REQUEST TO ESTABLISH DOCKET

			(PLEASE TYPE)	GOLLOS TO
Date_		09/17/98		Docket No. 981173-TC
1. 0	Divi	sion Name/Staff Name <u>Comm</u>	unications/Isler	
2. 0	OPR_	Communications/Isler		
3. 0	OCR_	Legal Services		
4. s	Sugg	ested Docket TitleCance	llation by Florida Public Service	Commission of Pay Telephone Certificate
Numbe	er 28	337 Issued to Lynn E. Maxwell	, Jr. For Violation of Rules 25-4.0	161, F.A.C., Regulatory Assessment Fees;
Telec	comm	unications Companies		
5. 1	Sugg	ested Docket Hailing List (attach separate sheet if necessar	y)
		s shown in Rule 25-22.104,	ated companies or ACRONYMS ONLY re F.A.C. Idress for all others. (<u>Match repr</u>	
	1	. Parties and their represe	ntatives (if any)	
Lynr	n E.	Mexwell, Jr.		
_	_			
	2	. Interested Persons and th	meir representatives (if any)	
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-				
6. C	heck	c one:		
J. U		XX Documentation is	s attached.	
		Documentation wi	ill be provided with recommendation	n.

I:\PSC\RAR\WP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

State of Florida



Public Service Commission

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

DATE: May 13, 1998

TO: Paula Isler

FROM: Michael Lake

RE: RAF non payments - Fourth set of 10

Paula, attached are ten communication companies (fourth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of May is \$2.0 and Penalty is \$10. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

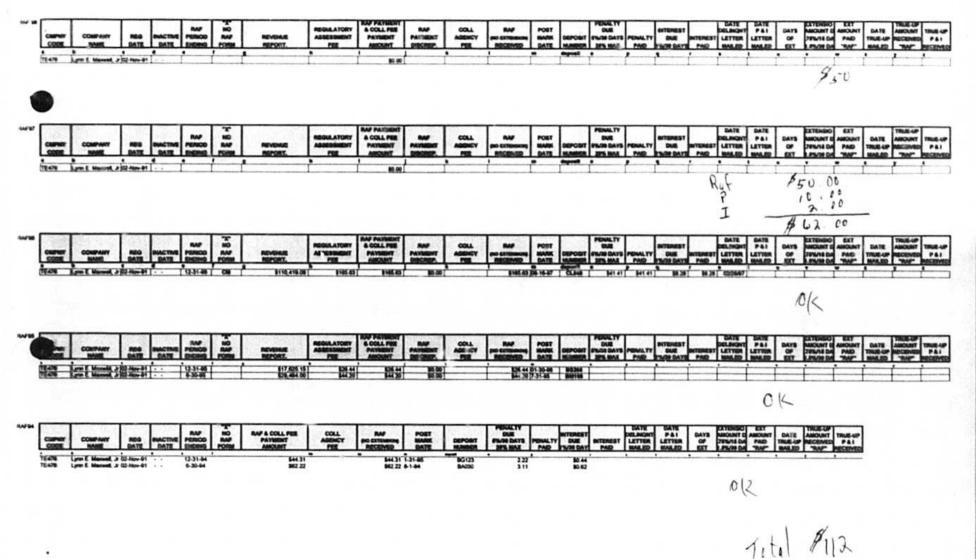
- TE329 / % 1
- 2 TE335 Ino
- TE342 40 3
- 4 TE350 JOANO 25 10 - 25 10 - 2 497- DH 707
- 5 TE377 10
- 6 TE431 /10
- 7 TE476 /10
- 8 TE486 14-29-99 - DK767
- TE525 La

TE563

(Para 518- Ones 411.12 - 1-15 12 - D6041) Should you have any questions, please let me know.

G:\pi3.mpl

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CODE	COMPANY	MEG DATE	BACTINE DATE	PERSON INCOME	NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	AGENCY	PIC CETTONION RECEIVED	POST BASK BATE	DEPOSIT MARKET	PENALTY DUE Phills DAYS 38% MAX	PENALTY PAID	INTEREST INTE INVENTIONS	NTEREST PAG	DELAIGHT GETTER MALED	PAI LETTER MALES	DAYS OF EXT	PARCUNIT D	AMOUNT PAID TAIP	DATE TRUE-UP MAS.ED	TRUE UP AMOUNT PRODUNCE TANT	PAI PAI RECEIVE
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SENDER: Complete items 1 and/or 2 an additional seniors. Complete items 3, 4e, and seniors. Print your name and addressor the reverse of this form so card to you. Attach this form to the front of the malipiece, or on the back permit. Wittle "Return Receipt Requested" on the malipiece below the The Return Receipt will show to whom the article was delived delivered.	if space does not ne article number.	I also wish to receive the following vices (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:	4a. Article N 4b. Service Register Express Return Re 7. Date of D	Type red Certified Mail Insured sceipt for Merchandise COD
5. Received by: (Rrint Name) 6. Signature: (Addressée or Agent) PS Form 3811, December 1994	and fee is	e's Address (Oply if requested s paid) Domestic Return Receipt