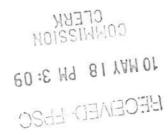
REQUEST TO ESTABLISH DOCKET (Please type or print. File original <i>plus</i> 1 copy with CLK.)									
Date:	5/18/2010		Docket No.:	100299-tC					
1. From Staff / Division:		ision:	Division Of Regulatory Analysis/Pruitt						
2. OPR:	RAD								
3. OCR:	GCL								
<b>4. Suggested Docket Title:</b> Compliance investigation of PATS Certificate No. 8704, issued to Sterling Payphones, LLC, for apparent first-time violation of Rule 25-4 0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.									
5. Program	n/Modu	le/Submod	ule Assignment:	A18a And A10					
6. Suggested Docket Mail List.									
a. Pro	vide NA	MES/ACRO	NYMS, if registered company.	Provided as an Attachment					
Company Code, if applicable:		Parties (include address, if different from MCD):		Representatives (name and address):					
TH071									
b. Pro	vide CC	MPLETE N	AME AND ADDRESS for all othe	rs. (match representatives to companies)					
Company ( if applicat			persons, if any, ddress, if different from MCD):	Representatives (name and address):					
7. Check o Comments		Suppo	orting Documentation Attached	To be provided with Recommendation					



DOCUMENT NUMBER-DATE

04212 MAY 18 9

PSC\CLK 010-C (Rev. 04/08)

FPSC-COMMISSION OF FR

## COMPANY IDENTIFICATION

Printed on 05/18/2010 at 13:32:28 by NEP

Complete Name: Sterling Payphones, LLC

Mailing Name: Sterling Payphones, LLC Company Code: TH071 FEID Number: 26-0773689

## RAF ACCOUNT FOR THE PERIOD 01/01/2009 THROUGH 12/31/2009

Reg. Date:	01/04/2008	Inactive Date:			
Service:	PAT - Pay Telephone				
Received:	No RAF Form				
Status:	Pending				
Amended:	No	Extension: No			
Frozen:	No	Comments: No			
Payment Count: 0 Payments Made to Date					
Operating Rev:	\$0.00	Interstate Rev:	\$0.00		
RAF Rate:		Net RAF Due:	\$0.00		

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Monday, December 7, 2009 at 8:27 AM by David Brown

TH071 -09-0-D

<ul> <li>Complete Nems 1, 2, and 3. Also c item 4 if Restricted Delivery is deal Print your name and address on th so that we can return the card to y</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	red. e reverse ou.	A. Signature X 20 A A Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1?	
TH071 Mr. James <b>Repaccioli</b> Sterling Pa <b>yplagn</b> es, LLC			
1629 William geidge Road Bronx, NY 10 <b>16</b> 1-6201		3. Service Type       B. Certified Mail       B. Registered       Insured Mail       C.O.D.	
		4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)	7009 34	10 0002 4112 2176	
PS Form 3811, February 2004	Domestic Ret	um Receipt tetering M-1540	