TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 04/21/2008

Competitive Local Exchange Company Regulatory Assessment Fee Return

	Florida Public Service Commission	FOR PSC USE ONLY	
STATUS:	(See Filing Instructions on Back of Form)	Check # 3399741	
Actual Return	TX912-07-0-R	\$ 600.000	-03-001
Estimated Return	TelCove Operations, Inc.		003001
Amended Return	121 Champion Way	\$ E	
	Canonsburg, PA 15317-5817	\$ P 06	5-03-001
PERIOD COVERED: 08/31/2007 TO 12/31/2007	Docket No. 060785-TP	\$I	004011
Paulation	842 MAY 132008	Postmark Date <u>5-12-08</u> Initials of Preparer <u>F</u>	<u>}</u>
K and	Please Complete Below If Official Mailing Address Has Changed		
, has			
(Name of Company)	(Address)	(City/State) (Z	ip)

1.	ACCOUNT CLASSIFICATION	FLORIDA GROSS NOPERATING REVEN		ENUE
	Basic Local Services	\$	\$	
2.	Long Distance Services (IntraLATA only) ⁽¹⁾			
3.	Access Services			
4.	Private Line Services			
5.	Leased Facilities & Circuits Services			
6.	Miscellaneous Services			
0.	Wiscenarieous Services			-
7	TOTAL REVENUES		\$	
8	LESS: Amounts Paid to Other Telecommunication	ns Companies ⁽²⁾		
9.	NET INTRASTATE OPERATING REVENUE	E for Regulatory Assessment Fee Calculation (Line 7 less)	Line 8) \$0	
10	Regulatory Assessment Fee Due (Multiply Line 9		5 <u> </u>	
a a.M				
11.	Penalty for Late Payment (see "3. Failure to File)			
12.	Interest for Late Payment (see "3. Failure to File b			
13.	Extension Payment Fee (see "4. Extension " on ba	ack)		
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM))	\$ 600.00	(3
() Facıliti	es-Based Provider () Ro () Ol	eseller ther:		
	below if billing agent is other than yourself.	BILLING INFORMATION		
Complete h	ciow il offiling agent is other than yoursen.		()	
Complete b				Led
Complete t	(Name)	(Address: City/State/Zip)	(Telephone)	4
Complete t	(Name)		(Telephone)	-DATE
		COMPANY INFORMATION	(Telephone)	ER-DATE
Do you leas	se telecommunications' facilities? () YES	COMPANY INFORMATION		RER-DATE
Do you leas If YES, wh	se telecommunications' facilities? () YES o do you lease these facilities from? Name:	COMPANY INFORMATION		CHRER-DATE
Do you leas If YES, wh	se telecommunications' facilities? () YES o do you lease these facilities from? Name:	COMPANY INFORMATION		NUMBER-DATE
Do you leas If YES, wh	se telecommunications' facilities? () YES o do you lease these facilities from? Name:	COMPANY INFORMATION		TNUMBER-DATE
Do you leas If YES, wh Address: I, the	se telecommunications' facilities? () YES o do you lease these facilities from? Name:	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the	best of my knowledge and belief	JLV - UJU
Do you leas If YES, wh Address: I, the i	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that ou	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06. Florida Statutes, whoever know	best of my knowledge and belief	H H H H H H H H H H H H H H H H H H H
Do you leas If YES, wh Address: I, the i	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that ou	COMPANY INFORMATION (_X) NO	best of my knowledge and belief	JLVO-UJU
Do you leas If YES, wh Address: I, the i	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that ou	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06, Florida Statutes, whoever know official duty shall be guilty of a misdemeanor of the second	best of my knowledge and belief vingly makes a false statement in v d degree.	vriting with
Do you leas If YES, wh Address: I, the i	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that pu o mislead a public servant in the performance of his c	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06, Florida Statutes, whoever know official duty shall be guilty of a misdemeanor of the second Senior Vice President	best of my knowledge and belief vingly makes a false statement in v d degree. 05/07/2	vriting with
Do you leas If YES, wh Address: I, the i	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that ou	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06, Florida Statutes, whoever know official duty shall be guilty of a misdemeanor of the second	best of my knowledge and belief vingly makes a false statement in v d degree.	vriting with
Do you leas If YES, wh Address: I, the information the interact	se telecommunications' facilities? () YES o do you lease these facilities from? Name:	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06, Florida Statutes, whoever know official duty shall be guilty of a misdemeanor of the second Senior Vice President (Title)	best of my knowledge and belief vingly makes a false statement in v d degree. 05/07/2 (Date	vriting with 2008
Do you leas If YES, wh Address: I, the information the intention	se telecommunications' facilities? () YES o do you lease these facilities from? Name: undersigned owner/officer of the above-named cor i is a frue and correct statement. I am aware that pu o mislead a public servant in the performance of his c	COMPANY INFORMATION (X) NO mpany, have read the foregoing and declare that to the ursuant to Section 837.06, Florida Statutes, whoever know official duty shall be guilty of a misdemeanor of the second Senior Vice President	best of my knowledge and belief vingly makes a false statement in v d degree. 05/07/2	vriting with 2008

