

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006

Interexchange Company Regulatory Assessment Fee Return

RECEIVED - FPSC

STATUS:

- Actual Return
Estimated Return
Amended Return

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

TJ751-05-0-R
Capsule Communications, Inc.
721 Broad Street, Suite 200
Chattanooga, TN 37402-1816
DATE 5 6 2 MAY 24 2005
Docket No. 050227-TI

FOR FPSC USE ONLY
Check # 104287838
\$ 50.00 COMMISSION
CLERK P
06-03-001 003001
06-03-001 004011
Postmark Date 5-16-05
Initials of Preparer RT

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

PAIA
Records

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Other Telecommunications Companies, TOTAL REVENUES, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, TOTAL AMOUNT DUE.

* These amounts must be intrastate only and must be verifiable.

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.
(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected?
Amount: \$ for 19
What is the total amount of bond held (if applicable)?
Amount: \$ Expires:

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) CFO (Title) 5/13/05 (Date)
Frank Patten (Preparer of Form - Please Print Name)
Telephone Number 423 646-9504 Fax Number 423 646-9730
F.E.I. No. 22-3055962

DOCUMENT NUMBER-DATE
05038 MAY 24 05
FPSC-COMMISSION CLERK