

# Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS: **RECEIVED-FPSC** Florida Public Service Commission  
 (See Filing Instructions on Back of Form)

Actual Return  
 Estimated Return  
 Amended Return

TX456-07-0-R  
 OnFiber Carrier Services, Inc.  
 % Qwest Communications Corporation  
 1801 California Street Room 650  
 Denver, CO 80202-2658  
 Docket No. 070335-TP  
 DEPOSIT DATE  
 791 DEC 04 2007

FOR PSC USE ONLY	
Check #	0600009280
\$	600.00 06-03-001 003001
\$	E 06-03-001 004011
\$	P 06-03-001 004011
\$	I
Postmark Date	11-29-07
Initials of Preparer	PT

PERIOD COVERED: 01/01/2007 TO 12/31/2007

*Parent Records*

Please Complete Below If Official Mailing Address Has Changed

OnFiber Carrier Services, Inc. 1801 California Street, Room 650 Denver, CO 80202-2658  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$	\$
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	\$	\$
3.	Access Services	\$	\$
4.	Private Line Services	\$	\$
5.	Leased Facilities & Circuits Services	\$	\$
6.	Miscellaneous Services	\$	\$
7.	<b>TOTAL REVENUES</b>	\$	\$
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	\$	\$
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	\$	\$
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	\$	\$
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$	\$
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$	\$
13.	Extension Payment Fee (see "4. Extension" on back)	\$	\$
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>	\$	\$ 600.00 <sup>(3)</sup>

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (3) 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.

### CURRENT COMPANY STATUS

( ) Facilities-Based Provider ( ) Reseller  
 ( ) Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

### 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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

Vice President-Asst Corporate Controller

(Title)

11/27/07

(Date)

Frances L. Bendever

(Preparer of Form - Please Print Name)

Telephone Number (303) 382-8154

Fax Number (303) 965-8022

F.E.I. No. 94-3350494

DOCUMENT NUMBER - DATE  
10642 DEC-3 07

FPSC-COMMISSION CLERK