

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2006 TO 06/30/2006

(See Filing Instructions on Back of Form)

TJ131-06-1-R
 WilTel Communication, LLC
 % Level 3 Communications
 1025 Eldorado Blvd.
 Broomfield, CO 80021-8869
 POST DATE
 671 AUG 08 2006

060000

FOR PSC USE ONLY
 RECEIVED 7/30
 Check # 3221498
 \$ 8671.01
 \$ 433.55
 \$ 86.71
 06-03-001 003001
 06-03-001 004011
 Postmark Date 8-4-06
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		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	\$ 8,296,239.25	\$ 4,335,506.33
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 4,335,506.33
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		\$ 86.71
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 43.55
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 86.71
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 9,191.27 ⁽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.

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

(Preparer of Form - Please Print Name) Telephone Number (720) 888-5841 Fax Number (720) 888-5242

F.E.I. No. 87-0748982

DOCUMENT NUMBER - DATE
07125 AUG-88