TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETORN MUST BE FILED ON OR BEFORE 01/30/2013 Local Telephone Service Provider Regulatory Assessment Fee Return

		-							
			Public Service Com	mission	Check #	USE ONLY			
STATUS	s: RECEIVED	-PSC (See Filing Instructions on Back of Form)				<u> </u>			
Act	ual Return	TX420-12-0-R	,	30000-OT	s_600.	<u>00</u> 06-03-001			
Esti	imated RaudAN 15 AM		lia		¢	003001			
Am		3600 N.W. 43rd S			3	E			
PERIOI	D COVERED: CLERK	Bainesville, FL 32606-8134			\$	\$ P 06-03-001 004011			
	012 TO 12/31/2012	DATE DEPOSIT		DEPOSIT	\$ I				
final A	eturn	JAN 15 2013 2 8 7		1 10 18					
Company C	local 8/31/12			Postmark Date	Postmark Date 1-10-13 Initials of Preparer PT				
	_	Please Complete Below	If Official Mailing	Address Has Changed	initials of Prepare	er			
10	nî	-	,	_		······			
	(Name of Company)		(Address)		(City/State) (Zip)				
				-					
1.010				TOTAL					
LINE NO.				FLORIDA GR OPERATING RE		NTRASTATE REVENUE			
1.	Local Service Revenues	3		s_127634.0	<u>61 \$ 12</u>	17634.05			
2.	Network Access Reven	ues							
3.	Long Distance Network	Services Revenues		······					
4.	Miscellaneous Revenue	S	at the state of the second						
	e te deservations								
5.	TOTAL REVENUES		× .	s_127634.0	<u>59</u> <u>\$ 1</u> 2	27634.05			
6.	LESS: Amounts Paid to	Other Telecommunication	ons Companies <sup>(1)</sup>						
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)								
8.	Regulatory Assessment Fee	Perulatory Assessment Fee Due (Multinly Line 7 by 0.0016. If more than \$600 enter amount 1 fless enter \$600 $\chi^{(2)}$							
		600-03							
9.		Penalty for Late Payment (see "3. Failure to File by Due Date" on back)							
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)								
11.	Extension Payment Fee (see "4. Extension " on back)								

12. TOTAL AMOUNT DUE (Add lines 8 through 11)

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

\$ 600.00

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.

		Controller	-	······································	8/13
(Signature of (	Company Official)		(Title)		(Date)
	۲.	Telephone Number	(352 244-0470×1	Fax Number ()	
(Preparer of Form	- Please Print Name)	·	· · · .		
· · ·	· · · · · · · · · · · · · · · · · · ·	F.E.I. No		· • •	
	APA GCL CLK	9		POCUMEN	T NUMBER - DATE
			00279 JAN 15 =		
PSC/RAD 159 (12/11) Rule 25-4.0161, F.A.C.			FPSC-COMMISSION CLERK		