



December 14, 1999

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P.O. Drawer 200  
Winter Park, FL  
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Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

**Overnight**

Ms. Daisy Crockron  
Chief of Docketing  
Ohio Public Utilities Commission  
180 East Broad Street  
Columbus, Ohio 43266-0573

99-1650-CT-ABN

**RE: SeTeL, L.L.C. - Cancellation of Operating Authority and Withdrawal of  
Tariff  
90-5754-CT-TRF**

Dear Ms. Crockron:

Enclosed for filing are the original and thirteen (13) copies of a notification of Abandonment of Service filed on behalf of SeTeL, L.L.C. The Company is hereby requesting cancellation of its operating Authority to offer telecommunications services throughout the State of Ohio and withdrawal of its Tariff. SeTeL does not have any customers in Ohio and has ceased its operations for offering telecommunications service in the state.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose. Questions regarding this filing may be directed to me at (407) 740-8575. Thank you for your assistance.

Yours truly,

Monique Byrnes  
Consultant to  
SeTeL, L.L.C.

MB/bet

cc: Betty Jo Wolf - SeTeL  
file: SeTeL - OH  
tms: ohi9901

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician Daniel Hix Date Processed Dec 16, 1999

PUBLIC UTILITIES COMMISSION OF OHIO  
PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER  
563 REGISTRATION FORM  
ISSUED: December 21, 1995

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In the Matter of the Filing by )  
SeTeL, L.L.C. of notification ) Case No. 99/652-CT-ABN  
of Abandonment of Services )

Name of Registrant: SeTeL, L.L.C.

Registrant's Address: 500 Royal Parkway, Nashville, Tennessee 37214

Contact Person Betty Jo Wolf Phone- (615)874-6000

Date December 13, 1999 TRF Docket No. 90-5754-CT-TRF

I. Indicate the reason for submitting this form (check one) (NOTES: 1. If a waiver is filed in conjunction with an automatic case, see I.D.2.b. of the 563 guidelines for the applicable automatic time frame; and 2. The number of copies noted below must be accompanied by an original filing. Facsimiles are not acceptable.):

- ☒ 1. (ABN) Withdraw or Abandonment of all Services (14-day notice, 13 copies)
- ☐ 2. (ACE) New Operating Authority (30-day approval, 10 copies)
  - ☐ IXC ☐ AOS ☐ CAP ☐ Cellular ☐ Paging
  - ☐ Other \_\_\_\_\_
- ☐ 3. (AMT) Merger (14-day notice, 13 copies)
- ☐ 4. (ATR) Transfer or Transaction Affecting Operating Authority (14-day notice, 7 copies)
- ☐ 5. (ARJ) All Other Requests for Relief from Jurisdiction (NOT automatic, 10 copies)
- ☐ 6. (MTW) "Me Too" Waiver (30-day approval, 10 copies)
- ☐ 7. (RRJ) Switchless Rebiller Request for Relief from Jurisdiction (30-day approval, 10 copies)
- ☐ 8. (WVR) Request for Waiver from Portion(s) of 563 pursuant to I.D.3. of the 563 guidelines. (NOT automatic, 10 copies)
- ☐ 9. (ZAC) Contract (0-day notice, 10 copies)
- ☐ 10. (ZCN) Change of Name (0-day notice, 10 copies)
- ☐ 11. (ZCO) Change in Ownership (0-day notice, 10 copies)
- ☐ 12. (ZTA) Introduction of new tariffed service(s), textual revision, correction of error, addition of service area(s), etc. (0-day notice, 10 copies)
- ☐ 13. (UNC) Unclassified (explain) \_\_\_\_\_ (NOT automatic, 10 copies)
- ☐ 14. Other (explain) \_\_\_\_\_ (NOT automatic, 10 copies)

THE FOLLOWING ARE TRF FILINGS ONLY, NOT NEW CASES (0-day notice, 3 copies)

- ☐ 15. Introduction of Promotional Offering
- ☐ 16. New Price List Rate for Existing Service. If increase to residential MTS, DA, or traditional operator surcharges, specify which notice procedure will be utilized: \_\_\_\_\_ real time; or \_\_\_\_\_ annual.
- ☐ 17. Designation of Registrant's Process Agent(s)

II. Indicate which of the following exhibits have been filed. The numbers (corresponding to the list above) indicate, at a minimum, the types of cases in which the exhibit is required:

