080000-OT

Dear Commission, Tax Authority or Government Agency:

Trinsic, Inc. and subsidiaries (listed below) has filed Chapter 7 Bankruptcy in the Southern District Court in Mobile, AL. The case number is 07-10324. Prior to the Chapter 7 Bankruptcy, the company file Chapter 11 Bankruptcy and the assets were liquidated over a period of time that spanned several months. During that time the company operated under a management agreement with Matrix, Inc., the company that purchased the assets. The timeline follows:

Trinsic, Inc. and Subsidiaries filed Chapter 11 Bankruptcy February 7, 2007 Matrix, Inc. took controlling interest of the assets and operations of Trinsic, Inc. March 26, 2007 and Subsidiary companies under an management agreement. Trinsic, Inc. and Subsidiaries received approval by the court to convert the April 25, 2007 Chapter 11 Bankruptcy to a Chapter 7 Bankruptcy and the Trustee was assigned.

Following is a list of the parent and subsidiary companies:

ECR

OPC RCP SSC

SGA ADM

	Company Name	Federal EIN
Parent:	Trinsic, Inc. (Formerly Z-Tel Technologies, Inc.)	59-3501119
Sub:	Trinsic Communications, Inc.	59-3486356
Sub:	Touch 1 Communications, Inc.	63-1125463
Sub:	Z-Tel Network Services, Inc.	59-3573578
Sub:	Z-Tel Business Networks, Inc.	59-3520457
Sub:	Z-Tel, Inc.	59-3596935
Sub:	Z-Tel Holdings, Inc.	59-3503028
Sub:	Trinsic Communications of Virginia, Inc.	59-3570878
Sub:	Z-Tel Investments, Inc.	59-3662665
Sub:	DirecTEL, Inc.	63-1197333
Sub:	DirecConnect, Inc.	63-1197335

The trustee that was appointed by the court is Michael C. Reibling. However, if you have questions regarding the information provided, contact Lisa Johnson at 251-621-8789. COM

GCL ___ DOCUMENT NUMBER-DATE 08751 SEP 17 8 CLK Nonnye FPSC-COMMISSION CLERK

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 # NO Check
Actual Return	TX204-07-0-R	\$06-03-001
Estimated Return	Touch 1 Communications, Inc.	003001
Amended Return	% Matrix Business Technologies	\$F
	7171 Forest Lane, Suite 700	\$P)06-03-001
PERIOD COVERED: 01/01/2007 TO 12/31/2007	Dallas, TX 75230-2306	004011
218/07 - 3/26/07		
See attached letter		Postmark Date
occurracial letter		Initials of Preparer
	Please Complete Below If Official Mailing Address Has Change	ď
	4717 S+ Dominic Place (B)	Mabile AL 36693
(Name of Company)	<u>4717 S+ Dominic Place B</u> (Address)	(City/State) (Zip)
LINE ACCOU	FLORIDA FLORIDA	
1. Basic Local Services		
2. Long Distance Services (In	ntraLATA only) ⁽¹⁾	10 197,10
 Access Services Private Line Services 	· · · · · · · · · · · · · · · · · · ·	
5. Leased Facilities & Circui	ts Services	
6. Miscellaneous Services		
 TOTAL REVENUES LESS: Amounts Paid to O 	ther Telecommunications Companies ⁽²⁾	\$ 197.10
	·	<u> </u>
	ERATING REVENUE for Regulatory Assessment Fee Calculation (Lin e Due (Multiply Line 9 by 0.0020)	$e / less Line 8)$ $s - \frac{27.70}{2}$
11. Penalty for Late Payment	(see "3. Failure to File by Due Date" on back)	
•	(see "3. Failure to File by Due Date" on back) ee "4. Extension " on back)	
14. TOTAL AMOUNT DUE	,	\$ 600 (3)
	venue must be listed on the Interexchange Regulatory Assessment Fee Re	
(2) These amounts must b	e intrastate only and must be verifiable (see "2. Fees" on back).	
(3) Regardless of the gros Section 364.336, Flor	is operating revenue of a company, a minimum annual regulatory assessind a Statutes.	nent fee of \$600 shall be imposed as provided in
() Facilitian David Provider	CURRENT COMPANY STATUS	
() Facilities-Based Provider	() Other:	
	BILLING INFORMATION	-
Complete below if billing agent is other		
(Name)	(Address: City/State/Zip)	
(Ivaine)	(Address: Chy/State/Zip)	(Telephone)
	COMPANY INFORMATION	
Do you lease telecommunications' facili If YES, who do you lease these facilities	ties? () YES (UNO from? Name:	
Address:		· · · · · · · · · · · · · · · · · · ·
I, the undersigned owner/officer of information is a true and correct statemet	f the above-named company, have read the foregoing and declare tha ent. I am aware that pursuant to Section 837.06, Florida Statutes, whoev	t to the best of my knowledge and belief the above
the intent to mislead a public servant in t	he performance of his official duty shall be guilty of a misdemeanor of the	the second degree.
michael C. 1	Keining Chaster 7 Truster	8/28/05
(Signature of Company		(Date)
Lisa Johnson	Telephone Number ()	Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. 63-1125463

