

TJ 25

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 100.00

ORIGINAL

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TA026-05-0-R 050258-TA
 Columbia Telecommunications, Inc.
 Amoco Building
 1340 Poydras Street, Suite 350
 New Orleans, LA 70112-6017 554 APR 14 2005

FOR PSC USE ONLY
 Check# 1867
 \$ 50.00 06-03-001 003001
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date 4-7-05
 Initials of Preparer RT

PERIOD COVERED:
01/01/2005 TO 12/31/2005

Records

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE INTRASTATE REVENUE	
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	TOTAL AMOUNT DUE		\$ 50

RECEIVED-FPSC
 APR 14 AM 9:37
 COM
 CTR
 ECR
 GCL
 OPC
 MMS
 RCA
 SCR
 SEC
 OTH

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- () Facilities-Based Provider
 () Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

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 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) C.F.O. (Title) 4/4/05 (Date)

 (Preparer of Form - Please Print Name) Telephone Number 985-655-6467 Fax Number 985-873-5495
 F.E.I. No. _____

DOCUMENT NUMBER-DATE
 03630 APR 14 05
 FPSC-COMMISSION CLERK