- ☐ A copy of registrant's informational tariff. (2)
- ☐ Statement affirming that the registrant has notified the Ohio Department of Taxation of its intent to conduct operations as a telephone utility in the State of Ohio. (2)

- ☐ List of names, addresses, and phone numbers of officers and directors, or partners. (2-4.)
- ☐ Brief description of service(s) proposed, as well as the targeted market(s) (2)
- ☐ Copy of tariff sheet(s) & price list(s) superseded, marked as Exhibit A. (1,3-4,6,10,12-16) Not Applicable
- ☐ Copy of revised tariff sheet(s) & price list(s) superseded, marked as Exhibit B. (1,3-4,6,10,12-16) Not Applicable
- ☐ If increase to residential MTS, DA, or traditional operator surcharges, specify which notice procedure will be utilized: \_\_\_\_\_ real time; or \_\_\_\_\_ annual. (12,16)
- ☐ Copy of real time notice which has been provided to Customers. (1,3,10-12,16) Not Applicable
- ☐ Copy of annual notice which will be sent to Customers is: \_\_\_\_\_ included with this filing; or will be filed with the Commission \_\_\_\_\_ (month) \_\_\_\_\_ (year). (16)
- ☐ Description of and rationale for proposed tariff changes, including a complete description of the service(s) proposed or affected. Specify for each service affected whether it is business \_\_\_\_, residence \_\_\_\_, or both \_\_\_\_ as well as whether it is switched \_\_\_\_ or dedicated \_\_\_\_ service. Include this information in either the cover letter or label as "Exhibit C". (3,6,8,12-15)
- ☐ Delineation of any deaveraged message toll service, if applicable. (6, 12-16)
- ☒ Statement explaining rationale for proposal. (1,3-5,10-11) See correspondence
- ☒ List of Ohio counties specifically involved or affected (1-6,8,10,16) See correspondence
- ☐ Certification from Ohio Secretary of State as to party's proper standing (domestic or foreign corporation, authorized use of fictitious name, etc.). (2-4,7,10) (In transfer of certificate cases, the transferee's good standing must be established).
- ☐ Justification for waiver of specific element(s) of 563. (6,8)
- ☐ Responses to questions contained in Appendix A, Attachment 4 to the 563 guidelines (7)
- ☐ Statement affirming that registrant has obtained all necessary federal authority to conduct operations being proposed, and that copies have been furnished by cellular, paging, and mobile companies to this Commission of any Form 401, 463, and/or 489 which the applicant has filed with the Federal Communications Commission. (2-4)
- ☐ Other information requested by the Commission staff.

**III. Registrant hereby attests to its compliance with the following requirements in the Service Requirements Form, as well as all pertinent entries and orders issued by the Commission with respect to these issues. Further, registrant hereby affirms that it will maintain with its TRF docket an up-to-date, properly marked, copy of the Service Requirements Form available for public inspection.**

Mandatory requirements for all CTS providers:

- ☐ Sales tax
- ☐ Deposits

Service requirements for CTS providers of certain services (check all applicable):

- ☐ Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service
- ☐ Emergency Services Calling Plan
- ☐ Alternative Operator Service (AOS) requirements
- ☐ Limitation of Liability
- ☐ Termination Liability Language

**IV. List names, titles, and addresses of those persons authorized to make and/or verify filings at the Commission on behalf the registrant:**

Betty Jo Wolf, Comptroller, SeTeL, L.L.C., 500 Royal Parkway, Nashville, Tennessee 37214

Monique Byrnes, Consultant to SeTeL, L.L.C., Technologies Management, Inc., P.O. Drawer 200, Winter Park, Florida 32790-0200

**NOTE:** An annual report is required to be filed with the Commission by each company on an annual basis. The annual report form will be sent for completion to the address and individual (s) identified in this Section unless another address or individual is so indicated.

**VERIFICATION**

I, Monique Byrnes, Consultant to SeTeL, L.L.C., verify that I have utilized, verbatim, the Commission's 563 Registration Form issued December 21, 1995, and that all of the information submitted here, and all additional information submitted in connection with Case No. 99-\_\_\_\_\_-CT-ABN is true and correct to the best of my knowledge.

Monique Byrnes 12/13/99  
(Signature)\* (Date)

- \* A verification is required for every filing. It may be signed by counsel or a process agent designated by the Registrant, except that initial certification cases (ACE) must be signed by an officer of the registering entity.