

Interexchange Company Regulatory Assessment Fee Return

060500

Records

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

NOTICE

This is our final remittance. Our last day of business was July 31, 2005. Thank you!

TI286-05-0-R
 Transtel Communications, Inc.
 324 South State, Suite 125
 Salt Lake City, UT 84111-2330

DEPOSIT DATE

612 JAN 24 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 0058249

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

RECEIVED PSC
 06 JAN 24 2 59 PM '06
 COMMISSION CLERK

Postmark Date: 1-17-06
 Initials of Preparer: _____

(Name of Company)

(Address)

(City/State)

(Zip)

CMLINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		OPERATING REVENUE	INTRASTATE REVENUE
COM 1.	Long Distance Services	\$ <u>745.99</u>	\$ _____
2.	Access Services	_____	_____
CTR 3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
ECR 5.	Miscellaneous Services	_____	_____
GCL 6.	TOTAL Telephone Services	\$ _____	\$ _____
OPC 7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ _____
RCA 9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	_____
SCR 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)	_____	_____
SGA 12.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
SEC 13.	TOTAL AMOUNT DUE (\$50 MINIMUM)	_____	\$ <u>50.00</u> ⁽²⁾

- (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 Reseller Call Aggregator
 Alternate-Operator Service Rebiller 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.

Valerie M Smith Tax Specialist 1/11/06
 (Signature of Company Official) (Title) (Date)

Valerie M Smith Telephone Number (801) 320-3325 Fax Number 801-466-4587
 (Preparer of Form - Please Print Name)

F.E.I. No. 00644 JAN 23 06