

Pay Telephone Service Provider Regulatory Assessment Fee Return

Total \$ 212.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Paula +

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TH059-07-0-R
 AIR-serv Group, LLC *080154-TC*
 1370 Mendota Heights Road
 Mendota Heights, MN 55120-1281
DEPOSIT DATE
 829 MAR 14 2008

FOR PSC USE ONLY
 Check # *306258*
 \$ 100.00 06-03-001 003001
 \$ _____ E
 \$ 10.00 P 06-03-001 004011
 \$ 2.00 I
 Postmark Date 3-7-08
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>100.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>112.00</u>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

DOCUMENT PREPARED DATE
 01889 MAR 13 08
 FPSC-COMMISSION CLERK

(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 \$100 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.

 (Signature of Company Official) *CFO* (Title) 3/8/08 (Date)

Tom Mertens
 (Preparer of Form - Please Print Name) Telephone Number 651-686-1478 Fax Number 651-454-9542
 F.E.I. No. 41-1918023

TOTAL \$ 212.00

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

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9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u> ⁽²⁾
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 (Title) (Date)

Tom Mertens
 (Preparer of Form - Please Print Name)

Telephone Number 651 686-1478 Fax Number 651 454-9542
 F.E.I. No. 41-1912023

DOCUMENT NUMBER-DATE
 01889 MAR 13 08
 FPSC-COMMISSION CLERK



March 7, 2008

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850
Attn: Paula Isler

Re: Regulatory Assessment Fee TH059

Paula,

AIR-serv Group LLC at this time would like to cancel our Pay Telephone Service. We do not intend to continue in this business.

Thank you for your assistance in this matter.

Sincerely,

Tom Mertens
Chief Financial Officer

DOCUMENT NUMBER-DATE

01889 MAR 13 08

FPSC-COMMISSION CLERK