

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 11/13/98

Docket No. 981621-TI

1. Division Name/Staff Name Communications/Isler
2. CPE Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 2494 Issued to Group Long Distance, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

*Interexchange Telecomm
Unications*

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)

Lance J. N. Steinhart _____

2. Interested Persons and their representatives (if any)

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

In your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 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 its 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.

3. Article Addressed to:

TI 033

4a. Article Number

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

12-15

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X H. M. ...

Thank you for using Return Receipt Services.