



ORIGINAL

September 23, 1997

Via Facsimile Transmission
& First Class Mail

State of Florida
Public Service Commission
Attn.: Blanca S. Bayo
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Docket No.: 971116-T1

Dear Blanca Bayo:

This responds to your Case Assignment and Scheduling Record for Docket No.: 97116-11 entitled Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate No. 4412 issued to Starlink Communications, LLC for violation of Rule 25-4.0161, F.A.C. Regulatory Assessment Fees ("Case Assignment"). Immediately upon receipt of the Case Assignment, my secretary contacted the Florida Public Service Commission ("FLPSC") to obtain copies of the document that Starlink had heretofore not filed with the FLPSC.

Attached please find a copy of the Interexchange Company Regulatory Assessment Fee Return ("Assessment Fee") for calendar year 1996. Please be assured that a check in the amount of \$176.43 has been requested and that the FLPSC should be in receipt of said check in the very near future.

ACK
AFA
APP
CAF
CTU
CTR
EAG
LEG

In light of Starlink's filing of the appropriate Assessment Fee and the FLPSC's imminent receipt of the check for \$176.43, Starlink kindly requests that the FLPSC cancel the Case Assignment. Starlink apologizes for not providing the FLPSC with the information contained herein previously. Please be assured that Starlink is taking steps to ensure that it will be better able to provide the FLPSC with the information requested and in a timely fashion in the future.

Should you have any questions, please call me at (415) 869-3620.

Sincerely,

Jonathan R. Celniker

Staff Attorney

Enclosure

TO AVOID PENALTY AND INTEREST CHARGES, THIS REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/1997

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI467
 Starlink Communications, LLC
 601 Gateway Blvd., Suite 260
 South San Francisco, CA 94080

PERIOD COVERED:
 05/29/1996 TO 12/31/1996

Please Complete Below if Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001
 \$ _____ P
 _____ 0603001
 _____ 004011
 \$ _____ 1

Postmark Date _____
 Initials of Preparer _____

 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|-------------------------|--------------------|
| 1. | Long Distance Services | \$ 221,073.28 | \$ 88,440.59 |
| 2. | Access Services | _____ | _____ |
| 3. | Private Line Services | _____ | _____ |
| 4. | Leased Facilities & Circuits Services | _____ | _____ |
| 5. | Miscellaneous Services | _____ | _____ |
| 6. | TOTAL Telephone Services | \$ 221,073.28 | \$ 88,440.59 |
| 7. | LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing) | () | () |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | _____ | 132.66 |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | _____ | 0.16 |
| 10. | Penalty for Late Payment | _____ | 10.41 |
| 11. | Interest for Late Payment | _____ | 126.43 |
| 12. | TOTAL AMOUNT DUE | _____ | _____ |

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenues for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$80

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Reseller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.
INTERSTATE, P.O. Box 61187 SAN JOSE, CA 95161-1987 (800) 800-2324
 (Name) (Address: City/State/Zip)

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 ____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 337.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to defraud a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

 Signature of Company Official
GE. USCE PRESIDENT - FERRARIE
 (Please Print Name)

SUZANNE ISKANDEN 9/12/97
 (Title) (Date)

Telephone Number (415) 861-3989 DOCUMENT NUMBER-DATE
 F.B.I. No. _____

09910 SEP 26 1997