

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 1350.00

See TF 498

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
Amended Return

PERIOD COVERED: 01/01/2007 TO 12/31/2007

TX114-07-0-R
ALLTEL Communications, Inc.
1410 Market Street, Suite A
Tallahassee, FL 32312-1774
DEPOSIT DATE: 7 51 JUN 11 2007
Docket No. 070306-TX

FOR PSC USE ONLY
Check # 447291
\$ 600.00
06-03-001 003001
Postmark Date 6-05-07
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

One Allied Drive Little Rock / AR 72202
(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include CMP, COM, CTR, ECR, GCL, OPC, RCA, SCR.

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
(2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

OTHER: Drive
CURRENT COMPANY STATUS
() Facilities-Based Provider
() Reseller
() Other:

BILLING INFORMATION
Complete below if billing agent is other than yourself.
(Name) (Address: City/State/Zip) (Telephone)

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.

Signature of Company Official: [Signature] Assistant Secretary (Title) 5/31/07 (Date)
Telephone Number (501) 905-1743 Fax Number (501) 905-1655
Preparer of Form - Please Print Name: Tammy Cook