



November 5, 2020

Florida Public Service Commission Attn: Adam Teitzman 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: CM Inc. DBA Carrier Marketing, Inc. 1030 Oak Trace Evansville, IN 47725 Fed ID# 35-1665257 DINOV 10 PH 12: (

Mr. Adam Teitzman:

CM Inc, DBA Carrier Marketing, Inc, is requesting the cancellation of their Public Service Commission certificate# 3866 effective 10/31/20.

I am their CPA and my contact information is as follows:

Thomas P. Record, CPA PO Box 119 Evansville, IN 47701-0119 812-421-4165 Email: trecord@vscpas.com

Sincerely,

Thomas P. Record, CPA

CERTIFIED PUBLIC ACCOUNTANTS

BOONVILLE 501 West Main Street P.O. Box 465 47601 Phone: (812) 897-0120 Fax: (812) 897-1079

EVANSVILLE 601 S.E. ML King Jr. Blvd. P.O. Box 119 47701-0119 Phone: (812) 421-4165 Fax: (812) 421-4179

PRINCETON 405 W. State, Suite 2 P.O. Box 384 47670 Phone: (812) 385-4872 Fax: (812) 385-5199 TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2020 Pay Telephone Service Provider Regulatory Assessment Fee Return

FIN	AL Florida Public Service Commission FURN (See Filing Instructions on Back of Form)	FOR PSC U Check #	SE ONLY
STATUS: RE	TURN (See Filing Instructions on Back of Form)		
X Actual Return	TF214-19-T-0-R	\$	06-03-001 003001
Estimated Return Amended Return	C M Inc. 1030 Oak Trace	\$	E
8	Evansville, IN 47725-7138	\$	P 06-03-001 004011
PERIOD COVERED: 1/1/2020 TO 12/31/	20	\$	I
		Postmark Date Initials of Preparer	-

Please Complete Below If Official Mailing Address Has Changed

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	AC	COUNT CLASSIFICATION		AMOUNT
1.	Gross Operating Revenue (Florida)		\$
2.	Gross Intrastate Revenue			-0-
3.	Less: Amounts Paid to Othe	r Telecommunications Companies (1) (see "2. Fee	es" on back)	()
4.	TOTAL REVENUES for Regula	tory Assessment Fee Calculation (Line 2 less L	.ine 3)	s <u>-o-</u>
5.	REGULATORY ASSESSMENT enter amount. If less, enter \$100.)	FEE DUE - (Multiply Line 4 by 0.0016. If more	: than \$100,	100.00
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 (see "4. E	xtension" on back)		
9.	TOTAL AMOUNT DUE (Add l	ines 5 through 8)		\$ 100.00
10.	Number of pay telephones in oper	ation at close of period covered by this Return		-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. <u>11-6-2020</u> (Date) SECRETARY-TREASURER (Title) noun Signature of Company Official)

THOMAS P. RECORD, CPA

(Preparer of Form - Please Print Name)

Telephone Number (8/2) 421-4165 Fax Number (8/2) 421-4179

35-1860021 F.E.I. No. VOWELLS of SCHAAF, LLP

PSC/TEL 026 (Rev. 12/11) Rule 25-4.0161, F.A.C.

Check received with filing and forwarded to Flecel for deposit. Fiscal to forward disposit Information to Records.

knitistic of person who forwarded check:

20