## Interexchange Company Regulatory Assessment Fee Return

	Florida Public Se	ervice Commission		PSC USE ONLY
STATUS: RECEIVEDFPSC	(See Filing Instruct	tions on Back of Form)	Check #	~~
	iber Carrier Services	s Inc	\s <u>/\text{\text{CO}}</u>	06-03-001
Estimate Neturn 3 PM 3 30 Amended Return 3 PM 3 30	west Communicatio	ns Corporation	\$	E
	1 California St. Ro		s	P 06-03-001
PERIOD COVER DITTOSIUM Den	ver, CO 80202-2658			004011
01/01/200/ 10 12/31/2001**		EPOSIT WATE	\$	1
Doch Doch	ket No. 070335-TP			11-29-07
pecordo Doct		791 DEC 0 4 201	07   Postmark Date _ Initials of Prepai	rer RT
Ple	ase Complete Below If Offic	ial Mailing Address Has Chang	ged	
OnFiber Carrier Services, Inc.	1801 California	a Street Room 650	Denver, CO	80202-2658
(Name of Company)		Address)	(City/State)	(Zip)
LINE	A GOLFIGA TION	• 1	ORIDA GROSS	
NO. ACCOUNT CLA  Long Distance Services	ASSIFICATION	T     3;	ATING REVENUE INT	TRASTATE REVENUE
2. Access Services				
3. Private Line Services				
4. Leased Facilities & Circuits Prvices 5. Miscellaneous Services	CIR CCL OPC OPC	SCR SGA SEC OTH,		
6. TOTAL Telephone Services	5 W @ O E	s s s c ——	<u> </u>	
7. LESS: Amounts Paid to Telecomm	unications Companies <sup>(1)</sup>	(	) (	)
8. TOTAL REVENUES For Regular		ion	\$	
9. Regulatory Assessment Fee Due (N	•			
10. Penalty for Late Payment (see "3.	Failure to File by Due Date" o			
<ul><li>11. Interest for Late Payment (see "3. F</li><li>12. Extension Payment Fee (see "4. Ex</li></ul>		n back)		<del> </del>
· · · · · · · · · · · · · · · · · · ·	·		<u></u>	700.00 (2)
13. TOTAL AMOUNT DUE (\$700.0	U MIINIMIUMI)		<b>\$</b>	700.00
(1) These amounts must be <u>intraste</u> (2) Regardless of the gross operati Section 364.336, Florida Statu	ing revenue of a company, a m	e (see "2. Fees" on back). ninimum annual regulatory asses	sment fee of \$700 shall be im	posed as provided in
	CURRENT	COMPANY STATUS		
( ) Facilities-Based Carrier	( ) Reseller	( ) Call Aggre		
( ) Alternate-Operator Service	( ) Rebiller	( ) Other:		
	BILLING	G INFORMATION		¥ 10
Complete below if billing agent is other than you	rself.		( )	<u> </u>
(Name)		(Address: City/State/Zip)	(Telephone)	peld (if applicable)
What is the total amount of customer deposits co Amount: \$ for 20		Wha An	t is the total amount of bond hount: \$ E	
				7 (7)
Do you lease telecommunications' facilities? (		Y INFORMATION		<b>743</b> ₩0
If YES, who do you lease these facilities from?	Manage		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Address:				
		1.1.6		
I, the undersigned owner/officer of the abounformation is a true and correct statement. I am	n aware that pursuant to Section	on 837.06, Florida Statutes, who	ever knowingly makes a false	
the intent to mislead a public servant in the performance				441-107
J 3/1/1/		esident - Asst. Corporat	iion Controller	11/27/07
(Signature of Company Officia		(Title)	0454	(Date)
Frances L. Bendever		ne Number (303) 382-	5154 Fax Number (	(303) 965-8022
(Preparer of Form - Please Print N	Name) F.E.I. 1	No. 94-3350494		