

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)
TJ755-05-0-R
Hello Telecom
P. O.Box 659
Orem, UT 84059-0659
Dep 5:49 Jul 7, 2005 -am
Request for Cancellation (Isler)
56500

FOR PSC USE ONLY
Check # 0756
\$ 50.00 06-03-001 003001
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 6-30-05
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Records
NOBODY

BEE LINE LONG DISTANCE, LLC
DBA HELLO TELECOM 32 No. 700 WEST OREM, UT 84057
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	\$ _____	\$ _____
3.	Private Line Services	\$ _____	\$ _____
4.	Leased Facilities & Circuits Services	\$ _____	\$ _____
5.	Miscellaneous Services	\$ _____	\$ _____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	\$ _____	\$ _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
12.	Extension Payment Fee (see "4. Extension" on back)	\$ _____	\$ _____
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)	\$ _____	\$ _____

WE NEVER BEGAN OPERATIONS IN FLORIDA

*RECEIVED
05 JUL - 7 AM 8:30
COMMISSION
CLERK
CMP
COM
CTR
ECR
GCL
DPC
WMS
RCA
SCR
SEC
OTH*

- (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 \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- () Facilities-Based Carrier
- () Alternate-Operator Service
- Reseller
- () Rebiller
- () Call Aggregator
- () Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____
What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Elmo G. Beutler MANAGER 6/27/05
(Signature of Company Official) (Title) (Date)
ELMO G. BEUTLER Telephone Number 801 () 2239135 Fax Number 801 () 4344500
(Preparer of Form - Please Print Name)

F.E.I. No. 71-0904813 DOCUMENT NUMBER-01

06352 JUL-7