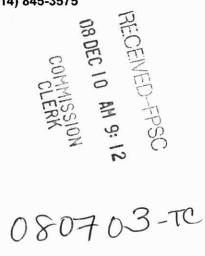


Complete Pay Telephone Service 4771 Wickerwood Drive * St. Louis, MO 63129 * (314) 845-9850 * fax (314) 845-3575

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 ⁽¹⁾	()
4.	TOTAL REVENUES for (Line 2 less Line 3)	Regulatory Assessment Fee Calculation	\$	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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