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 $\label{eq:c:DOCUME-1} C: DOCUME-1 \ brown \ LOCALS-1 \ temp \ for merge 46926836 \ xmerge for mxx. doc$

This is your reporting form to make the report of gross operating revenue from intrastate utility business in the State of Colorado during the calendar year 2007. If you need additional forms, please refer to Form DR 0525 in your request. You may photocopy these forms. This report **MUST** be filed with the Colorado Department of Revenue on or before **May 1, 2008**.

MAIL TO: COLORADO DEPARTMENT OF REVENUE PUC: EXCISE TAX ACCOUNTING SECTION 1375 SHERMAN STREET, ROOM 237 DENVER CO 80261

For statutory references, you may refer to Section 40-2-111, et.seq., Colorado Revised Statutes. A copy is available on the Colorado Public Utilities Commission web site at www.dora.state.co.us/puc/

On the basis of the reports from all utilities under the jurisdiction of the Colorado Public Utilities Commission, and the provisions of the above statute, we will compute your fee for the upcoming fiscal year and advise you of the amount to be paid.

The Colorado Department of Revenue (CDR) and the Colorado Public Utilities Commission (CPUC) are asking that, with this response, you include the sheet of your CPUC annual report that matches the amounts on this DR 0525.

If the CPUC annual report amount does not match the amount on the DR 0525, please provide a reconciliation, and attach the documentation that supports this reconciliation. The above information is required in accordance with §40-2-111, C.R.S.

If you have any questions about this, please call the Colorado Public Utilities Commission at 303-894-2000.

Name of Utility			F.E.I.N. Number DOR Account Number			
Touch 1 Communications Inc.			63-1125463			
Address		City	State ZIP			
Address 4717 St. Dominic Place Billing Address (if different from above)		Mobile		AL	36693	
Billing Address (il dillerent from above)		·	Contact Person (please print,)		
City	State	ZIP	Contact Phone			
Period Feb 7 Mar. 26 January 1, 2007 – December 31, 2007	I	ļ	Contact E-mail			
Year 2007 gross operating revenue from INTRAS in Colorado (1520-130) **	TATE u	tility business	\$ 784.00	-		
** The above figures must agree with the amounts Commission. Send a copy of this form to the CP				lorado F	Public Utilities	
I declare under penalties of perjury, that this report has made in good faith for the year stated.	been e>	xamined by me a	nd to the best of my kno	wledge i	s a true report,	
Officer signature Markael C. Rechning		Title Cha	pter 7 Trustee			
Officer Name (please print) Michael C. Reibling			Date B-C-05			
Officer signature	Title	Title				
Officer Name (please print)		Date				

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If you have any questions about this, please call the Colorado Public Utilities Commission at 303-894-2000.

Name of Utility		F.E.I.N. Number	DOR Account Number	
Touch 1 Communications Inc.			63-1125463	
Address		City		State ZIP
Address <u>4719 5t Dominic Place</u> Billing Address (il different from above)		Mobile		AL 36693
Billing Address (if different from above)			Contact Person (please print	
			Michael C. Kei	plina
City	State	ZIP	Contact Phone	3
Period Feb 7 Date Prepared			Contact E-mail	
January 1, 2007 – December 31 , 2007				
Year 2007 gross operating revenue from INTRAS	STATE u	Itility business		
in Colorado (1520-130) **		,	\$ 635.0	0
			0.000	
** The above figures must agree with the amounts Commission. Send a copy of this form to the Cl				lorado Public Utilities
I declare under penalties of perjury, that this report has made in good faith for the year stated.	s been e.	xamined by me a	and to the best of my kno	wledge is a true report,
Officer signature Michael C. Russing		Title Cha	pter 7 Trustee	
Officer Name (please print)		Date		
Michael C. Keibling			6-08	······································
Officer signature		Title		
Officer Name (please print)		Date		

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If you have any questions about this, please call the Colorado Public Utilities Commission at 303-894-2000.

