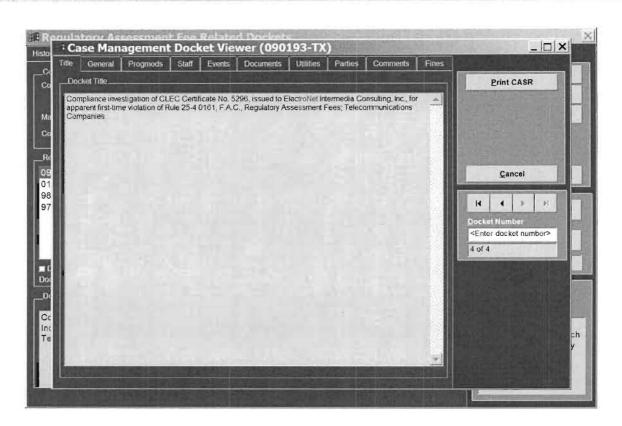
Date:	4/19/2011		-	ocket No.:	110123-1X	
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart				
2. OPR: Toni Earnhart, RAD						
3. OCR:	GCO					
4. Suggested Docket Title:			Compliance investigation of CLEC Consulting, Inc., for apparent s Regulatory Assessment Fees; Tele		Certificate No. 5926, issued to ElectroNet Internsecond-time violation of Rule 25-4.0161, ecommunications Companies.	
5. Program/Module/Submod			dule Assignment:		A18a, A10	
6. Sugge	ested Dock	et Mail L	ist.			
a. P	rovide NAN	MES/ACR	ONYMS, if registered	d company.	☐ Provided as an Attachment	
Companif applic TX160	,,	Parties (include	address, if different t	from MCD):	Representatives (name and address):	
			NAME AND ADDRES	S for all othe	rs. (match representatives to companies)	
		(include address, if different f		from MCD):	Representatives (name and address):	
7. Check		⊠ Supp	porting Documentation	on Attached	☐ To be provided with Recommendation	

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

G:\2010 RAF COMPLIANCE PAA CO MEMO\REQUEST TO ESTABLISH DOCKETCOMPLIANCECLECRAFsecondviolation.doc

02741 APR 21 =



COMPANY IDENTIFICATION

Printed on 04/18/2011 at 16:00:38 by TJE

Complete Name: ElectroNet Intermedia Consulting, Inc.

Mailing Name: ElectroNet Intermedia Consulting, Inc.

Company Code: TX160 FEID Number: 59-3404211

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date:

01/13/1998

Inactive Date:

Service:

CLX - Competitive Local Exchange

Received:

No RAF Form

Status:

Pending

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Operating Rev:

Payment Count: 0 Payments Made to Date

\$0.00

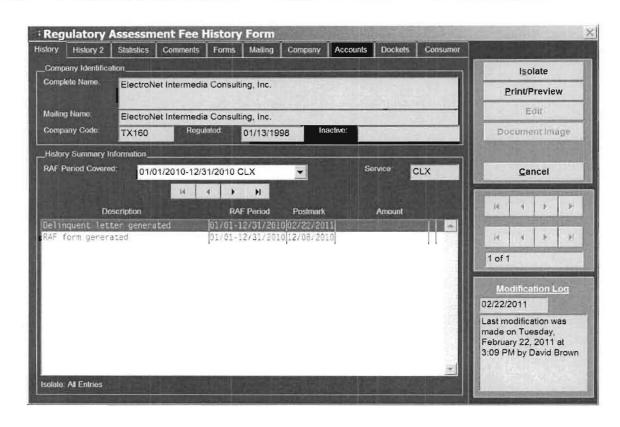
Interstate Rev:

\$0.00

RAF Rate:

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 Wednesday, December 8, 2010 at 12:56 PM by David Brown



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. Print your name and address on the revision that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	A Signature Verse B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
TX160-10-0-D ElectroNet Intermedia Consulting 3411 Capital Medical Blvd.	D. Is delivery address different from item 1?
Tallahassee, FL 32308-4425	3. Service Type Certified Mall Registered Insured Mail C.O.D.
Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

IIVM OBIBILBBU

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature A. Agent Addresse
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TX160-10-0-D ElectroNet Intermedia Consulting, Inc. 3411 Capital Medical Blvd.	
Tallahassee, FL 32308-4425	3. Service Type Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	1100 0003 1056 8919
PS Form-3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15-