

050906

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Paula / Records

TJ383-05-0-R
 The Farm Bureau Connection
 % Mayer, Brown, Rowe & Maw LLP
 Washington, DC 20006-1101
 Docket No. 050906-TI (Isler)

FOR PSC USE ONLY

Check # 2114
 \$ 50.00 06-03-001
 003001
 \$ _____ P _____
 06-03-001
 004011
 \$ _____ I _____
 Postmark Date 1-5-05
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

608 JAN 11 2005

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>21,469.24</u>	\$ <u>12,425.06</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>21,469.24</u>	\$ <u>12,425.06</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ <u>12,425.06</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	<u>24.85</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)	_____	\$ <u>50.00</u> ⁽²⁾

(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 \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

CMP _____

COM _____

CTR _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

ECR _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC 1

OTH _____

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.

Michael W. [Signature] Chief Admin. Officer 12/14/05
 (Signature of Company Official) (Title) (Date)

Patrick Crocker Telephone Number 269 381-8844 Fax Number 269 381-8822
 (Preparer of Form - Please Print Name)

F.E.I. No. 36-3250406

SCR PSC/CMP 153 (Rev. 01/05)

DOCUMENT NUMBER-DATE

00251 JAN 11 05

FPSC-COMMISSION CLERK