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

January 26, 2022

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

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

6 P. Mass

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

		Florida Publi	c Service Commission	FOR PSC	USE ONLY
STAT	US:	(See Filing Inst	ructions on Back of Form)	. Check#	
	Actual Retum Estimated Return Amended Return DD COVERED: 01/2021 TO 12/31/2021	TA013-21-T-2-R Level 3 Telecom of Florida, LP 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598		\$ \$ \$	08-03-001 003001 E P 08-03-001 004011
	None of second	Please Complete Below If Oi	ficial Mailing Address Has Changed	Postmark Date Initials of Pre	parer
	(Name of company)		(Address)	(City / State)	(Zip)
LINE NO.	Local Service Revenues		TOTAL FLORIDA GI OPERATING RI	ROSS	RASTATE REVENUE
2.	Network Access Revenues		\$	\$	
3.	Long Distance Network Service	ces Revenues		<u> </u>	
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES		\$	s -	,
6.		r Telecommunications Companies((
7.	NET INTRASTATE OPERATI	ING REVNEUE for Regulatory Asset	essment Fee Calculation (Line 5 less Line 6)	\$	
8. 9. 10. 11.	Regulatory Assessment Fee D Penalty for Late Payment (see	Oue (Multiple Line 7 by 0.0016. If m "3. Failure to File by Due Date" on "3. Failure to file by Due Date" on the by Due Date.	ore than \$600, enter amount. If less, enter	\$600.)(2)	
12.	TOTAL AMOUNT DUE (Add I			alrea refund due us from Amend \$	dy pd in July 2021 led Jan-Dec 2020
	(1) These amounts must be (2) Regardless of the gross of Section 364.336, Florida	intrastate only and must be verifiab operating revenue of a company, a statues.	le (see "2. Fees" on back). minimum annual regulatory assessment fee	e of \$600 shall be imposed as	provided in
l, t a true public se	the undersigned owner/officer of and correct statement. I am a ervant in the performance of his officie	the above-named company, have aware that pursuant to Section 83: al duty shall be guilty of a misdemeanor	read the foregoing and declare that to 7.06, Florida Statues, whoever knowingly m of the second degree.	the best of my knowledge a nakes a false statement in w	and belief the above information with the intent to mislead
	Isl Mary Garris		Manager-Regulatory Eigenes (see del.		
4	(Signature of Company Of	fficial)	Manager-Regulatory Finance (per delegated auti (Title)	nonty of SVP and Controller)	1/20/2022 (Date)
	Penny S, Nugent (Preparer of Form - Please Pr	int Name)	Telephone Number318-330-6	409 Fax Number	(318) 388-9991
			F.E.I. No. 06-1363374		

		Florida Public	Service Commission	FOR PSC USE	ONLY
STATUS	S:	(See Filing Instr.	ictions on Back of Form)	Check#	
PERIOD 01/01	Actual Return Estimated Return Amended Return COVERED: //2021 TO 12/31/2021	TH099-21-T-0-R CenturyLink Communications, LLC 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301	28	\$	06-03-001 P 06-03-001 004011
	1201/2021	Please Complete Below if Off	icial Mailing Address Has Changed	Postmark Date Initials of Preparer	_'
	(Name of company)		(Address)	(City / State)	(Zip)
LINE NO.					
_ 2		ACCOUNT CLASSIFICATION		AMOU	UNT
1. 2.	Gross Operating Revenue (F	lorida)		\$	
2.	Gross Intrastate Revenue			-	
3.	LESS: Amount Paid to Other (see "2. Fees" on back)	Telecommunications Companies ⁽¹⁾		(
4.	TOTAL REVENUES for Reg (Line 2 less Line 3)	ulatory Assessment Fee Calculation	on	\$	
5.	Regulatory Assesment Fee	Due - (Multiple Line 4 by 0.0016. If m	nore than \$100, enter amount. If less, enter	\$100.)(2)	and the same
6.		e "3. Failure to File by Due Date" on b			
7.	Interest for Late Payment (see	e "3. Failure to File by Due Date" on b	pack)		
8.	Extension Payment Fee (see	"4. Extension" on back)		O rtonial Marking	
9.	TOTAL AMOUNT DUE (Add	lines 5 through 8)		\$	
10.	Number of pay telephones in o	operation at close of period covered b	by this Return		
	(1) These amounts must be intrasi (2) Regardless of the gross Section 364.336, Florida	tate only and must be verifiable. (SEE "2. Fees operating revenue of the company, a statutes.	" on back). minimum annual regulatory assessment fed	e of \$100 shall be imposed as p	rovided in
i, the a true a public serv	e undersigned owner/officer of the nd correct statement. I am awayant in the performance of his officients of the statement o	al duty shall be guilty of a misdemeanor of	the foregoing and declare that to the best lorida Statues, whoever knowingly makes a the second degree. Manager-Regulatory Finance (per delegated (Title)	raise statement in writing with th	ne intent to mislead
	Penny S. Nugen (Preparer of Form - Please P	it rint Name)	Telephone Number (318) 330-64 F.E.I. No. 04-6141739	09 Fax Number <u>(3</u>	(Date)

