

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL
244 118.50

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

TJ841-05-0-R
 Advanced TelCom, Inc
 730 Second Avenue South, Suite 900
 Minneapolis, MN 55402-2489

06 AUG -8 PM 3:30
 RECEIVED-FPSC
 COMMISSION CLERK

DEPOSIT DATE
 060470
 871 AUG 08 2005

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1000068312
~~4500.00~~ 06-03-001
50.00 003001
12.50 P
\$ 3.50 06-03-001
6.00 004011

Postmark Date 8-3-06
 Initials of Preparer RC

(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	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(-)	(-)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		6.00
12.	Extension Payment Fee (see "4. Extension" on back)		-
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 68.50 ⁽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: not operating

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) EVP General Counsel (Title) 8/3/06 (Date)

Catherine A. Murray (Preparer of Form - Please Print Name) Telephone Number (612) 436 1632 Fax Number (612) 436 1616

F.E.I. No. 77-0489158 07129 AUG-8 8

TOTAL \$ 118.50

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

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01/01/2006 TO 12/31/2006

TJ841-06-0-R
 Advanced TelCom, Inc
 730 Second Avenue South, Suite 900
 Minneapolis, MN 55402-2489

671 AUG 0 3 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 100008318

\$ 50.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 8-3-06

Initials of Preparer RT

(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	<u>0</u>	<u>0</u>
3.	Private Line Services	<u>0</u>	<u>0</u>
4.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5.	Miscellaneous Services	<u>0</u>	<u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(<u>-</u>)	(<u>-</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>-</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>-</u>
12.	Extension Payment Fee (see "4. Extension" on back)		<u>-</u>
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CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebillor (X) Other: not operating

BILLING INFORMATION

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J. Oley (Signature of Company Official) EVP General Counsel (Title) 8/3/06 (Date)

Catherine A. Murray (Preparer of Form - Please Print Name) Telephone Number (612) 436 1632 Fax Number (612) 436 6816

F.E.I. No. 17-0489158