

DATE DEPOSIT

JAN 27 509.

REDACTED

FILED 1/27/2022
DOCUMENT NO. 00740-2022
FPSC - COMMISSION CLERK

LUMEN®

January 26, 2022

Adam Teitzman, Director
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED-FPSC
2022 JAN 27 AM 10: 25
COMMISSION
CLERK

RE: CONFIDENTIAL- Regulatory Assessment Fee Returns for Six Months Ending December 31, 2021

Dear Mr. Teitzman:

Enclosed in a sealed envelope for confidential filing please find the Florida Regulatory Assessment fee returns for the six months ended December 31, 2021, for the following companies containing confidential information:

- Embarq Florida, Inc. d/b/a CenturyLink – TL727-21-T-2-R
Check No. 0012313217
- CenturyLink Communications, LLC d/b/a Embarq Communications – TX273-21-T-2-R
Check No. 0012313219
- CenturyLink Communications, LLC – TH099-21-T-0-R
Check No. 0012313218
- Level 3 Communications, LLC – TX238-21-T-2-R
Check No. 004082211
- Level 3 Telecom of Florida, LP – TA013-21-T-2-R
Check No. 004082207
- Broadwing Communications, LLC – TX804-21-T-0-R
Check No. 004082210
- Telcove Operations, LLC - TX912-21-T-0-R
Check No. 004082209
- Global Grossing Local Services, Inc. – TX176-21-T-0-R
Check No. 004082208

The Company is requesting confidential treatment of this report pursuant to §364.183, Florida Statutes. This Notice requires that the information be treated as confidential while on file at the Florida Public Service Commission. Thank you for your assistance in this matter.

Sincerely,

Christie P. Mason
Director of Government Affairs
Attachments

Christie P. Mason
Director of Government Affairs
132 N. Calhoun Street
Tallahassee, FL 32301
Tel: (850) 599-1073
Christie.A.Pontis@lumen.com

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 07/01/2021 TO 12/31/2021

(See Filing Instructions on Back of Form)
 TA013-21-T-2-R
 Level 3 Telecom of Florida, LP
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P

\$ _____ I 06-03-001
 004011

Postmark Date _____
 Initials of Preparer _____

Please Complete Below if Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

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

already pd in July 2021
 refund due us from Amended Jan-Dec 2020

(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.

Isl Mary Jarvis
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

 1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 06-1363374

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

TH099-21-T-0-R
 CenturyLink Communications, LLC
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/2021 TO 12/31/2021

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 _____ 003001

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

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

 (Name of company) _____ (Address) _____ (City / State) _____ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amount Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiple Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.)(2)	_____
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. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ _____
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable. (SEE "2. Fees" on back).

(2) Regardless of the gross operating revenue of the 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.

Isl Mary Garis
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number (318) 330-6409 Fax Number (318) 388-9991

F.E.I. No. 04-6141739

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
 Amended Return

TL727-21-T-2-R
 CenturyLink
 132 N. Calhoun St., Suite 3
 Tallahassee, FL 32301-1598

PERIOD COVERED:

07/01/2021 TO 12/31/2021

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P
 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

Please Complete Below if Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

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

- (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.

Isl Mary Garris
 (Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number (318) 330-6409 Fax Number (318) 388-9991

F.E.I. No. 59-0248365

Embarq Florida, Inc. dba CenturyLink
Amounts Paid to Other Telecommunications Companies
Support for Line 6 - Florida PSC Regulatory Assessment Fee Return
For the Six Month Period Ending December 31, 2021

Company	Amount
AT&T	-
Bell South	[REDACTED]
Deltacom	[REDACTED]
Level 3 Communications	[REDACTED]
Sprint Spectrum	[REDACTED]
TDS Quincy	[REDACTED]
Time Warner Communications	[REDACTED]
XO Communications	[REDACTED]
Various Other Carriers	[REDACTED]
Total	[REDACTED]

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
 Amended Return

TX176-21-T-0-R
 Global Crossing Local Services, Inc.
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

PERIOD COVERED:
 01/01/2021 TO 12/31/2021

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P
 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE		INTRASTATE REVENUE	
		\$		\$	
1.	Local Service Revenues				
2.	Network Access Revenues				
3.	Long Distance Network Services Revenues				
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES	\$		\$	
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)				
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)				
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2)				
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.

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.

Isl Mary Garis
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 38-3273802

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 07/01/2021 TO 12/31/2021

TX238-21-T-2-R
 Level 3 Communications, LLC
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P
 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

Please Complete Below if Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

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

already pd in July 2021
 refund due us from Amended Jan-Dec 2020

(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 fees 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.

Isi Mary Garris
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 Senior Manager - Regulatory Finance

 1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 47-0807040

STATUS:

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

07/01/2021 TO 12/31/2021

TX273-21-T-2-R
 Embarq Communications
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001

\$ _____ E 003001

\$ _____ P

06-03-001

\$ _____ I 004011

Postmark Date _____

Initials of Preparer _____

(Name of company)

(Address)

(City / State)

(Zip)

LINE NO.

TOTAL FLORIDA GROSS OPERATING REVENUE

INTRASTATE REVENUE

1.	Local Service Revenues	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenue	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	TOTAL REVENUES	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)	(_____)	(_____)
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment	\$ _____	\$ _____
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$6C	_____	_____
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 sha Section 364.336, Florida Statues.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

/s/ Mary Garris

(Signature of Company Official)

ager-Regulatory Finance (per delegated authority of SVP and Contr
 (Title)

1/20/2022

(Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

(318) 330-6409

Fax Number

(318) 388-9991

04-6141739

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____
Initials of Preparer _____

STATUS:

Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TX912-21-T-0-R
 TelCove Operations, LLC
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

PERIOD COVERED:
 01/01/2021 TO 12/31/2021

Please Complete Below If Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

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

(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.

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Isl Mary Garris
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

 1/20/2022
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number _____

 (318) 388-9991

F.E.I. No. 25-1841903

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
 Amended Return

TX804-21-T-0-R
 Broadwing Communications, LLC
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P
 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

PERIOD COVERED:
 01/01/2021 TO 12/31/2021

Please Complete Below if Official Mailing Address Has Changed

 (Name of company) (Address) (City / State) (Zip)

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

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

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Isl Mary Jarvis
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

 1/20/2022
 (Date)

 Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 75-3105020