

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

Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED PSC

05 OCT 27 AM 8:37

STATUS:

- Actual Return
- Estimated Return
- Amcndcd Return

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF198-06-0-R  
 Big/Little Stores, Inc.  
 P. O. Box 1236  
 Enterprise, AL 36331-1236

Docket No. 060689-JC - Request for Cancellation

- 688 OCT 27 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 02344

\$ 50.00 06-03-001  
003001

\$ \_\_\_\_\_ E 06-03-001  
004011

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 10-24-06  
Initials of Preparer RT

Records + paula

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>1002.24</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>1002.24</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>2.01</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>2</u>

(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.

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.

James A. ... Vice President 10/23/06  
 (Signature of Company Official) (Title) (Date)

Wendy W. Griffin  
 (Preparer of Form - Please Print Name)

Telephone Number 334-347-9546 Fax Number 334-393-4677

F.E.I. No. 09865 OCT 27 06

3515  
897-

Fax - Page 2  
October 23, 2006  
Mr. James A. Rankin

Therefore, before I can recommend a voluntary cancellation, the company needs to comply with the cancellation rule. Please review this information and let me know how you wish to proceed. Let me know if you have any questions.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-Phone  
(850) 413-6503-Fax  
Pisler@psc.state.fl.us

Attachment: 2006 Regulatory Assessment Fee return form

*We wish to continue with the  
voluntary cancellation.*