

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022  
**Local Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	_____
\$ _____	06-03-001 003001
\$ _____	E
\$ _____	P 06-03-001 004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return  
 Estimated Return  
 Amended Return

TY144-21-T-0-R SQF, LLC 16 Middle Street, 4th Floor Portland, ME 04101-5161
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PERIOD COVERED:  
 1/1/2021 TO 12/31/2021


Please Complete Below If Official Mailing Address Has Changed

<u>SQF, LLC dba Tilson Infrastructure</u> (Name of Company)	<u>16 Middle Street, 4th Floor</u> (Address)	<u>Portland, ME</u> (City/State)	<u>04101</u> (Zip)
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LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ <u>0</u>	\$ <u>0</u>
2.	Network Access Revenues	<u>0</u>	<u>0</u>
3.	Long Distance Network Services Revenues	<u>0</u>	<u>0</u>
4.	Miscellaneous Revenues	<u>1,164,021.60</u>	<u>1,164,021.60</u>
5.	<b>TOTAL REVENUES</b>	\$ <u>1,164,021.60</u>	\$ <u>1,164,021.60</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		<u>0</u>
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ <u>1,164,021.60</u>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) <sup>(2)</sup>		<u>1,862.43</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>210.36</u>
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>42.09</u>
11.	Extension Payment Fee (see "4. Extension " on back)		<u>                    </u>
12.	<b>TOTAL AMOUNT DUE (Add lines 8 through 11)</b>		\$ <u>2,114.88</u>

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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)	_____ Secretary and General Counsel (Title)	_____ 3/7/2022 (Date)
_____ Elizabeth Rancourt-Smith (Preparer of Form - Please Print Name)	Telephone Number <u>(207) 358-0008</u>	Fax Number ( ) _____
F.E.I. No. <u>35-2449113</u>		