

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 12/18/98

Docket No. 981940-TI

- 1. Division Name/Staff Name Communications/Isler
- 2. OPR Communications/Isler
- 3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate Number 5280 Issued to ST Long Distance, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

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>Peter G. Nixon</u> | _____ |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |

2. Interested Persons and their representatives (if any)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
14446 DEC 22 98  
PSC-RECORDS/REPORTING



## Public Service Commission

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

DATE: December 2, 1998  
 TO: Paula Isler  
 FROM: Jackie Knight *JK*  
 RE: RAF non payments - *Final set*

Paula, attached are seventy-three communication companies (final set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through December 25th is \$5.50 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.

|    |        |    |       |    |       |    |       |
|----|--------|----|-------|----|-------|----|-------|
| 1  | TI8576 | 21 | TI631 | 41 | TI965 | 61 | TX090 |
| 2  | TI579  | 22 | TI638 | 42 | TI970 | 62 | TX104 |
| 3  | TI580  | 23 | TI643 | 43 | TI993 | 63 | TX107 |
| 4  | TI583  | 24 | TI645 | 44 | TJ005 | 64 | TX108 |
| 5  | TI594  | 25 | TI646 | 45 | TJ017 | 65 | TX109 |
| 6  | TI596  | 26 | TI647 | 46 | TJ020 | 66 | TX114 |
| 7  | TI597  | 27 | TI651 | 47 | TJ024 | 67 | TX123 |
| 8  | TI598  | 28 | TI654 | 48 | TJ027 | 68 | TX142 |
| 9  | TI602  | 29 | TI660 | 49 | TJ029 | 69 | TX144 |
| 10 | TI608  | 30 | TI670 | 50 | TS167 | 70 | TX145 |
| 11 | TI610  | 31 | TI672 | 51 | TS168 | 71 | TX148 |
| 12 | TI611  | 32 | TI673 | 52 | TX023 | 72 | TX149 |
| 13 | TI613  | 33 | TI678 | 53 | TX043 | 73 | TX156 |
| 14 | TI615  | 34 | TI685 | 54 | TX052 |    |       |
| 15 | TI616  | 35 | TI687 | 55 | TX055 |    |       |
| 16 | TI617  | 36 | TI688 | 56 | TX064 |    |       |
| 17 | TI622  | 37 | TI700 | 57 | TX068 |    |       |
| 18 | TI623  | 38 | TI861 | 58 | TX075 |    |       |
| 19 | TI627  | 39 | TI895 | 59 | TX083 |    |       |
| 20 | TI629  | 40 | TI950 | 60 | TX084 |    |       |

Should you have any questions, please let me know.  
 G:\pi3.mpl



Is your 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.
- 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:

TJ024

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

FEB 2 98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.