

STATE OF FLORIDA

COMMISSIONERS:
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J. TERRY DEASON
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BRAULIO L. BAEZ
MICHAEL A. PALECKI



DIVISION OF THE COMMISSION CLERK &
ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

Public Service Commission

September 25, 2001

John C. Dodge, Esquire
Cole, Raywid & Braverman, L.L.P.
1919 Pennsylvania Avenue, NW, Suite 200
Washington, DC 20006-3458

Re: Docket No. 011238-TX

Dear Mr. Dodge:

This will acknowledge receipt of an application for certificate to provide alternative local exchange telecommunications service by Exario Telecom, Inc., which was filed in this office on September 25, 2001, 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) 413-6248 or FAX (850) 413-7180.

Please note as well that Commission Rule 25-22.005(7), F.A.C., requires certificate 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 the Commission Clerk and Administrative Services
Florida Public Service Commission

DOCUMENT NO.

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

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Public Service Commission

January 16, 2002

(CERTIFIED MAIL NO. 7000-0600-0026-4144-6196)

John C. Dodge, Esquire
Cole, Raywid & Braverman, L.L.P.
Suite 200
1919 Pennsylvania Avenue, Northwest
Washington, D.C. 20006-3458

Re: Return of Confidential Document to the Source, Docket No. 011238-TX

Dear Mr. Dodge:

Commission staff had advised that Confidential Document No. 12034-01 filed on behalf of Exario Telecom, Inc. can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning return of this material.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records and Hearing Services

KF/mhl
Enclosure

cc: Toni McCoy, Division of Regulatory Oversight

CCA Official Filing:

3/29/02***** 10:24 AM*****Linda Williams*****1

Linda Williams

To: Paula Isler
Subject: RE:

No maam they didn't pay anything and didn't say anything about paying. It's not DN'd yet, but I'll e-mail you the number later. Thanks Paula.

-----Original Message-----

From: Paula Isler
Sent: Friday, March 29, 2002 10:07 AM
To: Linda Williams
Subject: RE:

Not unless they paid 2001 RAF plus penalty and interest AND either paid 2002 RAF or provided a date certain they would pay. If they did not, let me know the document number and I'll attempt collection. Thanks.

-----Original Message-----

From: Linda Williams
Sent: Friday, March 29, 2002 9:59 AM
To: Paula Isler
Subject:

Good morning Paula. Exario Telecom, Inc. is requesting cancellation of ALEC cert. Are they paid up?

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Kay Flynn, Chief
Bureau of Records and Hearing Services

KF/mhl
Enclosure

cc: Toni McCoy, Division of Regulatory Oversight



Is your RETURN AD	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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: JOHN C DODGE ESQUIRE COLE RAYWID & BRAVERMAN LLP 1919 PENNSYLVANIA AVE NW STE 200 WASHINGTON DC 20006-3458		4a. Article Number 7000-0600-0026-4144-6196 Service Type Registered <input checked="" type="checkbox"/> Certified Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Tambray M. Zang		7. Date of Delivery 1/22		
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> Tambray M. Zang		8. Addressee's Address (Only if requested and fee is paid)		
PS Form 3811, December 1994		Domestic Return Receipt		

ed on the reverse side?

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