State of Florida



Public Service Commission

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

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

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DATE:

May 21, 2010

TO:

Ann Cole, Director, Office of Commission Clerk

CC:

Nancy Pruitt, RAD

FROM:

Pauline Evans, Law Clerk

RE:

StarVox Communications, Inc., CLX # 8703

Earlier today, a copy of the Claim form was sent to your department regarding a claim for Regulatory Assessment Fess for StarVox.

The form was subsequently changed to reflect the direct telephone number for Mr. Adam Teitzman instead of the PSC toll free number.

Please see attached a revised copy of the form and the cover letter.

Thank you.

DOCUMENT NUMBER-DATE

STATE OF FLORIDA

COMMISSIONERS: NANCY ARGENZIANO, CHAIRMAN LISA POLAK EDGAR NATHAN A. SKOP DAVID E. KLEMENT BEN A. "STEVE" STEVENS III



OFFICE OF THE GENERAL COUNSEL S. CURTIS KISER GENERAL COUNSEL (850) 413-6199

Hublic Service Commission

May 21, 2010

Ms. Gloria L. Franklin Clerk of Court United States Bankruptcy Court 280 South First Street Room 3035 San Jose, CA 95113

Re: StarVox Communications, Inc.

Case No.: 08-51447 RLE 7

Dear Ms. Franklin:

Enclosed is the claim form and attachments from the Florida Public Service Commission representing a claim for unpaid Regulatory Assessment Fees for StarVox Communications, Inc.

If you have any questions, please contact Mr. Adam Tietzman, Attorneys Supervisor, in the Office of the General Counsel at (850) 413-6175.

Thank you.

Sincere

1 1

Pauline Evans Law Clerk

Enc.: Claim form and Regulatory Assessment Fee Forms

Cc: John Walshe Murray, Law Offices of Murray and Murray

Adam Teitzman, Attorneys Supervisor, Office of the General Counsel

Nancy Pruitt, Division of Regulatory Analysis

Ann Cole, Director, office of Commission Clerk

UNITED STATES BANKRUPTCY COURT Northern District of California	PROOF	OF CLAIM
Name of Debtor StarVox Communications, Inc., (CA)	Case Number 08-51447	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commence administrative expense may be filed pursuant to 11 U.S.C. § 503.	ment of the case. A request for	payment of an
Name of Creditor (the person or other entity to whom the debtor owes money or property).	Check this box to indicate	that this claim
Florida Public Service Commission	amends a previously filed claim	
Name and address where notices should be sent: Florida Public Service Commission Attn: FISCAL. 2540 Shumard Oak Blvd Tallahassee, FI. 32399-0876	Court Claim Number: (If known)	
850-413-6175 Telephone number:	Filed on:	
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number:	Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 2600.00	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories check the box and state the amount. Specify the priority of the claim.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		
If all or part of your claim is entitled to priority, complete item 5.		
□Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
2. Basis for Claim: Regulatory Assessment Fees	1_	
(See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor:8703	 □ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. \$507 (a)(4). □ Contributions to an employee benefit plan - 11 U.S.C. \$507 (a)(5). □ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. \$507 (a)(7). 	
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		
Nature of property or right of setoff:		
Value of Property: \$ Annual Interest Rate%		
Amount of arrearage and other charges as of time case filed included in secured claim,	Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	
if any: \$ Basis for perfection:	U.S.C. §507 (a)().	
Amount of Secured Claim: \$ Amount Unsecured: \$		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Amount entitled to priority: 2600.00 \$	
7. Documents: Attach reducted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "reducted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
f the documents are not available, please explain:	L	
Date: $\sqrt{ u /u}$ Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the coperson authorized to file this claim and state address and telephone number if different from the nabove. Attach copy of power of attorney, if any. At The first in the first of the same	otice address	JRT USE ONLY
above. Attach copy of power of attorney, if any. White , Hitorney Super. Adam J. 18,12222 F Bar # 63 Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or	5674	74
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or	both. 18 U.S.C. §§ 152 and 35	ZI. CATE

DOCUMENT HUMBER-DATE

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