ひらひしめーリエ TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005 Interexchange Company Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission STATUS: (See Filing Instructions on Back of Form) Actual Return TJ765-04-0-R 003001 **Estimated Return** CR Technologies, Inc. Amended Return 06-03-001 265 South Federal Hwy., Suite 342 004011 Deerfield Beach, FL 33441-4161 PERIOD COVERED: 01/01/2004 TO 12/31/2004 (Request for Cancellation - Isler) Initials of Preparer Please Complete Below If Official Mailing Address Has Changed (Address) (City/State) (Zip) (Name of Company) Ref America, 20, 718, 1001, 1017, 17 CMP FLORIDA ACCOUNT CLASSIFICATION INTRASTATE REVENUE **GROSS OPERATING REVENUE** COM Long Distance Services Access Services **Private Line Services** Leased Facilities & Circuits Services **ECR** Miscellaneous Services GCL **TOTAL Telephone Services** 6. LESS: Amounts Paid to Other Telecommunications Companies* 7. (see "2. Fees" on back) TOTAL REVENUES For Regulatory Assessment Fee Calculation 8. 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 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) 10. 11. RCA TOTAL AMOUNT DUE 12. These amounts must be intrastate only and must be verifiable. SCR AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 **CURRENT COMPANY STATUS** () Facilities-Based Carrier () Reseller () Call Aggregator) Alternate-Operator Service) Rebiller) Other: **BILLING INFORMATION** Complete below if billing agent if other than yourself. (Address: City/State/Zip) (Name) (Telephone) What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)? Amount: S for 19 Expires: Amount: \$__ COMPANY INFORMATION Do you lease telecommunications' facilities? () YES () NO If YES, who do you lease these facilities from? Name:

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)

(Preparer of Form - Please Print Name)

Telephone Number (____)

(Treparer of Form - Trease Trint Ivan

PSC/CMP-153 (Rev. 11/11/99)

DOCUMENT NUMBER - DAT

Fax Number (

01337 FEB-78

534 FED 72955

COMPANY IDENTIFICATION

Printed on 12/30/2004 at 15:48:57 by PJI

Complete Name: CR Technologies, Inc.

TO+AI \$ 66.00

Mailing Name: CR Technologies, Inc.

Company Code:

TJ765

FEID Number:

45-0491167

CN# 1092

Ch \$ 12.501

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Req. Date:

04/14/2003

Inactive Date:

2-2-05

Service:

IXC - Interexchange Telephone

Received:

Actual RAF Form

Status:

Pending

Amended:

No

Extension:

No

Frozen:

Comments:

No

Payment Count: 1 Payment Made to Date

Operating Rev:

\$2,686.87

Interstate Rev:

\$0.00

RAF Rate:

0.0015

Net RAF Due:

\$50.00

Assessment	Due	Paid	Owe 🎉
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$12.50	\$0.00	\$12.50
Interest	\$3.50	\$0.00	\$3.50
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$66.00	\$50.00	\$16.00

Last modification was made on Monday, August 9, 2004 at 2:30 PM by Valorie Moore

Period covered: 01/01/2003 through 12/31/2003

RAF rate: 0.0015

Operating rev:

\$2,686.87 Interstate rev: \$0.00

Documents: Actual RAF form received on 08/03/2004

Delinquent letter mailed on 02/20/2004 Delinquent letter mailed on 02/19/2004

RAF form mailed on 12/03/2003

Postmarked Trans Date Date Posted-By Dep # Check #

08/03/2004 08/09/2004 08/09/2004-VPM KB488 1011

Check Amount \$50.00

RAF paid

KB488

\$50.00

75 8 MA 4- 837 80

DISTRIBUTION CENTER