	Florida Publi	c Service Commission		FOR PSC USE O	NLY
STATUS:	(See Filing Ins	tructions on Back of Form)		Check#	
Actual Return Estimated Return Amended Return PERIOD COVERED: 07/01/2021 TO 12/31/2021	TL727-21-T-2-R CenturyLink 132 N. Calhoun St., Suite 3 Tallahassee, FL 32301-1598		<u> </u>		06-03-001 003001 E P 06-03-001 004011
	Please Complete Below if O	fficial Malling Address Has Chang	1 100	ostmark Date Initials of Preparer	
(Name of company)		(Address)	(C	ity / State)	(Zip)
NET INTRASTATE OPERAT Regulatory Assessment Fee Penalty for Late Payment (see Interest for Late Payment (see Extension Payment Fee (see TOTAL AMOUNT DUE (Add	er Telecommunications Companies(FING REVNEUE for Regulatory Ass Due (Multiple Line 7 by 0.0016. If n e "3. Failure to File by Due Date" on e "3. Failure to file by Due Date" on "4. Extension" on back) lines 8 through 11)	\$		INTRASTA	TE REVENUE
(1) These amounts must be (2) Regardless of the gross Section 364.336, Florida	e <u>intrastate only</u> and must be verifiat operating revenue of a company, a a Statues.	ole (see "2. Fees" on back). minimum annual regulatory as	sessment feee of \$600 shall	be imposed as provide	d in
I, the undersigned owner/officer of a true and correct statement. I am public servant in the performance of his office is a large of Signature of Company of Signature of Signa		er of the second degree.	are that to the best of m knowingly makes a false : er delegated authority of SVP and (statement in writing wi	of the above information the intent to mislead
Penny S. Nuger (Preparer of Form - Please F	nt rint Name)	Telephone Number F.E.I. No. 59-0248365	(318) 330-6409 Fax	Number	(318) 388-9991

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	To the second second
Deltacom	
Level 3 Communications	STATE OF THE PARTY
Sprint Spectrum	
TDS Quincy	-
Time Warner Communications	-
KO Communications	
Various Other Carriers	
	(g) = =
Total	2,000

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

	Actual Return TX17 Estimated Return Glob Amended Return 132 N		lic Service Commiss			FOR PSC Check# \$ \$ \$ \$	06-03-001 003001 E P 08-03-001 004011
-	(Name of company)	Please Complete Below If (Official Malling Address (Address)			Postmark Date	
LINE NO.	-				TOTAL FLORIDA GROS	(City / State)	(Zip)
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Local Service Revenues Network Access Revenues Long Distance Network Services Revenues Miscellaneous Revenues TOTAL REVENUES LESS: Amounts Paid to Other Teleconomic Services (Martin Martin Mart	mmunications Companies(1) VNEUE for Regulatory Assertitiple Line 7 by 0.0016. If makes the file by Due Date" on the file by Due Date" on the file by Due Date on the file by Due Date through 11)	ssment Fee Calculat ore than \$600, enter back) back.)	amount. If I	ess, enter \$600.)(2)	\$ \$	RASTATE REVENUE
I, i s a true public se	the undersigned owner/officer of the and correct statement. I am aware rvant in the performance of his official duty statement in the performance of his official duty statement. Is I Mary Gants (Signature of Company Official) Penny S, Nugent (Preparer of Form - Please Print Name)	above-named company, have that pursuant to Section and be guilty of a misdemeanor of the guilty of the guilty of a misdemeanor of the guilty of the guil	re read the forego 837.06, Florida St of the second degree. Manager-Rego	oing and de tatues, whoe ulatory Finance		best of my knowledge as a false statement in w	

