FINAL

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

Competitive Local Exchange Company Regulatory Assessment Fee Return

			Florida Public Service Commission			1 1	FOR PSC USE UNIT	
	STAŢU	S:	(See Filing Instructions on Back of Form)		Check #	Check # 1/705		
	Actual Return Estimated Return		TX-088			s 13	85.3° 06:03-001	
			Supra Telecomp	nunications and In	formation		003001	
		ended Return	Systems	in lac	OFPOSII	DAJE	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
	—·····							
			zyaa aouui Con	i gress Avem ie	750 JUN	0 ≴ °2 <u>007</u>	06-03-001	
	PERIOD COVERED:		Delray Beach, F	L 33445_7320 -		1]	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
	.08/01/2006 TO 12/31/2006		1000 Les	gion Place	2	3		
	07 101/5	2006-10/13/2006	0000	0, FL 3281	in I	1 1	7-77	
		,	oriana	2, HC 326,	O1	Postmark D		
0.4	Vale -	PALIF			11 77 61 1	initials of P	cparer P	
KCO	., تعابر	PAUP	Please Complete Be	elow If Official Mailing A	ddress Has Changed		آ ل کے	
	r	7)-						
		(Name of Company)		(Address)		(City/State)	(Zip)	
	LINE				FLORIDA GR			
	NO.	ACCOT.	NT CLASSIFICATION		OPERATING RE	VENUE J	NTRASTATE REVENUE	
	1.	Basic Local Services			\$ 15.576.	199.19	s 14,951,365.01	
	2.	Long Distance Services (In	raLATA only)(1)					
	3.	Access Services			2,817,49	12.99	1.869.730.15	
MP	4.	Private Line Services				<u> </u>		
***	5.	Leased Facilities & Circui	s Services					
DM	6.	Miscellaneous Services						
	7.	TOTAL REVENUES					s 16.821.095.16	
ΓR	8.	LESS: Amounts Paid to O	her Telecommunications	. Companies ⁽²⁾			16, 128, 444,01	
	9.	NET INTRASTATE OF	FRATING REVENUE &	for Regulatory Assessment i	Fee Calculation (Line 7	less Line 8)	5 692,651.15	
CR	10.	Regulatory Assessment Fe			Too Containment (2021)	2000 2000 07	1,385,30	
	11.	Penalty for Late Payment						
OL	12.	Interest for Late Payment (
*	13.	Extension Payment Fee (se						
3C	14.	TOTAL AMOUNT DUE	(850 MINIMUM)				s 1,385,30°	
•								
;A				he Interexchange Regulator		n.		
'n		(2) These amounts must be (3) Pagardless of the grounds	e <u>intrastate only</u> and musi	nt be verifiable (see "2. Fees company, a minimum annu	s" ou back). Hal reoulatory assessmen	of \$50 shall h	e imposed as provided in	
:R		Section 364.336, Flori		company, a mannan and	uai regulatory assessmen	it ice of abo shall o	e imposed as provided in	
3Á		,						
				CURRENT COMPANY S	STATUS			
(C	() Facili	ties-Based Provider	(Rese	eller				
	, ,		() Othe	er:				
H MMHYE								
	BILLING INFORMATION							
	Complete below if billing agent is other than yourself.							
	(Name) (Ad			(Address: Cit	(v/State/Zin)	(Telepi	noue)	
		(ivalile)		(7122.03.1.17)	-tites-	(,,,,,,	<u><<</u>	
	COMPANY INFORMATION							
	Do you lease telecommunications' facilities? () YES () NO							
	Do you lease telecommunications' facilities? () YES () NO If YES, who do you lease these facilities from? Name:							
	Address:						<u> </u>	
							nada.	
	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 t	he performance of his off	ficial duty shall be guilty of	f a misdemeanor of the s	econd degree,	<u> </u>	
		HADA. AT		(= 1)			5/20/100	
		(Signature of Company	Official	. <u> </u>	(Title)		Clark)	
		(arthurd or Comban)	Cinciai)		(Time)		(Daile) La	
		•		Telephone Number	()	Fax Num	ber ()	
		Preparer of Form - Please	Print Name)	<i>i</i> *				

F.E.I. No.

FPSC-COMMISSION OLERK