

Interexchange Company Regulatory Assessment Fee Return

100000-0T

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FUS:

Actual Return
Estimated Return
Amended Return

TJ054-09-0-R
Correctional Billing Services
14651 Dallas Parkway, 6th Floor
Dallas, TX 75254-7700

DEPOSIT DATE
0995 FEB 02 2010

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY		
Check #	646545	
\$	700.00	06-03-001 003001
\$		E
\$		P 06-03-001 004011
\$		I
Postmark Date 1-29-2010		
Initials of Preparer RT		

IOD COVERED:
1/2009 TO 12/31/2009

CANCEL
not doing business
words + money

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

ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
	OPERATING REVENUE	INTRASTATE REVENUE
Long Distance Services	\$ 0	\$ 0
Access Services		
Private Line Services		
Leased Facilities & Circuits Services		
Miscellaneous Services		
TOTAL Telephone Services	\$	\$
LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$
Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		
Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
Extension Payment Fee (see "4. Extension" on back)		
TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ 700.00 ⁽²⁾

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

Facilities-Based Carrier () Reseller () Call Aggregator
Alternate-Operator Service () Rebiller () Other:

BILLING INFORMATION

Complete below if billing agent is other than yourself.
(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected? Amount: \$ for 20
What is the total amount of bond held (if applicable)? Amount: \$ Expires:

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 intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: Matthew Early VP, Corporate Controller (Date) 1/27/10
Telephone Number (922) 277-0370 Fax Number (922) 277-0469
(Preparer of Form - Please Print Name)
F.E.I. No.

00722 FEB-10
FPSC-COMMISSION CLEAR