REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)								
Date:	4/26/20	)10		Docket No.:	100229-TI			
1. From Staff / Div		ision:	Pruitt/ Rad					
2. OPR:	RAD							
3. OCR:	GCL	GCL CONTRACTOR OF THE PROPERTY						
4. Suggested Docket Title:			Compliance investigation of IXC Registration No. TJ501, issued to Telmex USA, L.L.C., for apparent third-time violation of Section 364.336, Florida Statutes, and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.					
5. Program/Module/Submodul			lule Assignment:		A18a, A10			
6. Suggested Docket Mail List.								
a. Provide NAMES/ACR			CONYMS, if registered company.		Provided as an Attachment			
Company Code, if applicable:		Parties (include address, if different from MCD):			Representatives (name and address):			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
					_			
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)								
,			ested persons, if any, ude address, if different from MCD):		Representatives (name and address):			
				_				
7. Check o	ne:	⊠ Supp	orting Documenta	ition Attached	☐ To be provided with Recommendation			
Comments	:							

CCERK COMMISSION

10 APR 26 PM 1: 00

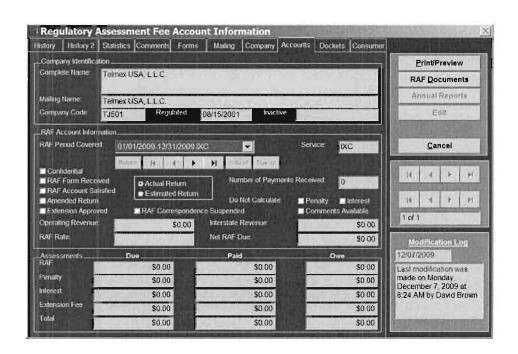
BECEINED-FPSC

STOTMER BUNGLES-DATE

3327 APR 26 º

## TJ501-09-0-D

SENDER: COMPLETE THIS SECTION	1	COMPLETE THIS SECTION ON DELIVE	ERY
<ul> <li>Complete Items 1, 2, and 3. Also confitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the resonant we can return the card to you.</li> <li>Attach this card to the back of the me or on the front if space permits.</li> <li>Article Addressed to:</li> <li>TJ501</li> <li>Ms. Bobbi Ferguson</li> </ul>	i. everse	A. Signature  A.	Agent  Agent  Agent  Date of Delivery  Yes  No
Telmex USA, L.L.C.			
% Visi Consulting Services, LL0 1130 University Blvd., Suite B9 Tuscaloosa, AL 35401-0329		3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.	Tor Marchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	ינ פמסק	410 0002 4115 1940	
PS Form 3811, February 2004	Domestic Reti	um Receipt	102595-02-M-1540





File Edit View Payments Tools Reports Options Docket Viewer

