

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

Total \$ 100.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TJ843-06-0-R
Sail Telecom, Inc. *See TX 746*
9065 Barnwell Road
Alpharetta, GA 30022-5360

DEPOSIT DATE
657 JUN 28 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1159

\$ 50.00 06-03-001
003001

\$ _____ E 06 JUN 23 2006
004011

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 10/26/06
Initials of Preparer RT

RECEIVED PSC
COMPLETION
8:30

(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)	_____	\$ <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 () Rebillor () 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.

(Signature of Company Official) (Title) (Date)

Telephone Number () Fax Number ()

(Preparer of Form - Please Print Name)

TOTAL \$ 100.00
See TJ843

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY		
Check #	1159	
\$	50.00	06-03-001 003001
\$		E 06-03-001 004011
\$		P 06-03-001 004011
\$		I
Postmark Date	6-19-06	
Initials of Preparer	PJ	

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

TX746-06-0-R
 Sail Telecom, Inc.
 9065 Barnwell Road
 Alpharetta, GA 30022-5360

657 JUN 28 2006

Please Complete Below If Official Mailing Address Has Changed

Paula Records

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE 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.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>50.00</u> ⁽³⁾

(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)
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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)
(Preparer of Form - Please Print Name)	Telephone Number ()	Fax Number ()
F.E.I. No. _____		

COMMISSIONERS:
LISA POLAK EDGAR, CHAIRMAN
J. TERRY DEASON
ISILIO ARRIAGA
MATTHEW M. CARTER II
KATRINA J. TEW

STATE OF FLORIDA



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

June 13, 2006

Mr. Thomas Kowalewski, CEO
Sail Telecom, Inc. (TJ843 and TX746)
9065 Barnwell Road
Alpharetta, GA 30022

Please cancel both

Dear Mr. Kowalewski:

The Commission received your letter dated May 17, 2006, requesting cancellation of your CLEC certificate because the company is in the process of being dissolved. Sail Telecom, Inc. also has an IXC registration with us (TJ843). Do you wish to cancel that registration also? As information, there are two types of cancellation, one is voluntary, which is granted if a company leaves in good standing and does not owe any fees. The other is involuntary, which is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute.

The Regulatory Assessment Fee is owed if a certificate is active during any portion of a calendar year. This means the 2006 Regulatory Assessment Fee is applicable. Our IXC cancellation rule provides that a company must pay the current year's fee at the time it requests cancellation. Our CLEC cancellation rule provides that a company must either pay the current year's fee, in this case the 2006 fee, or provide a date certain it will be paid, such as 30 days after the Order is issued.

Therefore, before staff can recommend a voluntary cancellation, I need to know if you want both the IXC registration and CLEC certificate cancelled and the company needs to comply with the cancellation rule. The 2006 Regulatory Assessment Fee return forms are enclosed. Please use the enclosed blue envelope, which will insure prompt processing.

Please respond by June 28, 2006. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address below.

Sincerely,

Handwritten signature of Paula J. Isler.

Paula J. Isler
Bureau of Telecommunications Service Quality,
Certification and Enforcement

Enclosures