TOTAL & 1350.0

FOR PSC USE ONLY

Competitive Local Exchange Company Regulatory Assessment Fee Return

	STATUS: Actual Return Estimated Return Amended Return		Florida Public Service Commission (See Filing Instructions on Back of Form)				FOR PSC USE ONLY Check # 44729 \$ 460.00 06-03-001	
						Check # 447		
			TX114-07-0-R	TX114-07-0-R				
			ALLTEL Comn	nunications, Inc.			003001	
			1410 Market Str	reet, Suite A		\$	E	
			Tallahassee, FL	32312-1774		\$	9 06-03-001	
		O COVERED:		DEPOSIT	DATE	7	004011	
	01/01/2007	7 TO 12/31/2007	Docket No. 070	306-TX		\$	730° 61	
				▶7 51 JU	IN 1 1 2007	h-	222	
				-		Postmark Date	2001	
			Please Complete Be	elow If Official Mailing Add	ress Has Changed	illidais of Freparet		
			- -	_	· ·			
			<u>One</u>	Allied Drive	<u>Litt</u>	le Rock / AR	12202	
		(Name of Company)		(Address)		(City/State)	(Zip)	
	LINE NO.	ACC	OUNT CLASSIFICATION		FLORIDA GROS OPERATING REVE		TATE REVENUE	
	1.	Basic Local Services			s O	•	0	
MP	2.	Long Distance Services	(IntraLATA only)(1)		* 0		0	
	3.	Access Services			Q		0	
OM_	<u>4.</u> 5.	Private Line Services Leased Facilities & Circ	cuits Services		0		<u> </u>	
TR	6	Miscellaneous Services	· · · · · · · · · · · · · · · · · · ·				0	
	7.	TOTAL REVENUES				\$	0	
CR_	8	LESS: Amounts Paid to	Other Telecommunications	Companies ⁽²⁾				
GCL _	9.	9. NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8) \$						
DPC	10. 11.	(**************************************						
<i>J</i> , O _	12.	12. Interest for Late Payment (see "3. Failure to File by Due Date" on back)						
RCA _	13.	Extension Payment Fee	(see "4. Extension " on back	:)				
SCR _	14.	TOTAL AMOUNT D	UE (\$600 MINIMUM)			\$	<u>600.00</u> (3)	
_		 (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return. (2) These amounts must be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back). 						
SGA .		(3) Regardless of the g	ross operating revenue of a c	company, a minimum annual	on back). regulatory assessment fe	ee of \$600 shall be impose	d as provided in	
SEC .		Section 364.336, F	lorida Statutes.		•	•	•	
OTLEN	Drive		<u> </u>	CURRENT COMPANY ST	ATTIS			
OIN;		es-Based Provider	(Rese		AIOS			
	, , ,		() Othe			-		
	BILLING INFORMATION							
	Complete b	pelow if billing agent is oth	er than yourself.					
		()		(Address: City/S	P+++ /7:)	(<u>)</u>		
		(Name)		(Address: City/s	State/Zip)	(Telephone)		
				COMPANY INFORMAT	ION			
	Do you leas	Do you lease telecommunications' facilities? () YES () NO If YES, who do you lease these facilities from? Name:						
	Address:	o do you lease lifese facilit	ies nom: ivanie.					
	71001000.							
	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.							
	me ment to	7111	ii die performance of his offi			ona degree.	-/21/2-	
		Wal Clay	000 : 1	Hssistant S	ecretary		731107	
		(Signature of Compa	ny Official)		(Title)		(Date)	
		mmy Cook		Telephone Number	(501) 905-1743	Fax Number (501)	905-1555	
	(P :	reparer of Form - Plea	ise Print Name)			- Double F	1	
				F.E.I. No	181563	Ոև հ 5	5 .11N 11 E	