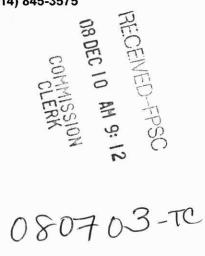


**Complete Pay Telephone Service** 4771 Wickerwood Drive \* St. Louis, MO 63129 \* (314) 845-9850 \* fax (314) 845-3575

**December 2, 2008** 



Florida Public Service Commission Attn: Fiscal 2540 Shumard Oak Boulevard Tallahasse, FL 32399-0850

RE: **Certificate Cancellation** Certificate No. 8606 **Company Code TH055** 

Dear Sir or Madam,

Enclosed is our Pay Telephone Service Provider Regulatory Assessment Fee Return for 2008 along with our check in the amount of \$100.00.

We would like to CANCEL this certificate effective immediately.

If you have any questions, please call us at 314-845-9850.

Sincerely,

James E. Nesselhauf

President

/jlg Encl.

COM \_\_\_\_ ECR GCL OPC RCP SSC SGA ADM CLK Nonny FPSC-COMMISSION CLERP

80

**DEC 10** 

DOCUMENT NUMBER-DAT

## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

## Pay Telephone Service Provider Regulatory Assessment Fee Return

	Florida Public Service Commission	FOR PSC USE ONLY	
STATUS:	(See Filing Instructions on Back of Form)	Check # 3820	
🖌 Actual Return	TH055-08-0-R	\$ 100.00 06-03-001	
Estimated Return	Joltran Communications Corp.	003001	
Amended Return	4771 Wickerwood Drive	\$ E	
	St. Louis, MO 63129-2456	\$ P 06-03-001	
PERIOD COVERED:	DEPOSIT Decid	004011	
01/01/2008 TO 12/31/2008		\$ I	
heads + PANA	882 · DEC 202003		
		Postmark Date 12-03-08	
letter AttAchrol	Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer	

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCC	OUNT CLASSIFICATION		AMOUNT
1.	Gross Operating Revenue (	(Florida)	\$	2703.93
2.	Gross Intrastate Revenue			-
3.	LESS: Amounts Paid to O (see "2. Fees" on back)	ther Telecommunications Companies <sup>(1)</sup>	(	)
4.	<b>TOTAL REVENUES for</b> (Line 2 less Line 3)	<b>Regulatory Assessment Fee Calculation</b>	\$	2703.93
5.	Regulatory Assessment Fee	e Due - (Multiply Line 4 by 0.0020)		5.41
6.	Penalty for Late Payment (	see "3. Failure to File by Due Date" on back)		
7.	Interest for Late Payment (	see "3. Failure to File by Due Date" on back)		
8.	Extension Payment Fee (se	e "4. Extension" on back)		
9.	TOTAL AMOUNT DUE	(MINIMUM \$100.00)	\$	100.00 (2)
10.	Number of pay telephones this Return	in operation at close of period covered by		0

(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 \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

12/08 (Date) (Signature of Company Official) RESIDENT (Title) NESSELHAUF Telephone Number (314-845-9856) Number (314-845-3575 (Preparer of Form - Please Print Name) F.E.I. No. 43-1736559

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