

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: October 1, 1998

Docket No. 981248-TX

1. Division Name/Staff Name: Communications/ T. McCoy
2. OPR: T. McCoy
3. OCR: _____
4. Suggested Docket Title: Cancellation by the Florida Public Service Commission of Alternative Local Exchange Company Certificate No. 5249 issued to Preferred Payphones, Inc. for violation of Rule 25-4.043, Florida Administrative Code, Response to Commission Staff Inquiries.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

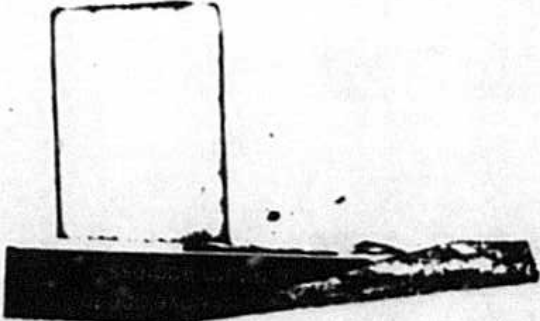
1. Parties and their representatives (if any)

<u>Preferred Payphones, Inc.</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.



on 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Mr. George F. Papania, President *Z 425 830066*
 Preferred Payphones, Inc. 2226121
 1912 Moss Street
 Lake Charles, LA 70601

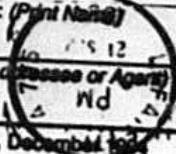


- Certified
- Insured
- Merchandise COD

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)



8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984

Domestic Return Receipt

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CERTIFIED

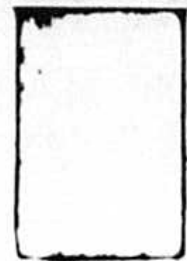
Z 425 830 066

MAIL



no net 45
Mr. George F. Papania, President
Preferred Payphones, Inc.
1912 Moss Street
Lake Charles, LA 70601
|||||

7060145898 88





RETURN ADDRESS completed on 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Mr. George F. Papani, President L425-830182
Preferred Payphones, Inc.
3941 Ryan Street, Suite A
Lake Charles, LA 70605
|||||

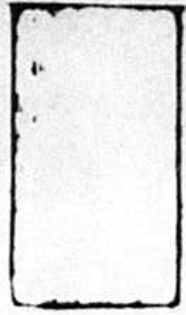
- Certified
- Insured
- handle COD

5. Received By: (Print Name)

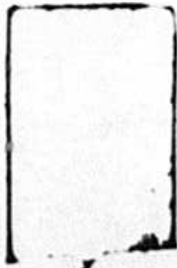
6. Signature (Addressee or Agent)

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Domestic Return Receipt



Thank you for using Return Receipt Service.



State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CERTIFIED

Z 425 830 182

18:23 08/19/98 TLA FL 32301

MAIL



REFUSED

~~Mr. George F. Papani, President
Preferred Payphones, Inc.
3941 Ryan Street, Suite A
Lake Charles, LA 70605~~

32399-0850



0565
To

