

Records  
100371-TF

# Interexchange 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:**  
01/01/2010 TO 12/31/2010

FINAL RETURN -  
Business sold on June 16, 2010

TJ560-10-0-R  
ITI Inmate Telephone, Inc.  
5000 6th Avenue, Suite 1  
Altoona, PA 16602-1445

**DEPOSIT DATE**  
071 SEP 01 2010

Please Complete Below If Official Mailing Address Has Changed

RECEIVED FOR PSC USE ONLY  
Check # 1093  
SEP 17 1993: 55 06-03-001 003001  
COMMISSIONER  
CLERK P 06-03-001 004011  
Postmark Date 8-27-10  
Initials of Preparer RL

ITI Inmate Telephone Inc. 5100 Sixth Avenue Altoona, PA 16602  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$	\$
2.	Access Services		
3.	Private Line Services (lease of private lines and reselling)	1,755,836.71	1,433,993.85
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	<b>TOTAL Telephone Services</b>	\$ 1,755,836.71	\$ 1,433,993.85
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( 0.00 )	( 0.00 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 1,433,993.85
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		2,867.99
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ 2,867.99 <sup>(2)</sup>

(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 (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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)  
Jennie L. Lee (Preparer of Form - Please Print Name) Telephone Number (814) 944-0405 Fax Number (814) 949-3307

F.E.I. No. 25-175776  
DOCUMENT NUMBER 07348 SEP-10  
FPSC-COMMISSION CLERK