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Actual Return	TX111-06-0-R	iling Instructions on Back of Form)			· CC	de on con
Estimated Return	USA Telecom, In	c.), DC		06-01-001
Amended Return	480 Sawgrass Co.	rporate Parkway, #220	o 🖺	S	P	
	Sunrise, FL 3332	5-6257				06-03-001
PERIOD COVERED: 01/01/2006 TO 12/31/2006		ം താഴ നേറുട്ട				004011
21012000 10 12 3 7 2000	Docket No. 06029)4-TX (Islei))		
Paulet	6	45 APR 1 9 2000		Postmark £	ae 4518-	au
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· Records	1 lease Complete Dem	w It Official Maining Address	nas Changed		<u> </u>	
				要	SS I	
(Name of Company)		(Address)		(City/State)	<u> </u>	/Air)
					<i>-</i> 6	ČU
LINE ACCO	OUNT CLASSIFICATION	· · · · · · · o	FLORIDA GROSS PERATING REVEN	CIR .	NTRASTATE RE	VENUE
MP 1. Basic Local Services			0		s 0	7.8.1.7
2. Long Distance Services (IntraLATA only)(1)		0 '			
OM 3. Access Services Private Line Services		_	- 2 -		<u>Q</u>	1
TR. 5. Leased Facilities & Circu	iits Services		ď		0	
6. Miscellaneous Services		<u> </u>	0		0	
TOTAL REVENUES	Other Telecommunications Co	omnanies ⁽²⁾			* — Ŏ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Regulatory Assessment Fee Calo	ulation (Line 7 less)	(o	, <u>O</u>	
Regulatory Assessment F	ee Due (Multiply Line 9 by 0	.0020)	Cutation (Line / less)	uico)	·* — · · · · · · · · · · · · · · · · · ·	
	(see "3. Failure to File by Du (see "3. Failure to File by Du				0	
interpolation control and inches	see "4. Extension " on back)	e Date on back)			<u> </u>	eranorea. Vielasia
14. TOTAL AMOUNT DU	E (\$50 MINIMUM)				s 50	10 m
(1) Other long distance r	evenue must be listed on the	Interexchange Regulatory Assess	ment Fee Return			
(2) These amounts must	be intrastate only and must be	verifiable (see "2. Fees" on bac	k).	Í		
(D) Itogardicas of the Bit	as operating revenue of a cor	mpany, a minimum annual regul	and v assessment tee	of \$50 shall b	e imposed as prov	ided in
Section 164 336 Flor	rida Statutes.			N CONTRACTOR OF THE CONTRACTOR	0.00	
TH \$ection 364.336, Float		DDELTE COLED LAW COL				
OTH Section 364.336, Flor	/ cu	PRENT COMPANY STATUS	s			
Section 164 336 Flor			S			34
OTH Section 364.336, Flor	(V) Reselle () Other:	Γ .	S	Hansen State		
OTH Section 364.336, Flor	(V Reselle () Other:		5			
OTHSection 364.336, Flor	(V Reselle () Other:	BILLING INFORMATION				
() Facilities-Based Provider Complete below if billing agent is other	CU (V Reselle () Other:	BILLING INFORMATION (Address: City/State/2			Que)	
() Facilities-Based Provider Complete below if billing agent is other (Name)	(V) Reselle () Other:	BILLING INFORMATION (Address: City/State/2			00e)	
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Complete below if billing agent is other (Name) Do you lease telecommunications' facilitie Address:	() Reselle () Other: Than yourself.	BILLING INFORMATION (Address: City/State/2 ØMPANY INFORMATION NO	Zip)			
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