

ORIGINAL

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC
06 JUN 22 AM 11:50

-M-E-M-O-R-A-N-D-U-M-

COMMISSION
CLERK

DATE: June 22, 2006
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Paula Isler, Research Assistant, Division of Competitive Markets & Enforcement *Pji*
RE: Docket No. 060248-TP - KMC Telecom V, Inc.

Attached is a letter dated June 9, 2006, from the company's CFO, Mr. Robert Hagan, asking that its \$159 payment (received by the Commission on April 19, 2006) be redistributed to KMC Telecom V, Inc.'s IXC registration and CLEC certificate. Please document the letter in Docket No. 060248-TP. Thanks.

cc: Office of the General Counsel (McKay)
Attachment

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- JTH _____

DOCUMENT NUMBER-DATE

05465 JUN 22 08

FPSC-COMMISSION CLERK

June 09, 2006

VIA FEDERAL EXPRESS

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850
ATTENTION: Fiscal Services

06 JUN 16 PM 2:00
COMMISSION CLERK
ADMINISTRATIVE SERVICES

**Re: Docket No. 060248-TP – KMC Telecom V, Inc. Request to Cancel CLEC
Certificate No. 7530 and IXC Registration No. TJ404.**

Dear Sirs:

The purpose of this correspondence to clarify that KMC Telecom V, Inc.'s ("KMC V")
Regulatory Assessment Fee ("RAF") payment of \$159 should have been credited as follows:

TJ404 - \$59 for the period January thru December 2005;
TJ404 - \$50 for the period January thru December 2006; and
TX470 - \$50 for the period January thru December 2006.

Please find attached a copy KMC V's original RAF for TX470-06-0-R, which listed \$159 as the
Total Amount Due, and revised RAF's TJ404-05-0-R, which now lists \$59 as the Total Amount
Due, and TJ404-06-0-R, which now lists \$50 as the Total Amount Due.

Please call me if there are any questions related to this filing.

Sincerely,



Robert Hagan, CFO
KMC Telecom Holdings, Inc.

DISTRIBUTION CENTER

2006 JUN 16 AM 9:12

Enclosures

Interexchange Company Regulatory Assessment Fee Return

CK \$ 159.00

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

TJ404-05-0-R
 KMC Telecom V, Inc.
 1200 Route 22E
 Bridgewater, NJ 08807-2926
 Docket No. 060248-TP
Deposit # 646

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 020038
 \$ 50.00 06-03-001
 003001
 \$ 7.50 P 06-03-001
 004011
 \$ 1.50 I
 Postmark Date 4-19-06
 Initials of Preparer CJS

KMC TELECOM V, INC 1200 RT 22 EAST Suite 2000 BRIDGEWATER NJ 08807
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
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)		\$ <u>50.</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
- () Alternate-Operator Service
- Reseller
- () Rebiller
- () Call Aggregator
- () Other: Business S.O.L.D

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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.

[Signature] (Signature of Company Official) CFO (Title) 6/13/06 (Date)
 Telephone Number 908 203-4621 Fax Number 908 203-4713
 (Preparer of Form - Please Print Name) F.E.I. No. 22-3719935

Interexchange Company Regulatory Assessment Fee Return

CK \$ 159.00

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	020038
\$	50.00
	06-03-001 003001
\$	E
\$	P 06-03-001 004011
\$	I
Postmark Date	4-19-06
Initials of Preparer	ES

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

(See Filing Instructions on Back of Form)

TJ404-06-0-R
 KMC Telecom V, Inc.
 1200 Route 22E
 Bridgewater, NJ 08807-2926
 Docket No. 060248-TP

Please Complete Below If Official Mailing Address Has Changed

KMC Telecom V, Inc 1200 RT 22 EAST Suite 2000 BRIDGEWATER NJ 08807
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ - 0 -	\$ - 0 -
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ - 0 -	\$ - 0 -
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(- 0 -)	(- 0 -)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ - 0 -
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)		\$ 50.00 ⁽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
- Alternate-Operator Service
- Reseller
- Rebiller
- Call Aggregator
- Other: BUSINESS SOLD.

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.

[Signature] (Signature of Company Official) CFO (Title) 6/13/06 (Date)
 Telephone Number 908 203-4621 Fax Number (908) 203-4713
 F.E.I. No. 22-371 9935
 (Preparer of Form - Please Print Name)

Alternative Local Exchange Company Regulatory Assessment Fee Return

\$ 159.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY
 Check# 020038
\$50.00
 \$ 159.00 0603006
 003001
 \$ _____ P 0603006
 004011
 \$ _____ I
 Postmark Date 4-18-06
 Initials of Preparer RT

ATUS:

- Actual Return
- Estimated Return
- Amended Return

TX470-0~~0000~~ TX470-06-0-R
 KMC Telecom V, Inc.
 1755 North Brown Road
 Lawrenceville, GA 30043-8119
 DATE
 6 4 6 APR 2 5 2006

RIOD COVERED:
 /01/2006 TO 12/31/2006

nonpay

Please Complete Below If Official Mailing Address Has Changed

KMC Telecom V, Inc. 1200 RT 22 EAST Suite 2000 BRIDGEWATER, NJ - 08807
 (Name of Company) (Address) (City/State) (Zip)

E NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0
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.	TOTAL AMOUNT DUE		\$ 159.00

These amounts must be intrastate only and must be verifiable.
 Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Provider
 Reseller
 Other: Business SOLD

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) NO
 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.

[Signature] V.P. + Controller 4/18/06
 (Signature of Company Official) (Title) (Date)

Telephone Number (908) 203-4738 Fax Number (908) 203-4713

F.E.I. No. 22-371 9935

(Preparer of Form - Please Print Name)