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August 3, 2006

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Blanca S. Bayó, Director Division of the Commission Clerk & Administrative Services Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

Re: Request for Cancellation of Registration to Provide Intrastate Interexchange Telecommunications Service in the State of Florida

Dear Ms. Bayó:

Eschelon Telecom, Inc., on behalf of its subsidiary, Shared Communications Services, Inc. (SCS) – **TI528**, respectfully requests that the Florida Public Services Commission (Commission) cancel the registration of SCS. To that end, I have enclosed the 2005 and 2006 Interexchange Company Regulatory Assessment Fee Returns, together with a check for the fees due the Commission.

Eschelon Telecom, Inc. (Eschelon) acquired Advanced TelCom, Inc. and its wholly owned subsidiary, SCS, on December 31, 2004. ATI's, and thus SCS's primary markets are California, Nevada, Oregon and Washington. Eschelon's markets are also "west of the Mississippi" and include Arizona, Colorado, Minnesota, Nevada, Oregon, Utah and Washington. SCS currently has no customers in the State of Florida, nor plans for future operations in the State. In order to avoid compliance failures, Eschelon is relinquishing SCS's authority in those states in which SCS no longer operates or has customers.

Should you or Commission staff have any questions or concerns, please contact the undersigned directly. Thank you for your assistance with this matter.

Sincerely,

Cathy Muray

Cathy Murray Manager, Regulatory Affairs Eschelon Telecom, Inc. Phone: 612-436-1632 Fax: 612-436-6816 Email: <u>camurray@eschelon.com</u> DISTRIBUTION CENSES 21 MI IN MOISSIMM IN MILE CENSES AND 1 1 4 8 ANG - 7 MI IN IN SION CLERK

730 Second Avenue South • Suite 900 • Minneapolis, MN 55402 • Voice (612) 376-4400 • Facsimile (612) 376-4411

ww.eschelon.com

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ישזארות פאסופראס אס אס הפתודים דנסות נאוסד איז בדניפוענפאנפא דאסרארוסטא מדני לפראדו לדראדו לדראים בחוסי **Interexchange Company Regulatory Assessment Fee Return**

STATUS: Actual Return Estimated Return	Florida Public Service Commission (See Filling Instructions on Back of Form) TI528-06-0-R Shared Communications Services, Inc.	FOR PSC USE ONLY Check # 100000 8317 \$06-03-001 003001		
Amended Return	730 Second Avenue South, Suite 900 Minneapolis, MN 55402-2489	\$ E \$ P 06-03-001		
PERIOD COVERED: 01/01/2006 TO 12/31/2006		004011 \$ I		
	671 699 0 to the	Postmark Date $8 \cdot 3 \cdot 06$ Initials of Preparer $R + -$		

Please Complete Below If Official Mailing Address Has Changed

				()	/State)		Zip)
LINE NO.	ACCOUNT CLASS	IFICATION		FLORIDA GROSS ERATING REVENU	E_	INTRASTATE REV	ENUE
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 Telecommuni	cations Companies ⁽¹⁾	(~	_) (<u> </u>)
8.	TOTAL REVENUES For Regulatory	Assessment Fee Calculation			\$	0	
9.	Regulatory Assessment Fee Due (Mult	iply Line 8 by 0.0020)				50.00	
10.	Penalty for Late Payment (see "3. Fail	ure to File by Due Date" on back)					
11.	Interest for Late Payment (see "3. Faile	ure to File by Due Date" on back)				-	
12.	Extension Payment Fee (see "4. Extens	sion" on back)					
13.	TOTAL AMOUNT DUE (\$50 MINI	MUM)			. \$	50.00	(2)
	 These amounts must be <u>intrastate c</u> Regardless of the gross operating Section 364.336, Florida Statutes. 			ssessment fee of \$50) shall be	e imposed as provide	d in
		CURRENT COMPA	NY STATUS				
() Facili	ties-Based Carrier	() Reseller	() Call Ag				
() Alterr	nate-Operator Service	() Rebiller	(X) Other:	_not ope	ratic	19	
		BILLING INFOR				J	

Complete below if billing agent is other than yourself.

ompiete below in chining again is outer shall yoursers.			()	
(Name) Vhat is the total amount of customer deposits collected? Amount: \$ for 20	(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 If YES, who do you lease these facilities from? Name:

Address:

What is

() NO

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

Deizdi	EVP (Several Cour	rel _	8/3/06
(\$ignature of Company Official)		(Title)		(Date)
Cumenne A. Murray	Telephone Number	(412) 430 1032	Fax Number (6	12 436 6816
(Preparer of Form - Please Print Name)		Ga altrilara		
	F.E.I. No	43-0914013		

PSC/CMP 153 (Rev. 01/05)

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