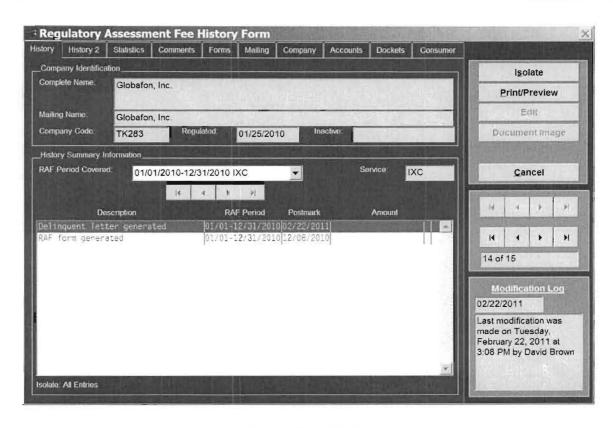
REQUEST TO ESTABLISH DOCKETRECEIVED-FPSC								
		Please type or print. File original	11 MAY 17 PM 3: 29					
Date:	5/17/2011	Docket No.:	110167-T1 11 MAY 17 PA 3: 29					
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart						
2. OPR:	Toni Earnhart, R	AD	CLERK					
3. OCR:	GCO							
4. Suggest	ted Docket Title:	Compliance investigation of IXC Registration No. TK283, issued to Globafon, Inc., for apparent first-time violation of Section 364.336, F.S., and Rule 25-4.0161, F.A.C Regulatory Assessment Fees; Telecommunications Companies.						
5. Progran	n/Module/Submo	dule Assignment:	A18a, A10					
6. Sugges	ted Docket Mail L	ist.						
a. Pro	vide NAMES/ACF	RONYMS, if registered company.	☐ Provided as an Attachment					
Company if applicate TK283		address, if different from MCD):	Representatives (name and address):					
b. Pro		NAME AND ADDRESS for all othe	rs. (match representatives to companies)					
if applicat	ole: (include	address, if different from MCD):	Representatives (name and address):					
7. Check o	-	porting Documentation Attached	☐ To be provided with Recommendation					
GCL		DOCUMENT NUMBER-CATE						

Regulatory Assessment Fee (RAF) System

File Edit View Payments Tools Reports Options Docket Viewer





DOCUMENT NUMBER-DATE 03417 MAY 17 = FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 05/06/2011 at 17:04:04 by TJE

Complete Name: Globafon, Inc.

Mailing Name: Globafon, Inc.

Company Code: TK283 FEID Number: 26-4623495

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

Inactive Date:

Reg. Date: 01/25/2010

Service: IXC - Interexchange 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:

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 1:01 PM by David Brown

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 so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. TK283-10-0-D Globafon, Inc. 1458 Lomaland	A. Signature X				
El Paso, TX 79935-4701	3. Service Type Certified Mail				
2. Article Number 7006 (Transfer from service label)	0100 0003 1056 9138				
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540				

SENDER: COMPLETE THIS SECTION		COMPLE	TE THIS SI	ECTION ON	I DELIVE	RY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mail 	erse	A. Signature X B. Received by (Printed Name) C			☐ Agent ☐ Addressee C. Date of Delivery	
or on the front if space permits. 1. Article Addressed to: TK283-10-0-D Globafon, Inc. 1458 Lomaland		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
El Paso, TX 79935-4701	į	☐ Reg	tified Mail gistered ured Mail	☐ Expre ☐ Return ☐ C.O.D	n Receipt	for Merchandise
Article Number (Transfer from service label)	7006	01.00	0003	1056	9138	3
PS Form 3811 , February 2004	omestic Ret	urn Receipt		100		102595-02-M-154

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