STATU	Actual Return	(See Fiting Instruc	Service Commission	FOR PSC US	SE ONLY
	Estimated Return Amended Return D COVERED: 11/2021 TO 12/31/2021	Level 3 Communications, LLC 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598		\$ \$ \$	08-03-001 003001 E P 08-03-001 004011
	2.	Please Complete Below if Office	cial Malling Address Has Changed	Postmark Date Initials of Prepare	er
	(Name of company)		(Address)	(City / State)	(Zip)
LINE NO.			TOTAI FLORIDA G OPERATING F	ROSS .	STATE REVENUE
1.	Local Service Revenues		s S	- MINO	STATE REVENUE
2.	Network Access Revenues			*	
3.	Long Distance Network Servi	ces Revenues	T		
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES				
6.	LESS: Amounts Paid to Othe	er Telecommunications Companies(1)	*——	\$	
7.		250 505		(
8. 9. 10. 11.	Regulatory Assessment Fee I Penalty for Late Payment (see	Due (Multiple Line 7 by 0.0016. If more "3. Failure to File by Due Date" on be "3. Failure to file by Due Dete"	sment Fee Calculation (Line 5 less Line 6 re than \$600, enter amount. If less, ente ack)		
12.	TOTAL AMOUNT DUE (Add	lines 8 through 11)		already p refund due us from Amended J \$	d in July 2021 lan-Dec 2020
	(1) These amounts must be (2) Regardless of the gross Section 364.336, Florida	intrastate only and must be verifiable operating revenue of a company, a mia statues.	(see "2. Fees" on back). Inimum annual regulatory assessment fee	ee of \$600 shall be imposed as pro	ovided in
l, ti a true public se	he undersigned owner/officer of and correct statement. I am a ervant in the performance of his offici	the above-named company, have re aware that pursuant to Section 837.0 al duty shall be guilty of a misdemeanor o	ad the foregoing and declare that to 6, Florida Statues, whoever knowingly in f the second degree.	the best of my knowledge and makes a false statement in writin	belief the above information og with the intent to mislead
	Isl Mary Garris		Manager-Regulatory Files	ALCONO CONTROL DE	
	(Signature of Company C	Official)	Manager-Regulatory Finance (per delegated at Senior Manager - Regulatory	uthority of SVP and Controller) y Finance	1/20/2022 (Date)
	Penny S, Nugen (Preparer of Form - Please P	ut rint Name)	Telephone Number 318-330- F.E.I. No. 47-0807040	6409 Fax Number	(318) 388-9991

