		REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)		
Date:	5/24/2011	Docket No.: 10180-T1 11 MAY 24 PM 3:		
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart 2 COMMISSION		
2. OPR:	Toni Earnhart, F			
3. OCR:	GCO			
4. Suggested Docket Title:		Compliance investigation of IXC Registration No. TJ196, issued to Ur Communications Group, Inc., for apparent second-time violation of Section 364 F.S., and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Progra	m/Module/Subm	odule Assignment: A18a, A10		
6. Sugge	sted Docket Mail	List.		
a. Pro	ovide NAMES/AC	RONYMS, if registered company. Provided as an Attachment		
Company if applica TJ196		e address, if different from MCD): Representatives (name and address):		
b. Pro Company if applica	Code, Interest	E NAME AND ADDRESS for all others. (match representatives to companies) red persons, if any, e address, if different from MCD): Representatives (name and address):		
7. Check	one: ⊠ Su	oporting Documentation Attached		
Comment	s:			

DOCUMENT NUMBER-DATE

SSC ADM

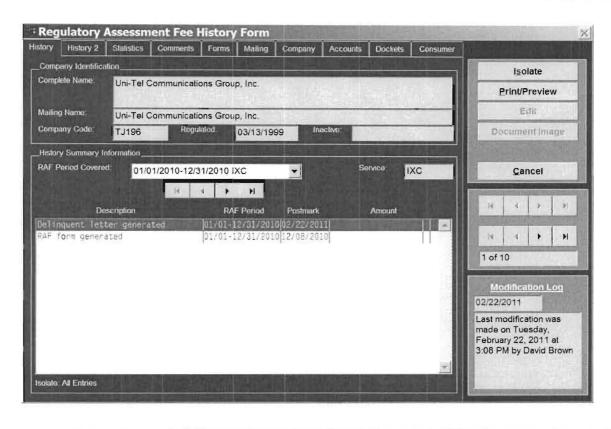
OPC

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Regulatory Assessment Fee (RAF) System

File Edit View Payments Tools Reports Options Docket Viewer





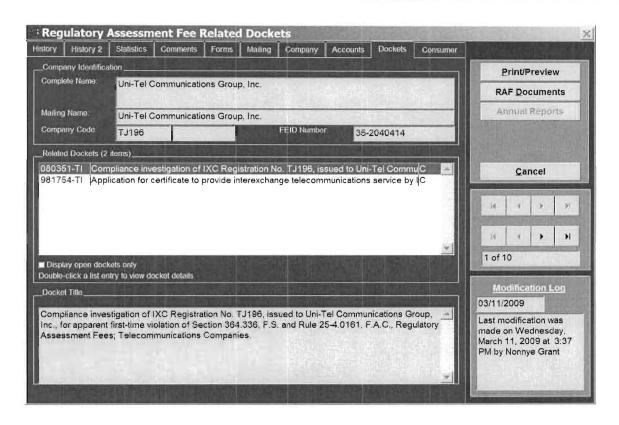
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COMPANY IDENTIFICATION

Printed on 05/24/2011 at 09:39:40 by TJE

Complete Name: Uni-Tel Communications Group, Inc.

Mailing Name: Uni-Tel Communications Group, Inc.

Company Code: TJ196 FEID Number: 35-2040414

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

Reg. Date: 03/13/1999 Inactive Date:

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 12:59 PM by David Brown

SENDER: COMPLETE THIS SECT	ION	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 mailplece, or on the front if space permits. Article Addressed to: TJ196-10-0-D Uni-Tel Communications Group, Inc. 932 North Whight Street, Suite 104		A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Defivery
		D. Is delivery address different from item 1? '□ Yés If YES, enter delivery address below: □ No
Naperville, IL 60563-3600		3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	7006 01	.00 0003 1056 8315
PS Form 3811, February 2004	Domestic Re	eturn Receipt 102595-02-M-1540

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 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 mailpiece, or on the front if space permits. 1. Article Addressed to: TJ196-10-0-D Uni-Tel Communications Group, Inc. 932 North Wright Street, Suite 104 	A. Signature X
Naperville, IL 60563-3600	3. Service Type Certified Mail
2. Article Number 700L	0100 0003 1056 8315
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