<b>M</b> A	AVOID PEI	VALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010	ncy Pruttz
Man,	$\checkmark$	Pay Telephone Service Provider Regulatory Assessment	nt Fee Return SID -
V (d),	0 ATUS	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check # 390 13-612
_	_Actua _Estin	TG768-09-0-R Rated Return Add Return P. O. Box 470	\$ E 06-03-001
		COVERED: 9 TO 12/31/2009 COCONUT Creek, FL 330230579 DATE	\$ 10.00 P 06-03-001 \$ 8.00 0 000001
O U	ノ	Pleas Complete Below If Official Mailing Address Has Changed	Postmark Date 1-20 A Initials of Post 3 A Initials
		(Name of Company) (Address)	(City/State)
	INE 10.	ACCOUNT CLASSIFICATION	AMOUNT
	1.	Gross Operating Revenue (Florida)	s
	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)	s
	5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	
	6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
	7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
	8.	Extension Payment Fee (see "4. Extension" on back)	
	9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 218 -
	10.	Number of pay telephones in operation at close of period covered by this Return	
		<ol> <li>These amounts must be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back).</li> <li>Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of Section 364.336, Florida Statutes.</li> </ol>	of \$100 shall be imposed as provided in 2010
info	rmation	indersigned owner/officer of the above-named company, have read the foregoing and declare that to the list true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever known instead a public servant in the performance or his official duty shall be guilty of a misdemeanor of the second	ringly makes a false statement in writing with
	Roy Pr	(Signature of Company Official)  (Title)  (Title)  (EXAMPLE OF THE NUMBER - DATE IN NUMBER - DATE IN Number OF THE NUMBER - DATE IN Number OF THE NUMBER - DATE IN NUMBER - DATE	Fax Number ( )
	(	10. 10.30	+ 17
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