(Name of company) (Name of company) (Address) (City / State) (City / State			TX273-21-T-2-R Embarq Communications 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598	Check# \$ \$ \$ \$	06-03-001 003001 E P 06-03-001 004011
LINE NO. OPERATING REVENUE INTRASTATE REVENUE 1. Local Service Revenues \$ INTRASTATE REVENUE 2. Network Access Revenues 3. Long Distance Network Services Revenu 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 feee of \$600 she as a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 1st Mary Garuls sign-Regulatory Finance (per delegated authority of SVP and Contin 1/20/2022 (Signature of Company Official) (Title) Fax Number (318) 388-9991 (Preparer of Form - Please Print Name)					и
INTRASTATE REVENUE 1. Local Service Revenues 2. Network Access Revenues 3. Long Distance Network Services Revenu 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 feee of \$600 she as a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Interest Manager M		(Name of company)	(Address)	(City / State)	(Zip)
2. Network Access Revenues 3. Long Distance Network Services Revenu 4. Miscellaneous Revenues 5. TOTAL 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. Penally for Late Payment (see "3. Failure to File by Due Date" on back) 10. Interest for Late Payment (see "4. 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 feee of \$600 sha section 364.336, Florida Statues. 1. the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and a rure and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Is Many Garuls		9	FLORIDA GROS	Zina	TATE REVENUE
3. Long Distance Network Services Revenu 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 feee of \$600 sha seedlon 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 a rure and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 1st Many Gants ager-Regulatory Finance (per delegated authority of SVP and Contra 1/20/2022 (Signature of Company Official) (Title) (Date) Penny S. Nugent (318) 330-8409 Fax Number (318) 388-9991	1.	Local Service Revenues	\$	\$	
4. Miscellaneous Revenues 5. TOTAL REVENUES \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2.	Network Access 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) Interest for Late Payment (see "3. Failure to File by Due Date" on back.) 10. Interest for Late Payment (see "4. Extension" on back) 11. Extension Payment Fee (see "4. Extension" on back) 12. TOTAL AMOUNT DUE (Add lines 8 through 11) \$ 12. TOTAL amounts must be intrastate only and must be verifiable (see "2. Fees" on back). 13. Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment feee of \$600 shates a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guility of a misdemeanor of the second degree. 1st Want Garnts ager-Regulatory Finance (per delegated authority of SVP and Contract 1/20/2022 (Signature of Company Official) (Title) (Date) 1st Nugent (Preparer of Form - Please Print Name)	3.	Long Distance Network Servi	ces Revenu		
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 feee of \$600 shades a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 1st Mary Garris ager-Regulatory Finance (per delegated authority of SVP and Contract 1/20/2022 (Signature of Company Official) 1/20/2022 (Signature of Company Official) (Title) (Title) (Date)	4.	Miscellaneous Revenues			
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 feee 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 a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Isi Many Gards	5.	TOTAL REVENUES	\$	\$	
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 feee of \$600 shares the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 1st Many Gamis ager-Regulatory Finance (per delegated authority of SVP and Contraction (Date) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991	6.	LESS: Amounts Paid to Other	Telecommunications Companies(1)) (
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 feee of \$600 shall 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 a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guility of a misdemeanor of the second degree. Isl Many Gants ager-Regulatory Finance (per delegated authority of SVP and Contraction (Date) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991 (Preparer of Form - Please Print Name)	7.	NET INTRASTATE OPERAT	ING REVNEUE for Regulatory Asses	ssment \$	
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 feee of \$600 shall be 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 a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statues, whoever knowingly makes a false statement in public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Isl Mary Garris ager-Regulatory Finance (per delegated authority of SVP and Contraction (Date) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991	9. 10.	Interest for Late Payment (see	3. Failure to File by Due Date" on I	h14	
(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 feee of \$600 shared 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 public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Isl Many Garris ager-Regulatory Finance (per delegated authority of SVP and Contract 1/20/2022 (Date) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991	12.		The state of the s	•	Control of the Contro
public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Isl Mary Garris ager-Regulatory Finance (per delegated authority of SVP and Contraction (Signature of Company Official) (Title) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991		(1) These amounts must be	intrastate only and must be seed as	e (see "2. Fees" on back). ninimum annual regulatory a	ssessment feee of \$600 sha
(Signature of Company Official) (Title) (Date) Penny S. Nugent (318) 330-6409 Fax Number (318) 388-9991	I, the a true a	ne undersigned owner/officer of the a and correct statement. I am aware arvant in the performance of his offici	above-named company, have read the that pursuant to Section 837.06, Floridal duty shall be guilty of a misdemeanor	foregoing and declare that to t da Statues, whoever knowing! r of the second degree.	he best of my knowledge and y makes a false statement in
(Preparer of Form - Please Print Name) Fax Number (318) 388-9991				d authority of SVP and Contro	100000000000000000000000000000000000000
	(Pre	Penny S. Nugent parer of Form - Please Print Name)		Fax Number	(318) 388-9991