Name of Utility			F.E.I.N. Number	DOR Account Number
Address 4717 St Dominic Place		59-3486356		
Address		City		State ZIP
4717 St Dominic Place		Mobile	<u>.</u>	AL 36693
Billing Address (if different from above)			Contact Person (please print)	
			Michael C. Re	ibling
City	State	ZIP	Contact Phone	- J
			251-6666-399	7
Period Feb 7, 2007 Date Prepared			Contact E-mail	
January 1, 2007 — December 31, 2007				
Year 2007 gross operating revenue from INTRAS		tility husiness		
		anty business	\$ 4181 00	•
in Colorado (1520-130) **			\$ 4,181.00	D
** The above figures must agree with the amounts Commission. Send a copy of this form to the CF				orado Public Utilities
I declare under penalties of perjury, that this report has made in good faith for the year stated.	s been ex	xamined by me a	and to the best of my know	wledge is a true report,
Officer signature Michael C. Localing		Title Ch	upter 7 Trustee	
Officer Name (please print) Michael C. Reibling		Date . حو	-2-08	
Officer signature		Title		
Officer Name (please print)		Date		

This is your reporting form to make the report of gross operating revenue from intrastate utility business in the State of Colorado during the calendar year 2007. If you need additional forms, please refer to Form DR 0525 in your request. You may photocopy these forms. This report *MUST* be filed with the Colorado Department of Revenue on or before **May 1, 2008**.

MAIL TO: COLORADO DEPARTMENT OF REVENUE PUC: EXCISE TAX ACCOUNTING SECTION 1375 SHERMAN STREET, ROOM 237 DENVER CO 80261

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On the basis of the reports from all utilities under the jurisdiction of the Colorado Public Utilities Commission, and the provisions of the above statute, we will compute your fee for the upcoming fiscal year and advise you of the amount to be paid.

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If you have any questions about this, please call the Colorado Public Utilities Commission at 303-894-2000.

Name of Utility		F.E.I.N. Number DOR Account Number			
Address Communication Inc City 4717 St Dominic Place			59-3486 356		
Address		City		State ZIP	
4717 St Dominic Place		Mobile	·	AL 36693	
Billing Address (if different from above)			Contact Person (please print)		
			Michael C. Rei	bling	
City	State	ZIP	Contact Phone		
			251-666-399	7	
Period Feb 7 Mar 26 Date Prepared January 1, 2007 - December 31, 2007			Contact E-mail		
Year 2007 gross operating revenue from INTRAS		tility business			
in Colorado (1520-130) **			\$ 5,170	•	
III Colorado (1520-150)			5,110	· · · · · · · · · · · · · · · · · · ·	
** The above figures must agree with the amounts Commission. Send a copy of this form to the CP				lorado Public Utilities	
I declare under penalties of perjury, that this report has made in good faith for the year stated.	been ex	xamined by me a	and to the best of my kno	wledge is a true report,	
Officer signature Title			upter 7 Trustee		
Officer Name (please print)			Date B-C-OB		
Michael C. Reibling	8	8-6-08			
Officer signature	Title				
Officer Name (please print)	Date	te			

Interexchange Company Regulatory Assessment Fee Return

		skenninge Company zogennos	~			
		Florida Public Service Cor	nmission		FOR PS	SC USE ONLY
STATU	S:	(See Filing Instructions on Back of Fe	orm)	Che	ck # /VO	Check!
Act	ual Return	TI307-07-0-R		\$		06-03-001
	imated Return	Touch 1 Communications, Inc.				003001
Am	ended Return	% Matrix Business Technologies		\$-	-/	
		7171 Forest Lane, Suite 700		\$	$\langle $	P 06-03-001
	D COVERED:	Dallas, TX 75230-2306			Ľ	004011
	007 TO 12/31/2007			Ф <i>-</i>		*
	r 0/r/2 - 1			Post	mark Date	· · ·
See 0	attached letter				als of Prepare	r
		Please Complete Below If Official Mailing A	ddress Has Cha	anged		······
			01	MIST	<i>h</i> .	
	(Name of Company)	<u>4717 St Dominic</u> (Address)	Place	(City	/State)	<u>36693</u> (Zip)
	(Nume of company)	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		((- <u>F</u>)
LINE	ACCC	OUNT CLASSIFICATION		FLORIDA GROSS ERATING REVENU	เริ กงับไ	RASTATE REVENUE
<u>NO.</u>	Long Distance Services	JUNI CLASSIFICATION	\$		<u>s 1111</u>	AND INTERNET ENGL
2.	Access Services		*	59,10	_ *	59.10
3.	Private Line Services					
4. 5.	Leased Facilities & Circ Miscellaneous Services	uits Services				
			<u>۴</u>	59,10		50 10
6.	TOTAL Telephone Ser		» —			59.10
7.	LESS: Amounts Paid to	Telecommunications Companies ⁽¹⁾	(41.00) (<u> </u>
8.	TOTAL REVENUES H	For Regulatory Assessment Fee Calculation			\$	18.10
9.		Fee Due (Multiply Line 8 by 0.0020)				,03
10.		t (see "3. Failure to File by Due Date" on back)				
11.		tt (see "3. Failure to File by Due Date" on back) (see "4. Extension" on back)				