PSC/CMP 007 (Rev 04/07)

FPSC-COMMISSION CLERK

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TO AVOID PENALTY AND "- "	SESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 04/21/2008	
EPSCHntere	xchange Company Regulatory Assessment	Fee Return
RECEIVED	Floriga Public Service Commission	FOR PSC USE ONLY
STATUS: PH 3: 32	(See Filing Instructions on Back of Form)	Check # 3399742
ng MAAcural Return	TK121-07-0-R	\$ 700.00 06-03-001
Estimated Return	TelCove Operations, Inc.	003001
Appende Stelorn	121 Champion Way	\$ E
CLERN	Canonsburg, PA 15317-5817	\$ P 06-03-001
PERIOD COVERED:	DEPOSIT DATES	004011
08/31/2007 TO 12/31/2007	Docket No. 060785-TP	\$ I
0,000 \$ 30	842, MAY 1 3 2008	Postmark Date 5-12-08
Vale	Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer
r vu	Trease Complete Below it Official Maning Address has Changed	
1		

		(Name of Company) (Address)		(City/State)	(Zip)	
	LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA OPERATING		RASTATE REVENUE	
	1.	Long Distance Services	\$	\$		
	2.	Access Services				
	3.	Private Line Services				
	4.	Leased Facilities & Circuits Services				
	5.	Miscellaneous Services				
	6.	TOTAL Telephone Services	\$	\$		
	7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	() ())
	8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$	0	
	9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)				
	10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)				
	11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				
	12.	Extension Payment Fee (see "4. Extension" on back)				
CMP	13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$	700.00	(2)
COM		(1) These amounts must be intrastate only and must be verifiable (see "2	Fees" on back)			

(1)	These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2)	Regardless of the gross operating revenue of a company, a minimum annual regulato

)	Regardless of the gross operating revenue of a	a company, a minimum annual regulator	ry assessment fee of \$700 shall be imposed as provided in
	Section 364.336, Florida Statutes.		

ECR		CURRENT COMPANY STATUS		
GCL	(^X) Facilities-Based Carrier () () Alternate-Operator Service () Reseller () Call) Rebiller () Othe	Aggregator er:	
OPC _		BILLING INFORMATION	La V	60
RCA	Complete below if billing agent is other than yourself.			2
SCR _	(Name) What is the total amount of customer deposits collected? Amount: \$for 20	(Address: City/State/Zip)	() (Telephone) What is the total amount of bond held (if applicable)? Amount: \$ Expires:	7 MAY
SEC _	Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name:	COMPANY INFORMATION		392
Althou	Address:			\bigcirc
	information is a true and correct statement. I am aware that the interfacto mistead a public bervant in the performance of	at pursuant to Section 837.06, Florida Statute his/her duty shall be guilty of a misdemeanor Senior Vice President	of the second degree. 05/08/2008	
	(Signature of Company Official)	(Title)	(Date)	
	Joe Engl	Telephone Number (8)4-2	260-2575 Fax Number (81)4-260-2022	

(Preparer of Form - Please Print Name)

Telephone Number	(8)4-260-2575
F.E.I. No.	25-1841903

CTR

 $C: \verb|DOCUME~1\pister\LOCALS~1\Temp\foxmerge44578295\xmergeformxx.doc||$

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