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 Comm	ssion	FOR PSC USE ONL	Y
STATU	S:	(See Filing Instructions on Back of	Form)	Check#	
	Actual Return	TX912-21-T-0-R		- Ciletra	1
X	Estimated Return	TelCove Operations, LLC		\$	06-03-001
	Amended Return	132 N. Calhoun St., Ste 3		1	003001
DEDICE		Tallahassee, FL 32301-1598		\$ -	E
	O COVERED: 1/2021 TO 12/31/2021	A PERSON COLONICADO EN CARRON CONTROL PREMIO DE ENCONOCIDADO CONTROLADO CONTR	f ·	\$	۹
0170	1/2021 TO 12/31/2021		1		06-03-001
		- The state of the		l s .	004011
				Postmark Date	
		Please Complete Below if Official Mailing Addr		Initials of Preparer	
		. Isaas somplete Below II Official Malling Addr	ass Has Changed		
	(Name of company)	- IAdda			
	Access of the Control	.(Addre	55)	(City / State)	(Zip)
					250940
LINE			TOTAL		
NO.			FLORIDA GROSS	3	
CASA			OPERATING REVEN	NUE INTRASTATE	EREVENUE
1.	Local Service Revenues				County of the last
2.	Not d. a.		-	\$	
2.	Network Access Revenues		Elema I		Name of Street, or other Designation of the last of th
3.	Long Distance Network Service	es Revenues		Table 1	
4.	Miscellaneous Revenues				
	The state of the s				THE RESERVED
5.	TOTAL REVENUES			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
6.	LESS. 4	243	*	\$	
0.	LESS: Amounts Paid to Other	Telecommunications Companies(1)		,	
7.	NET INTRASTATE OPERATIO	NG REVNEUE for Regulatory Assessment Fee Calcu		·	
				\$	
8. 9.	Regulatory Assessment Fee D	ue (Multiple Line 7 by 0.0016. If more than \$600, enter	amount If less enter seco you	200	
10.	Interest for Late Payment (see	"3. Failure to File by Due Date" on back)	11 1033, 611(61 \$600.)(2)		
11.	Extension Payment Fee (see "	"3. Failure to file by Due Date" on back.)			
10.00	Extension rayment ree (see	. Extension" on back)			
12.	TOTAL AMOUNT DUE (Add II	nes 8 through 11)		-	
		and a university		\$	
	(1) These amounts must be				
	(2) Regardless of the gross	ntrastate only and must be verifiable (see "2. Fees" o	n back).		
	Section 364,336. Florida	pperating revenue of a company, a minimum annual re Statues.	gulatory assessment feee of \$600 st	hall be imposed as provided in	
				mprovided in	30/1
		CONTROL OF THE CONTRO			
a frue	and correct statement to	the above-named company, have read the for aware that pursuant to Section 837.06, Florida	egoing and declare that to the	heat at	
public ser	vant in the performance of his official	aware that pursuant to Section 837.06, Florida duty shall be guilty of a misdemeanor of the second degree	Statues, whoever knowingly make	best of my knowledge and belief	the above information
	, and a string of the officer	doty shall be guilty of a misdemeanor of the second degre	θ.	a raise statement in writing will	the intent to mislead
	Isi Mary Garris	Managari	Regulatory Singage (a		
	(Signature of Company O	fficial)	Regulatory Finance (per delegated authority o	of SVP and Controller)	1/20/2022
	Δ.		(Title)		(Date)
					1 400000 III
	Penny S, Nugent				
	(Preparer of Form - Please Pr	Int Name) Telephone N	lumber318-330-6409	Fax Number	(318) 388 0004
		F.E.I. No.	25 1941000		(318) 388-9991
		F.E.I. NO.	25-1841903		

		Florida Pul	olic Service Commission	FOR PSC USE ON	II V
STATU	JS:	(See Filing I	nstructions on Back of Form)	Check#	ill i
	Actual Return Estimated Return Amended Return D COVERED: 11/2021 TO 12/31/2021	TX804-21-T-0-R Broadwing Communications, LL0 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598		\$ \$ \$	06-03-001 003001 E P 06-03-001 004011
		Please Complete Below II	Official Mailing Address Has Changed	Postmark Date Initials of Preparer	
	(Name of company)		(Address)	(City / State)	(Zip)
LINE NO.		9	TOTA FLORIDA OPERATING	GROSS	E REVENUE
1.	Local Service Revenues		\$	s	9
2.	Network Access Revenues		No.		2
3.	Long Distance Network Service	es Revenues			
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES		s		
6.	LESS: Amounts Paid to Other	Telecommunications Companies(1)	\$	
7.			essment Fee Calculation (Line 5 less Line 6)	(
8. 9. 10. 11.	Regulatory Assessment Fee D Penalty for Late Payment (see	ue (Multiple Line 7 by 0.0016. If n "3. Failure to File by Due Date" or "3. Failure to file by Due Date" on 4. Extension" on back)	nore than \$600, enter amount. If less, enter \$6	\$ 600.)(2) \$	
	(1) These amounts must be j (2) Regardless of the gross of Section 364.336, Florida	<u>intrastate only</u> and must be verifiat operating revenue of a company, a Statues.	ole (see "2. Fees" on back). minimum annual regulatory assessment feee	of \$600 shall be imposed as provided in	· .
I, t a true public ser	the undersigned owner/officer of and correct statement. I am rvant in the performance of his official	the above-named company, ha aware that pursuant to Section I duty shall be guilty of a misdemeanor	ve read the foregoing and declare that 837.06, Florida Statues, whoever knowingle of the second degree.	to the best of my knowledge and belie by makes a false statement in writing wi	of the above information the intent to mislead
	Isi Mary Garris		Manager-Regulatory Finance (see determine		
	(Signature of Company O	fficial)	Manager-Regulatory Finance (per delegated (Title)	aumonty of SVP and Controller)	1/20/2022 (Oate)
	Penny S, Nugent (Preparer of Form - Please Pr	t fint Name)	Telephone Number 318-33	0-6409 Fax Number	(318) 388-9991