TOTAL AMOUNT DUE (\$700.00 MINIMUM) 13.

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(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 regulatory assessment fee of \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

	CURRENT COMP	A NIX OT A THIC		
() Facilities-Based Carrier () () Alternate-Operator Service ()	Reseller Rebiller	() Call Aggregator () Other:	<u></u>	
	BILLING INFO	RMATION		· · · · · · · ·
Complete below if billing agent is other than yourself.			()	
(Name) What is the total amount of customer deposits collected? Amount: \$ for 20	(Addre		(Telephone) total amount of bond hele \$ Exp	d (if applicable)? ires:
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: Address:	COMPANY INF () NO	DRMATION		
I, the undersigned owner/officer of the above-named information is a true and correct statement. I am aware that the intent to mislead a public servant in the performance of Machine C. Kercehang (Signature of Company Official)	it pursuant to Section 837. his/her duty shall be guilty	06, Florida Statutes, whoever ki	nowingly makes a false st i degree.	ge and belief the above tatement in writing with $\leftarrow - \circ \epsilon$ (Date)
Lisa Johnson (Preparer of Form - Please Print Name)		mber <u>(251)6(db-3</u> 63-112546 <u>3</u>	997Fax Number ()
DSC/CMD 153 (Day 04/07)	C\D	OCLIME~1\dbrown\LOCALS~1	\Temp\foymerge471774	46\xxmergeformxx doc

PSC/CMP 153 (Rev. 04/07)

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700.000

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	Intere	xchange Company Regulatory	Assessment Fee Re	turn
		Florida Public Service Comn	nission	FOR PSC USE ONLY
STATUS	S:	(See Filing Instructions on Back of Form)	Check 7	No Check!
✔ Acti	ual Return	TJ128-07-0-R	\$	06-03-001
	mated Return	Trinsic Communications, Inc.		003001
Ame	ended Return	% Matrix Business Technologies	^{\$} ∕	, E
	,	7171 Forest Lane, Suite 700	s	P 06-03-001
PERIOI 01/01/20	D COVERED: 007 TO 12/31/2007.	Dallas, TX 75230-2306	8	004011 I
1/1/07	- 2/7/07			
See a	ittached letter		4 1	rk Date
	· ····	Please Complete Below If Official Mailing Addr		of Preparer
Trin	Sic Communic (Name of Company)	cations Inc. 4717 St Domini (Address)	<u>c Apec Mobile</u> (City/Str	<u>AL</u> <u>36693</u> ate) (Zip)
LINE NO.	ACCOU	UNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	and a second	\$ 13,062	\$ 1683
2.	Access Services		104 283	76,340
3. 4.	Private Line Services Leased Facilities & Circus	ite Services		
5.	Miscellaneous Services		##	
6.	TOTAL Telephone Serv	ices	\$ 117, 345	\$ 78,023
7.	LESS: Amounts Paid to T	elecommunications Companies ⁽¹⁾	() (<u>43,693</u>)
8.	TOTAL REVENUES Fo	or Regulatory Assessment Fee Calculation	,	\$ <u>34,330</u>
9.	÷ •	ee Due (Multiply Line 8 by 0.0020)		68.66
10. 11.		(see "3. Failure to File by Due Date" on back) (see "3. Failure to File by Due Date" on back)		
11. 12.		(see 5. Failure to File by Due Date on back) see "4. Extension" on back)		
13.	TOTAL AMOUNT DU			\$ 700,00 (2)
<u> </u>		be <u>intrastate only</u> and must be verifiable (see "2. Fees" on ss operating revenue of a company, a minimum annual re rida Statutes.		nall be imposed as provided in

	CURRE	T COMPANY STATUS		
 () Facilities-Based Carrier () Alternate-Operator Service 	(/ Reseller () Rebiller	() Call () Othe	Aggregator r:	
	BILL	ING INFORMATION		,
Complete below if billing agent is other than yourself.				()
(Name) What is the total amount of customer deposits collecte Amount: \$ for 20	d?	(Address: City/State/Zip)		(Telephone) ount of bond held (if applicable)? Expires:
Do you lease telecommunications' facilities? (V) Y If YES, who do you lease these facilities from? Name Address:	TES () NO	any information Major Local Ex	charge Carr	iers
I, the undersigned owner/officer of the above-n information is a true and correct statement. I am awa the intent to mislead a public servant in the performan-	re that pursuant to S ce of his/her duty sha	ection 837.06, Florida Statutes	s, whoever knowingly of the second degree.	

