

## Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

XX Actual Return  
 \_\_\_\_\_ Estimated Return  
 \_\_\_\_\_ Amended Return

TA020-06-0-R

MCI Network Services, Inc.  
 1203 Governors Square Blvd., Suite 201  
 Tallahassee, FL 32301-2960

Docket No. 060289-TA (Isler)

6 4 4 APR 15 2006

PERIOD COVERED:  
 01/01/2006 TO 12/31/2006

*Paula +  
 records*

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
Check# 1005084989\$ 50.00 0603006  
003001\$ \_\_\_\_\_ P  
0603006  
004011

\$ \_\_\_\_\_ I

Postmark Date 4-11-06

Initials of Preparer RT

6 Concourse Parkway, Ste 600 Atlanta, GA 30328  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 00.00	\$ 00.00
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 00.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on Back)		00.00
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		00.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		00.00
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		00.00
13.	Extension Payment Fee (see "4 Extension" on back)		00.00
14.	TOTAL AMOUNT DUE (\$50.00 MINIMUM)		\$ 50.00

MP

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GA

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\* These amounts must be intrastate only and must be verifiable  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

## CURRENT COMPANY STATUS

( ) Facilities-Based Provider ( ) Reseller  
 ( ) Other: \_\_\_\_\_

## BILLING INFORMATION

Do you bill as a billing agent if other than yourself?  
 \_\_\_\_\_

(Name) (Address: City/State/Zip) (Telephone)

## 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 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.

*Melissa A. Burris*  
 (Signature of Company Official)

Staff Specialist

(Title)

4/5/06

(Date)

Melissa A. Burris

(Preparer of Form - Please Print Name)

Telephone Number 888-605-0469 Fax Number 770-284-5533

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER - DATE  
 03355 APR-14-06  
 FPSC-COMMISSION CLERK

**verizon**business

April 11, 2006

500 Clinton Center Drive  
Clinton, MS 39056

Ms. Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

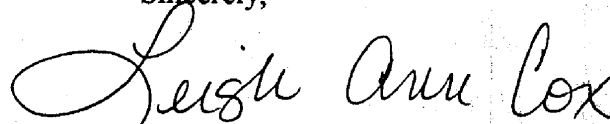
RE: Cancellation of MCI Network Services AAV Certificate No. 3996  
Docket No. 060289-TA

Dear Ms. Isler:

In response to your e-mail dated 4/4/06, attached is a completed 2006 Regulatory Assessment Fee Form and a check totaling \$50.00 for the minimum payment amount. It is my understanding that upon receipt you will go forward with the cancellation of MCI Network Services, Inc.'s AAV Certificate No. 3996.

Please contact me at 601-460-8968 or via e-mail at [leigh.ann.cox@verizonbusiness.com](mailto:leigh.ann.cox@verizonbusiness.com) if you should have any questions or if additional information is required.

Sincerely,



Leigh Ann Cox  
Verizon Business

Cc: Missie Burris  
De O'Roark

Attachment

DOCUMENT NUMBER-DATE

03355 APR 14 8

FPSC-COMMISSION CLERK