		THE REGULATORY ASSESSMENT FEE RETURN Nohone Service Provider Regulatory Assessment	Fee Return		
	30, 2014	Florida Public Service Commission		FOR PSC USE ONLY	
PSC - COMMISSION CLERK			Check #	[]	
STATUS:	(See Filing Instructions on Back of Form)		06-03-001	
X Actua		-0-R	\$	003001	
Estimated Return Amended Return PERIOD COVERED: NEFCOM Solution Solut		rcle, Suite 200	\$	E	
		, FL 320/3-9409	\$	P 06-03-001 004011	
01/01/201	2-TO 12/31/2 912		\$	1	
20	13 2013		Postmark Date		
		Ć*	Initials of Prepare	r	
	Please Comp	plete Below If Official Mailing Address Has Cha	anged		
	(Name of Company)	(Address)	(City/State)	(Zip)	
12122122			OTAL DA GROSS II	NTRASTATE	
LINE NO.			NG REVENUE	REVENUE	
1.	Local Service Revenues	\$	\$	11 9:0	
2.	Network Access Revenues	5		1.0	
3.	Long Distance Network Services Rev	venues			
25	Miscellaneous Revenues		168		
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES	\$	<u> </u>		
6.	LESS: Amounts Paid to Other Teleco	ommunications Companies ⁽¹⁾		6.2	
7.	NET INTRASTATE OPERATING RE	EVENUE for Regulatory Assessment Fee Calculation (I	Line 5 less Line 6)		
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾				
9.	Penalty for Late Payment (see "3. F	ailure 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)				
10,540			¢		
12.	TOTAL AMOUNT DUE (Add line	es 8 through 11)			
	These amounts must be <u>intrastat</u> Regardless of the gross operat imposed as provided in Section.	e only and must be verifiable (see "2. Fees" on baing revenue of a company, a minimum annual 364.336, Florida Statutes.	ck). regulatory assessment fee o	of \$600 shall be	
	e information is a true and correct statement in writing with the intent to mistegree.	re-named company, have read the foregoing and compant. I am aware that pursuant to Section 837 lead a public servant in the performance of his of ACCOUNTANT (Title)	Un. Florida Statutes, whoeve	of Kilowingly makes a	
((Signature of Company Official)	Telephone Number (904) 688-0	9037 Fax Number (8	
	VICKI R COMBS Preparer of Form - Please Print Nam		Tax Transcel (
	**************************************	F.E.I. No.	59-0798013		
				RECEIVED FP	
		ATTACHMENT A		- 1007/03-030-039 00/000 IV	