

ORIGINAL

13297

HC PHONE SERVICE, LLC

FLORIDA PUBLIC SERVICE

Check Number: 13297

Check Date: Jun 22, 2006

Check Amount: \$100.00

Discount Taken

Amount Paid

Item to be Paid - Description

50.00

TX828

TJ966

50.00

Please cancel overcertification CLIC and LXC, Thank you

060432-TP
RECEIVED-FPSC

05 JUL -7 AM 8:44

COMMISSION
CLERK

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

DOCUMENT NUMBER-DATE

06001 JUL -7 06

FPSC-COMMISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Interexchange Company Regulatory Assessment Fee Return

Total \$ 100.00
see TX 828

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Parent Records

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ966-06-0-R
 H C Phone Service, LLC
 2665 Villa Creek Drive, Suite 107
 Dallas, TX 75234-7309
 Docket No. 060432-TP
 660 JUL 07 2006

FOR PSC USE ONLY

Check # 13297
 \$ 50.00 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ T

Postmark Date 0627-06
 Initials of Preparer HPR

Please Complete Below If Official Mailing Address Has Changed

HC Phone Service, LLC 2665 Villa Creek Dr #107 Dallas, TX 75234
 (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	Licensed 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> ⁽¹⁾

We never make business 50.00 ⁽¹⁾

(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.

[Signature] Accounts Payable 06/22/06
 (Signature of Company Official) (Title) (Date)
Laura Moncaulis Telephone Number 914 406-9395 Fax Number 914 247-5646
 (Preparer of Form - Please Print Name)

F.E.I. No. 20-0630195

DISTRIBUTION CENTER

TO AVOID PENALTY AND INTEREST CHARGES, THIS REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Competitive Local Exchange Company Regulatory Assessment Fee Return

Total \$ 100.00
See TJ966

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)

TX828-06-0-R
 H C Phone Service, LLC
 2665 Villa Creek Drive, Suite 107
 Dallas, TX 75234-7336

Docket No. 060432-TP
 DATE 660 JUL 07 2006

FOR PSC USE ONLY

Check # 13297

\$ 50.00 06-03-001
 003001

\$ _____ E
 \$ _____ P 06-03-001
 004011

Postmark Date 6-27-06
 Initials of Preparer MA RT

Please Complete Below if Official Mailing Address Has Changed

Paula Records

H C Phone Service, LLC 2665 Villa Creek Dr #107 Dallas, TX 75234
 (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) ⁽¹⁾		
3	Access Services		
4	Private Line Services		
5	Lensed Facilities & Circuits Services		
6	Miscellaneous Services		
7	TOTAL REVENUES		
8	L.F.S.S. 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>

We never make business

- (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

Facility-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.

Lorena Monreal (Signature of Company Official) Accounts Payable (Title) 06/22/06 (Date)
Lorena Monreal (Proprietor of Form - Please Print Name) Telephone Number 972-406-9395 Fax Number 972-247-5646

F.E.I. No. 20-0630195