

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/28/98

Docket No. 980140-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. CPE _____

3. OCE _____

4. Suggested Docket Title Request for cancellation of interexchange service certificate No. 4803 by NTI (National Teleservice, Inc. d/b/a NTI

5. Suggested Docket Filing List (attach separate sheet if necessary) (TI584)

- 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)

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

2. Interested Persons and their representatives (if any)

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

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



RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
98 JAN 26 AM 9:25
MAIL ROOM


January 20, 1998

**FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

Re: Eclipse Communications

This is the last report we shall do as National Teleservice, Inc., because we have merged with Network Long Distance d.b.a. Eclipse Communications.

Sincerely,


John V. Leaf
NTI President

JVL/jc

Enclosure

Interexchange Company Regulatory Assessment Fee Return

RECEIVED
 FLORIDA PUBLIC SERVICE COMMISSION
 Florida Public Service Commission
 (See Filing Instructions on Back of Form)

STATUS:

Actual Return 98
 Estimated Return

JAN 26 AM 9:25
 1158 P173 996 828
 MAIL ROOM
 111 Riverfront
 Winona, MN 55987
 DEPOSIT
 D695 - JAN 26 1998

FOR PSC USE ONLY
 Check # 035836
 \$ 24.24 0603001
 003001
 \$ _____ P
 0603001
 004011
 \$ _____ I
 Postmark Date 1/24/98
 Initials of Preparer RP

PERIOD COVERED:
 07/25/1997 TO 12/31/1997

Please Complete Below If Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|-------------------------|--------------------|
| 1. | Long Distance Services | \$ 137,435.00 | \$ 56,195.46 |
| 2. | Access Services | 0 | 0.00 |
| 3. | Private Line Services | 0 | 0 |
| 4. | Leased Facilities & Circuits Services | 0 | 0 |
| 5. | Miscellaneous Services | 0 | 0 |
| 6. | TOTAL Telephone Services | \$ 137,435.00 | \$ 56,195.46 |
| 7. | LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing) | () | () |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | 56,195.46 |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | 84.29 |
| 10. | Penalty for Late Payment | | |
| 11. | Interest for Late Payment | | |
| 12. | TOTAL AMOUNT DUE | | \$ 84.29 |

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

(X) Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 (Name) _____ (Address: City/State/Zip) _____
 (Telephone) _____
 What is the total amount of customer deposits collected?
 Amount: \$ 25,486,967 for 19 97
 What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

John V. Leaf
 (Signature of Company Official)
 John V. Leaf
 (Please Print Name)

President
 (Title)
 Telephone Number (507) 452-8263
 F.E.I. No. _____

1-20-98
 (Date)