Michael C. Kauling	Chapter 7 Trustee	8-6-0_
(Signature of Company Official)	(Title)	(Date)
Lisa Johnson	Telephone Number (251)666-399 7Fax Number ()
(Preparer of Form - Please Print Name)	F.E.I. No. 59-2486356	

PSC/CMP 153 (Rev. 04/07)

Competitive Local Exchange Company Regulatory Assessment Fee Return

	•	-	Public Service Cor		FOR PSC USE (
STATU	JS:		ee Filing Instructions on Back of Fo		Check # No Chec	
	tual Return	TX223-07-0-R	te rining hist actions on hack of Po	rm)		
	timated Return	Trinsic Commu	nications, Inc.			06-03-001 003001
An	nended Return		ess Technologies		\$E	
		7171 Forest La	ne, Suite 700		\$P	06-03-001
	D COVERED:	Dallas, TX 752	30-2306			004011
	07 TO 12/31/2007				\$I	
~[5]0 /	+ 3/26/07 Hacked letter					
See a	ttached letter				Postmark Date Initials of Preparer	
		Please Complete B	elow If Official Mailing Ac	ldress Has Changed		
		471	7 St Dominic (Address)	Place ;	Mobile AL 3	36693
	(Name of Company)		(Address)		(City/State)	(Zip)
LINE				FLORIDA GI		
<u>NO.</u>	· · · · · · · · · · · · · · · · · · ·	JNT CLASSIFICATION		OPERATING RE		REVENUE
1. 2.	Basic Local Services Long Distance Services (I	ntraLATA only) ⁽¹⁾		s 16,156 128,981	<u> </u>	120
3.	Access Services	• /			· · · · · · · · · · · · · · · · · · ·	
4. 5.	Private Line Services Leased Facilities & Circui	its Services				
6.	Miscellaneous Services			145,13	7	
7.	TOTAL REVENUES			•	s_ 96	501
8.	LESS: Amounts Paid to C	ther Telecommunications	Companies ⁽²⁾		54,	041
9.			for Regulatory Assessment H	ee Calculation (Line 7	less Line 8) \$ 42.	460
10. 11.	Regulatory Assessment Fe Penalty for Late Payment					84.92
12.	Interest for Late Payment	-				
13.	Extension Payment Fee (s	ee "4. Extension " on back	k)			
14.	TOTAL AMOUNT DUI	C (\$600.00 MINIMUM)			\$6	<u>, 20</u> (3)
	(2) These amounts must	be <u>intrastate only</u> and mus ss operating revenue of a	he Interexchange Regulatory at be verifiable (see "2. Fees" company, a minimum annua	on back).	m. It fee of \$600 shall be imposed as p	rovided in
			CURRENT COMPANY S	TATUS	, ,	
() Facili	ities-Based Provider	(') Res () Oth				
		-	BILLING INFORMAT	TION		, <u></u> ,
Complete	below if billing agent is other	than yourself.			$\langle \cdot \rangle$	
	(Name)		(Address: City	/State/Zip)	(Telephone)	
		.	COMPANY INFORMA			
Do you le:	ase telecommunications' facil	ities? () YES () NO			
If YES, w	ho do you lease these facilitie	s from? Name: _A	major Local Ex	change carri	2/3	
Address:	······································					·
informatic		ent. I am aware that pure	suant to Section 837.06, Flo	rida Statutes, whoever	the best of my knowledge and t knowingly makes a false statement econd degree.	
	mitual C. Kon		-		b .	£
	(Signature of Compan		<u> </u>	<u>7 Trustee</u> (Title)	(Date)
1.			Tolophana M	OBNEE	Cor Fox Number (
	Da Johnson Preparer of Form - Pleas	e Print Name)	relephone Number	(0.01)6666-	399 7 Fax Number ()	- a .
(·		· ······	F.E.I. No.	59-34863	356	

PSC/CMP 007 (Rev. 04/07)

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