

RIP

CK# 57853

DEPOSIT

T DATE 200

D126

APR 14 1999



APR 17 9 35 AM '99

Public Service Commission

Division of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

FOR YOUR INFORMATION

*RAF 100
P 32.50
I*

*RAF 100
P 22.07
I 21.00*

DATE: March 24, 1999
TO: Mr. Mack V. Traynor, Military Communications
FROM: Paula Isler, (850) 413-6502-voice; 413-6503-fax; internet address is: pisler@psc.state.fl.us
RE: Docket No. 981680-TI *Pip*

I attempted to call you yesterday, but the phone only rang once, then silence. Your regulatory assessment fee (RAF) form for 1996, along with a check for \$58.43 has been received. Since there is an annual \$50 minimum RAF, the check for 1996 should have been \$76.00. In addition, you also owe \$70.00 for 1997, and \$56.00 for 1998 RAFs, penalty and interest charges, or a total of \$143.57, if paid in March 1999 (the penalty and interest charges continue to accrue until paid for the 1997 and 1998 RAFs). Although the 1996 form states that the business "closed 7/96," the Commission was not advised of this until March 11, 1999, when we received the form and check. And, a company's certificate remains active until the Commission is asked to cancel it.

On February 10, 1999 Order No. PSC-99-0328-FOF-TI was issued, which imposed a \$500



MILITARY COMMUNICATIONS CENTER, INC.
PH. 612-945-2300
12400 WHITEWATER DR., SUITE #2010
MINNETONKA, MN 55343

FIRST UNION NATIONAL BANK
OF FLORIDA
BOCA RATON, FL 33434
63-2-630

57853

*****143 DOLLARS AND 57 CENTS

DATE 04/01/99 CHECK NO. 57853 AMOUNT *****143.57

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMM
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE FL 32399-0850

04740 APR 13 99

[Handwritten Signature]

Security features included. Details on back.

981680-TI

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI200
 Military Communications Center, Inc.
 12400 Whitewater Drive, Suite 2010
 Minnetonka, MN 55343
 DEPOSIT DATE
 D 1 0 0 MAR 11 1996

FOR PSC USE ONLY	
Check#	_____
\$ _____	0603001
\$ _____	003001
\$ _____	P + J
\$ _____	0603001
\$ _____	004011
\$ _____	I
Postmark Date	3/2/96
Initials of Preparer	PT

PERIOD COVERED:
 01/01/1996 TO 12/31/1996

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 118,466	\$ 28,431
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ 118,466	\$ 28,431
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	28,431
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	42.65
10.	Penalty for Late Payment	_____	10.66
11.	Interest for Late Payment	_____	7.11
12.	TOTAL AMOUNT DUE	_____	\$ 58.43

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

ACK _____ AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

AFA _____

APP Facilities-Based Carrier () Reseller
 () Alternate-Operator Service () Rebiller

CAP _____

CMU 1

CTR _____

EAJ _____

LEW What is the total amount of customer deposits collected? Amount: \$ _____ for 19__

LIJ _____

OCJ _____

SIJ _____

WAS _____

DTH _____

CURRENT COMPANY STATUS

() Call Agreement
 Other: Closed 2/96

BILLING INFORMATION

Complete below if billing agent if other than yourself.

EAJ _____ (Name) (Address City/State/Zip)

LEW What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

OCJ Do you lease telecommunications facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____

SIJ Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Mark P. Egsted
 (Signature of Company Official)
 Mark P. Egsted
 (Please Print Name)

Financial Manager
 (Title)
 2/22/99
 (Date)
 Telephone Number 612-945-2300 x Number 612-945-2335

RECEIVED
 DOCUMENTS
 MAR 11 1996
 11 30 MAR 11 1996

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI200
 Military Communications Center, Inc.
 12400 Whitewater Drive, Suite 2010
 Minnetonka, MN 55343

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

FOR PSC USE ONLY	
Check#	_____
\$	0603001
	003001
\$	P
	0603001
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment		
11.	Interest for Late Payment		
12.	TOTAL AMOUNT DUE		\$ 0

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller
 Alternate-Operator Service Rebiller
 Call Aggregator
 Other: Closed 7/96

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address, City/State/Zip)

 (Telephone)

What is the total amount of customer deposits collected?
 Amount: \$ _____ for 19__

