

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2008 TO 12/31/2008

*Paula +  
Records*

TX373-08-0-R  
 WiTel Local Network, LLC  
 % Level 3 Communications, Tax Dept.  
 712 North Main Street  
 Coudersport, PA 16915-1768  
 Docket No. 080627-TX  
 880 - NOV 18, 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
 Check # 3445256  
 \$ 600.00 06-03-001  
 003001  
 \$ \_\_\_\_\_ E  
 \$ \_\_\_\_\_ P 06-03-001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 11-17-08  
 Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	_____	_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	\$ <u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)	_____	\$ <u>600.00</u> <sup>(3)</sup>

- (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  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.

(Signature of Company Official) [Signature] (Title) SVP (Date) 11-11-08

Telephone Number 814 260-2416 Fax Number 814 260-2022  
 Preparer of Form - Please Print Name ED BAUMGARDNER

DOCUMENT NUMBER-DATE

E.E.I. No. 73-1569718

10708 NOV 17 08

FPSC-COMMISSION CLERK

RECEIVED-FPSC  
 DB NOV 17 PM 4:08  
 COMMISSION CLERK

LOUISVILLE, KY