

**ORIGINAL**  
THE PHONE CONNECTION, INC.  
808 SOUTH BAKER STREET  
MTN.HOME, AR 72653  
(870) 425-4676

050967-TX

RECEIVED-FPSC

US DEC 28 AM 9:34

COMMISSION  
CLERK

December 20, 2005

Florida Public Service Commission  
Division of Commission Clerk Administrative Services  
2540 Shumard Oak Blvd.  
Tallahassee, Fl. 32399

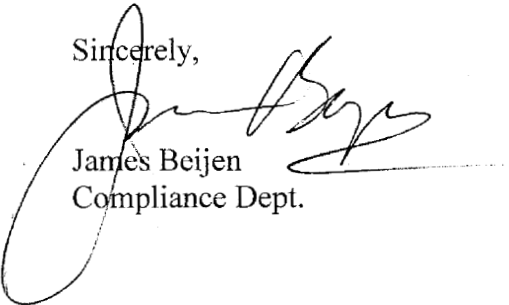
Gentlemen,

The Phone Connection Inc., due to changes in plans will no longer pursue business expansion in the state of Florida and would like to request that our Florida CLEC license be cancelled.

Please provide any special forms required to process this cancellation.

Thank you for your assistance.

Sincerely,

  
James Beijen  
Compliance Dept.

DOCUMENT NUMBER-DATE

11929 DEC 28 05

FPSC-COMMISSION CLERK

# Competitive Local Exchange 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)

TX745-05-0-R  
 The Phone Connection, Inc.  
 808 South Baker Street  
 Mountain Home, AR 72653-4430

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_  
 \$ \_\_\_\_\_ 06-03-001  
 003001  
 \$ \_\_\_\_\_ P \_\_\_\_\_  
 06-03-001  
 004011  
 \$ \_\_\_\_\_ I \_\_\_\_\_  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
 (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 (\$50 MINIMUM)</b>		\$ _____ <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 \$50 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) (Title) (Date)

\_\_\_\_\_  
 Telephone Number ( ) Fax Number ( )

**(Preparer of Form - Please Print Name)**

F.E.I. No. \_\_\_\_\_