What is the total amount of bond held (if applicable)?
 Amount \$ _____ Expires _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Mark P. Frost (Signature of Company Official) Financial Manager (Title) 2/23/99 (Date)
Mark P. Frost (Please Print Name) Telephone Number 612 945 2300 Fax Number 612 945 2335

981680-TI

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI200
Military Communications Center, Inc.
12400 Whitewater Drive, Suite 2010
Minnetonka, MN 55343
DEPOSIT DATE
D 1 0 0 MAR 11 1997

FOR PSC USE ONLY	
Check#	4152
\$	0603001
	003001
\$	P + J
	0603001
	004011
\$	1
Postmark Date	3/22/97
Initials of Preparer	JP

PERIOD COVERED:
01/01/1996 TO 12/31/1996

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 118,466	\$ 28,431
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 118,466	\$ 28,431
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)		
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		28,431
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		42.65
10.	Penalty for Late Payment		10.86
11.	Interest for Late Payment		3.11
12.	TOTAL AMOUNT DUE		\$ 58.43

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ACK _____ AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

APP Facilities-Based Carrier () Reseller
 CAP () Alternate Operator Service () Rebiller
 CURRENT COMPANY STATUS
 Call Aggregator
 Other Closed 2/96

CMU 1
 Complete below if billing agent if other than yourself.
 BILLING INFORMATION

EAL (Name) _____ (Address City/State/Zip) _____
 (Telephone) _____
 LE What is the total amount of customer deposits collected? Amount: \$ _____ for 19__
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION
 Do you lease telecommunications facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Mark P. Egansted
(Signature of Company Official)
Mark P Egansted
(Please Print Name)

Financial Manager
(Title)
2/22/97
(Date)
Telephone Number 612-945-2300 Number 612-945-2335

RECEIVED IN OFFICE OF THE SECRETARY OF STATE
MAR 16 1997

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A utility, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a utility may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the utility shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance on telecommunications facilities, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI200
 Military Communications Center, Inc.
 12400 Whitewater Drive, Suite 2010
 Minnetonka, MN 55343

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

FOR PSC USE ONLY	
Check#	_____
\$	0603001
	003001
\$	P
	0603001
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment	_____	_____
11.	Interest for Late Payment	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ 0

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AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller
 Alternate-Operator Service Rebiller
 Other: Closed 7/96

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address, City/State/Zip)

 (Telephone)

What is the total amount of customer deposits collected?
 Amount: \$ _____ for 19 ____

What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Mark P. Frostad (Signature of Company Official) Financial Manager (Title) 2/23/99 (Date)
Mark P. Frostad (Please Print Name) Telephone Number 612 945 2300 Fax Number 612 945 2335

FLORIDA PUBLIC SERVICE COMMISSION
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Interexchange Company Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI200
 Military Communications Center, Inc.
 12400 Whitewater Drive, Suite 2010
 Minnetonka, MN 55343
 DEPOSIT DATE
 D 1 0 0 MAR 1 1 1997

FOR PSC USE ONLY	
Check#	52521
\$	50.00 0603001
\$	8.43 003001
	P + J 0603001
	004011
	1
Postmark Date	3/2/97
Initials of Preparer	JP

PERIOD COVERED:
 01/01/1996 TO 12/31/1996

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 118,466	\$ 28,431
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4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
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10.	Penalty for Late Payment		10.66
11.	Interest for Late Payment		1.11
12.	TOTAL AMOUNT DUE		\$ 58.43

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AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS
 Facility-Based Carrier Reseller
 Alternate-Operator Service Rebiller
 Other: Closed 2/96

BILLING INFORMATION
 Complete below if billing agent if other than yourself.
 (Name) _____ (Address: City/State/Zip) _____



MILITARY COMMUNICATIONS CENTER, INC.
 PH: 612-945-2300
 12400 WHITEWATER DR., SUITE #2010
 MINNETONKA, MN 55343

FIRST UNION NATIONAL BANK OF FLORIDA
 BOCA RATON, FL 33433
 631-1111

57574

*****5 DOLLARS AND 43 CENTS

DATE: 02/25/99 CHECK NO.: 57574 AMOUNT: \$*****58.43

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMM
 2540 SHUMARD OAK BOULEVARD
 TALLAHASSEE FL 32399-0850

[Handwritten Signature]
 John P. [unclear]