

20065

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

Florida Public Service Commission

FOR PSC USE ONLY

Check # 3377

\$ 600.00 08 AUG 28 06-03 PM 04
 RECEIVED - FPSC

\$ 150 08 AUG 28 06-03 PM 04
 RECEIVED - FPSC

\$ 42 08 AUG 28 06-03 PM 04
 RECEIVED - FPSC

Postmark Date 08/28/08

Initials of Preparer RT

STATUS:

Actual Return

Estimated Return

Amended Return

(See Filing Instructions on Back of Form)

TX776-07-0-R

Get A Phone

5909 N.W. Expressway, Suite 101

Oklahoma City, OK 73132-5103

DEPOSIT

Docket No. 080465-866 . AUG 28 2008

Please Complete Below If Official Mailing Address Has Changed

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

DEPOSIT DATE
866 . AUG 28 2008

Connect Paging, Inc. d/b/a Get A Phone 5909 NW Expressway, Ste 101, Oklahoma City, OK 73132

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	0.00	0.00
3.	Access Services	0.00	0.00
4.	Private Line Services	0.00	0.00
5.	Leased Facilities & Circuits Services	0.00	0.00
6.	Miscellaneous Services	0.00	0.00
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		0.00
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		600.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		150.00
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		42.00
13.	Extension Payment Fee (see "4. Extension " on back)		0.00
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ 792.00 ⁽³⁾

(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.

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 (X) 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 official duty shall be guilty of a misdemeanor of the second degree.

Chris Collier (Signature of Company Official) Asst Vice President (Title) 8/23/08 (Date)

Chris Collier (Preparer of Form - Please Print Name) Telephone Number 405 755-8177 Fax Number 405 470-4191

F.E.I. No. 75-2723586

FPSC-COMMISSION CLERK

DOCUMENT NUMBER - 07853 AUG 28 08