

REDACTED

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

070000-0T

Interexchange Company Regulatory Assessment Fee Return

Status:

Florida Public Service Commission
(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
 Amended Return

TJ615-06-2-R
AT&T Communications of the Southern States, LLC
315 South Calhoun Street, Suite 750
Tallahassee, FL 32301
Attn: Brian Musselwhite

PERIOD COVERED:
07/01/2006 TO 12/31/2006

FOR PSC USE ONLY
Check # _____
\$ _____ 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date _____
Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ [REDACTED] | \$ [REDACTED] |
| 2. | Access Services | [REDACTED] | [REDACTED] |
| 3. | Private Line Services | [REDACTED] | [REDACTED] |
| 4. | Leased Facilities & Circuits Services | [REDACTED] | [REDACTED] |
| 5. | Miscellaneous Services | [REDACTED] | [REDACTED] |
| 6. | TOTAL Telephone Services | \$ [REDACTED] | \$ [REDACTED] |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ | [REDACTED] | [REDACTED] |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | [REDACTED] | [REDACTED] |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) | [REDACTED] | [REDACTED] |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | [REDACTED] | [REDACTED] |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | [REDACTED] | [REDACTED] |
| 12. | Extension Payment Fee (see "4. Extension" on back) | [REDACTED] | [REDACTED] |
| 12. | TOTAL AMOUNT DUE (\$50 MINIMUM) | [REDACTED] | \$ [REDACTED] |

⁽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.

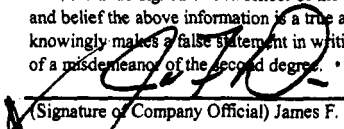
CURRENT COMPANY STATUS
 Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

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? What is the total amount of bond held (if applicable)?
Amount: \$ _____ for 2006 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) James F. Dionne

Dorothy van der Wey
(Preparer of Form - Please Print Name)

Regulatory Controller January 23, 2007
(Title) (Date)
Telephone Number (908) 234-6458 Fax Number (908) 532-1809
F.E.I. No. 22-3832814

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