

**Competitive Local Exchange Company Regulatory Assessment Fee Return**

*No check*

*Records*

**ORIGINAL**

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX567-04-0-R  
INCOMNET  
801 Nicollet Mall, Suite 350  
Minneapolis, MN 55402-2519

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
003001

\$ \_\_\_\_\_ P \_\_\_\_\_ 06-03-001  
004011

\$ \_\_\_\_\_

Postmark Date 05 AUG 30 AM 11:03

Initials of Preparer \_\_\_\_\_

RECEIVED - FPSC  
COMMISSION CLERK

PERIOD COVERED:  
01/01/2004 TO 12/31/2004

Please Complete Below If Official Mailing Address Has Changed

New Access Communications LLC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
<u>CMP</u> 1.	Basic Local Services	\$ _____	\$ _____
<u>COM</u> 2.	Long Distance Services (IntraLATA only)**	_____	39,238.20
<u>COM</u> 3.	Access Services	_____	0
<u>COM</u> 4.	Private Line Services	_____	0
<u>CTR</u> 5.	Leased Facilities & Circuits Services	_____	0
<u>ECR</u> 6.	Miscellaneous Services	_____	0
7.	TOTAL REVENUES	\$ 39,238.20	\$ 39,238.20
<u>GCL</u> 8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	6,356.59
<u>OPC</u> 9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	32,881.61
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	49.32
<u>RCA</u> 11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
<u>SCR</u> 12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
<u>SCR</u> 13.	TOTAL AMOUNT DUE	\$ _____	\$ 49.32

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

SGA\*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

SEC 1 AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

OTH \_\_\_\_\_

( ) Facilities-Based Provider

CURRENT COMPANY STATUS

( ) 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.

Urania Briol  
(Signature of Company Official)

Chief Financial Officer  
(Title)

8/16/05  
(Date)

Brandi Slaughter  
(Preparer of Form - Please Print Name)

Telephone Number (612) 256-0078 Fax Number (612) 333-4246

F.E.I. No. 11-19742 DOCUMENT NUMBER-DATE

08300 AUG 30 05

FPSC-COMMISSION CLERK