

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

Adula + Records

TJ764-08-0-R
Consolidated Communications Operator Services, Inc.
350 South Loop 336 West
Conroe, TX 77304-3308
Docket No. 080690-TI 884 - DEC 20 2008

Please Complete Below If Official Mailing Address Has Changed

AMTI: FPSC USE ONLY
Check # 0800302912
\$ 700.00 06-03-001 003001
\$ _____ E
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 12-16-08
Initials of Preparer BT

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>267.00</u>	\$ <u>66.00</u>
2.	Access Services	<u>0</u>	<u>0</u>
3.	Private Line Services	<u>0</u>	<u>0</u>
4.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5.	Miscellaneous Services	<u>0</u>	<u>0</u>
6.	TOTAL Telephone Services	\$ <u>267.00</u>	\$ <u>66.00</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>66.00</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>.13</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
12.	Extension Payment Fee (see "4. Extension" on back)		<u>0</u>
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>700.00</u>

(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 COMPANY STATUS

- Facilities-Based Carrier
- Alternate-Operator Service
- Reseller
- Rebiller
- Call Aggregator
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.
BSSG Clearing (Name) 7411 John Smith Dr Ste 200 (Address: City/State/Zip) (210-949-7000) (Telephone)
What is the total amount of customer deposits collected? Amount: \$ 0 for 20 08
What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: N/A

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
If YES, who do you lease these facilities from? Name: _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Bill Terry (Signature of Company Official) Senior Manager (Title) 12-15-08 (Date)

Telephone Number (936-788-7401) / Fax Number (936-788-1229)

F.E.I. No. 02-0636485

PSR CP 153 (Rev. 04/07)

DOCUMENT NUMBER - DATE

11888 DEC 24 08

FPSC-COMMISSION CLERK

RECEIVED-FPSC
08 DEC 24

COMMISSION CLERK