		REQUEST TO ESTABLISH DOCKET RECEIVED-FPSC (Please type or print. File original <i>plus</i> 1 copy with CLK.)
Date:	8/11/2011	Docket No.: 10245-TC 11 AUG 12 AM 8: 30
1. From S	taff / Division:	Division Of Regulatory Analysis/Toni Earnhart
2. OPR:	Toni Earnhart, F	CLEPK
3. OCR:	GCO	
4. Sugges	sted Docket Title:	Compliance investigation of PATS Certificate No. 8348, issued to Equity Pay Telepho Co., Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulate Assessment Fees; Telecommunications Companies.
5. Progra	ım/Module/Subm	odule Assignment: A18a, A10
6. Sugge	sted Docket Mail	List.
a. Pr	ovide NAMES/AC	RONYMS, if registered company. 🔲 Provided as an Attachment
Company if applica		e address, if different from MCD): Representatives (name and address):
b. Pro Company if applica	Code, Interes	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 🔲 To be provided with Recommendation
Comment	ts:	
		DOCUMENT NUMBER
N.G	-C (Rev. 04/08)	G:\FORMS\REQUEST TO ESTABLISH IXC REG DOCK

FPSC-COMMISSION CLERK

Regulatory Assessment Fee (RAF) System	
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COMPANY IDENTIFICATION

Printed on 08/09/2011 at 15:49:47 by TJE

Complete Name: Equity Pay Telephone Co., Inc.

Mailing Name: Equity Pay Telephone Co., Inc. Company Code: TG897 FEID Number: 58-2139326

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

Reg. Date:	05/30/2003		Inactive Da	ate:		
Service:	PAT - Pay Teleph	one				
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 1:02 PM by David Brown



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also comp item 4 if Restricted Delivery is desired. Print your name and address on the rev 	11	A. Signatur X	e			Agent	
 so that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	piece,	B. Receive	d by (Printed Name)		C. D.	C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
TG897-10-0-D Equity Pay Telephone Co., Inc. 106 Newman Drive Brunswick, GA 31520-2935							
Dianomon, 077 01020-2000		3. Service	fied Mail stered	Expres Return		r Merchandise	
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2. Article Number (Transfer from service label)	7006	0100	0003	1056	8520		
PS Form 3811, February 2004	Domestic Retu	um Receipt			1	02595-02-M-1540	



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