

April 15, 2014

BAIX Corporation  
109 E. 17<sup>th</sup> Street  
Cheyenne, WY 82001

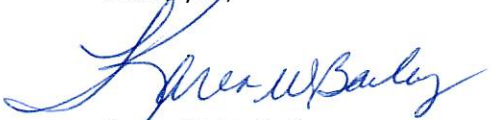
JA  
N

Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

To whom it may concern:

BAIX Corporation would like to voluntarily cancel our CLEC certification with the State of Florida. Our company has chosen to pursue a different strategic direction based on a variety of factors and will no longer seek to perform services that require this certification.

Thank you,



Karen Webb Bailey  
President  
BAIX

COM \_\_\_\_\_  
AFD \_\_\_\_\_  
APA \_\_\_\_\_  
ECO \_\_\_\_\_  
ENG \_\_\_\_\_  
GCL \_\_\_\_\_  
DM \_\_\_\_\_  
TEL \_\_\_\_\_  
LK NG

Florida Public Service Commission

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**

1/1/2014 TO 12/31/2014

14  
 (See Filing Instructions on Back of Form)

TY073-13-T-0-R  
 BAIX Corporation  
 109 East 17th Street, Suite 4223  
 Cheyenne, FL 82001-4343

DATE DEPOSIT  
 APR 29 2014 4 2 3

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 1074

\$ 600.00 06-03-001  
 003001

\$ \_\_\_\_\_ E  
 004011

\$ \_\_\_\_\_ P 06-03-001  
 004011

\$ \_\_\_\_\_ I

Postmark Date 4-22-14  
 Initials of Preparer RK


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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ 0	\$ 0
2.	Network Access Revenues	0	0
3.	Long Distance Network Services Revenues	0	0
4.	Miscellaneous Revenues	0	0
5.	<b>TOTAL REVENUES</b>	<b>\$ 0</b>	<b>\$ 0</b>
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		0
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ 0
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) <sup>(2)</sup>		600
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
11.	Extension Payment Fee (see "4. Extension " on back)		0
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)		<b>\$ 600</b>

(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.

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.

  
 (Signature of Company Official) \_\_\_\_\_ President \_\_\_\_\_ 4/14/2014  
 (Date)  
 Karen Bailey Telephone Number 704 900 3069 Fax Number ( )

(Preparer of Form - Please Print Name)

14 APR 29 AM 10:52 No.

RECEIVED-FPSC