REQUEST TO ESTABLISH DOCKET

Dat	ate10/21/98	Bocket No. 101072-1C
1.	. Division Name/Staff Name Communications/	ister
2.	. OPR Communications/Isler	500 m
3.	. OCR Legal Services	A 1.
4.	. Suggested Docket Title <u>Cancellation by</u>	Florida Public Service Commission of Pay Telephone Certificate
Nu	umber 5030 Issued to Middelia Cedeno for Vic	lation of Rules 25-4,0161, F.A.C.
Res	egulatory Assessment Fees: Telecommunications	Companies
5.	. Suggested Bocket Mailing List (attach separ	rate sheet if necessary)
	A. Provide NAMES CMLY for regulated companies shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all	les or ACRONYMS ONLY regulated industries, LL others. (<u>Metch representatives to clients.</u>)
	1. Parties and their representatives (in	f any)
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	2. Interested Persons and their represen	ntatives (if any)
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6.	. Check one: XX Documentation is attached.	
	Documentation will be provi	did with recommendation.
1:	:\PSC\RAR\WP\ESTDKT.	
PS	SC/RAR 10 (Revised 01/96)	

DOCUMENT NUMBER-DATE

11/29 OCT 21 %

FPSC-RECORDS/REPORTING

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: October 20th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 80

Paula, attached are eighty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of October is \$5.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

2	4						
1	TF899	21	TF957 NE	41	TG010	61	TG086
2	TF906	22	TF957	42	TG013	62	TG087
3	TF910 -	23	TF964	43	TG016	63	TG089
4	TF912	24	TF967	44	TG017	64	TG096
5	TF913	25	TF968/	45	TG026	65	TG100 POT
6	TF914	26	TF969	46	TG027	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	TF920 NONE	28	TF972	48	TG031	68	TG107
9	TF92140NE	29	TF974	49	TG040	69	TG112'
10	7F923	30	TF980	50	TG046	70	TG114
11	1F924	31	TF982	51	TG048	71	TG117
12	7F927	32	TF985'	52	TG049	72	TG119
13	1F928	33	TF986	53	TG050	73	TG123
14	VIF932/	34	TF987	54	TG054	74	TG127
15	TF933	35	TF990'	55	TG065	75	TG132
16	VIF937	36	TF991	56	TG073	76	TG139 /
17	TF938 MONE	37	TF991 NE	57	TG079	77	TG140 /
18	1F939	38	TF999	58	TG083	78	TG142
19	1F951	39	TG002/ ,4	59	TG084*	79	TG146'
20	TF953	40	TG005rlone	60	TG085	80	TG150 4000

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Bar \$141.00

* Complete Items 1 and/or 2 for additional services. • Complete Items 2, 4s, and 4b. • Print your name and address on the reverse of this form so the card to you. • Altach this form to the front of the malipleos, or on the back if a particl. • Write "Return Receipt Requested" on the malipleos below the a The Return Receipt Will show to whom the article was delivered.	uticie number.	I also wish to receive the following services (for an extra fee): 1. Addresses's Address 2. Restricted Delivery Consult postmaster for fee.		
TF928	4a. Article Number 4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchantise COD 7. State of Delivery			
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X. M. J. December 1994	and fee i	o's Address (Only If requested paid) Domestic Return Receipt		