REQUEST TO ESTABLISH DOCKET (Please type or print. File original <i>plus</i> 1 copy with CLK.)						
Date: 4/29/2010				Docket No.:		100250-TI
1. From St	aff / Divisio	n:	Pruitt/ Rad			
2. OPR:	RAD					
3. OCR:	GCL					
4. Suggested Docket Title:			Compliance investigation of IXC Registration No. TJ895, issued to Andiamo Telecom, i L.L.C., for apparent first-time violation of Section 364.336, Florida Statutes, and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.			
5. Program	m/Module/S	ubmod	ule Assignment:		A18a, A10)
6. Sugges	ted Docket	Mail Lis	st			
a. Pro	vide NAME	S/ACRO	ONYMS, if registered company.		Provided as an Attachment	
eoinpuily eouo,		Parties (include address, if different from I		t from MCD):	Represen	tatives (name and address):
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies) Company Code, Interested persons, if any,						
if applicable: (include address, if differer		t from MCD):	Represen	itatives (name and address):		
7. Check one: Supporting Documentation Attached To be provided with Recommendation Comments:						

CLERK COMMISSION

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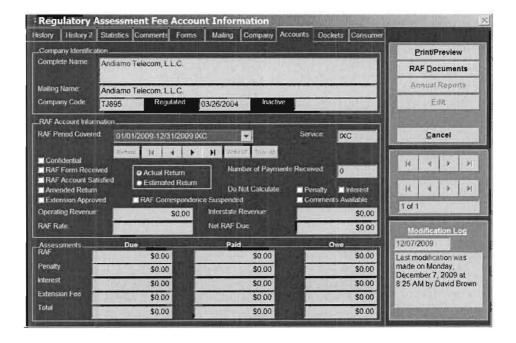
PSC\CLK 010-C (Rev. 04/09)

FPSC-COMMISSION

TJ895-09-0-D

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 mailplece, or on the front if space permits. 1. Article Addressed to: TJ895 Andiamo Telecom, L.L.C. Attn: Regulatory Department 10575 North 114th Street, Suite 103 	A. Signature XAgent B. Freceived by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No
Scottsdale, AZ 85259-4908	3. Service Type 20 Certified Mail 11 Express Mail 12 Registered 20 Return Receipt for Merchandise 10 Insured Mail 12 C.O.D,
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 341.0 (Transfer from service label)	0002 4112 1704
PS Form 3811, February 2004 Domestic Retu	Im Receipt 102595-02-M-1540

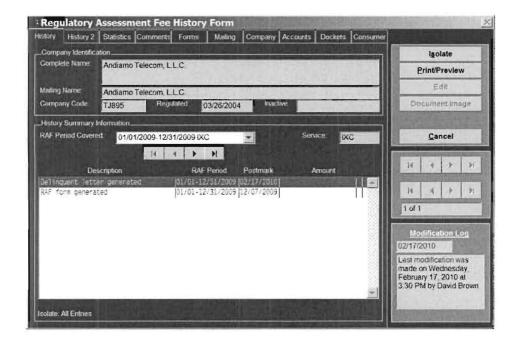
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