INTERNAL PL	ANNING	DOCUMENT	<del>∸</del>	
<u>Staff A</u>	<u>ssignments</u>	FOR UPDATES	CONTACT 1	HE RECO	TO REVISION. RDS SECTION:	(850)	413-6770	) Dua 1	Da+
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Staff Counsel		5.							
<u>OCRs</u> ( )		6. 7.							
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Recommended assignments for	hearing	30.							
and/or deciding this case:	neur mg	32.							
Full Commission Co	mmission Panel	34.						_	
Hearing Examiner St		35. 36.							
Date filed with RAR:		37.						_	
Initials: OPR		20							
Section 3 - Chairman Complet	es								
	_	Assignments	are as fo	llows:					
- Hear	ing Officer(s)				- Preh	nearing	Officer		OCUMENT NO.
Commission	ers Hrg Exar				Commi	ssioner	^s	ADM	
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the identical panel decides Where one Commissioner, a He assigned the full Commission	the case.				Approved:				
accidend the full Commission	decides the case	~···· '			Date: /	1			

\* COMPLETED EVENTS



#### Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 990213-TI

Date Docketed:  $\underline{02/25/1999}$  Title: Application for certificate to provide interexchange telecommunications service by KMC Telecom III, Inc.

Company: KMC Telecom III, Inc.

Official Filing Last Day to Sus	Date: pend:	Ex	piratio	n: _		_							
Referred to: ("()" indicates	OPR)	ADM	AFA _X_	APP	CAF	(CMU)	EAG	GCL	LEG X	RAR	RRR	WAW	
Section 2 - OPR	Completes and	d returns to	RAR in	10 work	days.				Tim	e Sched	lule		
Program/Module	B1(a)			WARNI	NG: TH	IS SCHED	ULE IS	AN INTE	RNAL PL	ANNING	DOCUMEN	<u>T.</u>	
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Staff Counsel	K Pena			4.		der - Au						NONE	07/19/1999
OCRs (AFA)	P Lester		<del></del>	6.								_	
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Recommended ass and/or deciding Full Commissi Hearing Exami	ignments for h this case: on X Cor	hearing mmission Pane		28. 29. 30. 31. 32. 33. 34. 35.									
Date filed with	RAR: <u>03/18/19</u>	999		36. 37.								_	
Initials: OPR Staf	f Counsel			38. 39. 40.									
Section 3 - Cha	irman Complete	<u></u>											

Assignments are as follows:

#### - Hearing Officer(s)

	Comm	Hrg. Exam.	Staff				
ALL	GR	DS	CL	JN	JC	LAGIII.	
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Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

- Prehearing Officer

	ADM				
GR	DS	JC			
					Χ

Approved:

Date: 03/19/19

PSC/RAR-15 (Rev. 1/98) \* COMPLETED EVENTS

#### STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING BLANCA S. BAYÓ DIRECTOR (850) 413-6770

## Public Service Commission

February 25, 1999

Kevin D. Minsky, Counsel Swidler Berlin Shereff Friedman, LLP 3000 K Street, NW, Suite 300 Washington, D.C. 20007-5116

Re: Docket No. 990213-TI

Dear Mr. Minsky:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by KMC Telecom III, Inc., which was filed with this office on February 25, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting Florida Public Service Commission

DOCUMENT NO.

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



Division of Records & Reporting Blanca S. Bayó Director (850) 413-6770

# Public Service Commission FPSC, CLK - CORRESPONDENCE

Administrative\_Parties\_Consumer
OOCUMENT NO. 065-99
DISTRIBUTION:

March 29, 2000

(CERTIFIED MAIL NO. OD-140)

Internet E-mail: contact@psc.state.fl.us

Swidler Law Firm Attention: Eric J. Branfman 3000 K Street, NW, Suite 300 Washington, D.C. 20007-5116

Re: Return of Confidential Document(s) to the Source (Dockets 990212-TX and 990213-TI

Dear Mr. Branfman:

Commission staff have advised that Confidential Document Nos. 02483-99 and 02485-99, filed on behalf of KMC Telecom III, Inc., can be returned to the source. The documents are enclosed.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

Kay Flynn, Chief Bureau of Records

Enclosure

the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Altach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	does not enumber.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRES completed on	3. Article Addressed to.  Swidler Law Firm 3000 K Street, NW, Suite 300 Washington, D.C. 20007-5116	4b. Service  Register  Express Return Re	ed Mail ceipt for Merchandise	☐ Certified☐ Insured☐ COD	for using Return Receipt
Is your RETURN	5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS Form 3811, December 1990	8. Addresse and fee is	e's Address (Only is paid)		Thank
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