

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

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:

01/01/2006 TO 12/31/2006

TJ701-06-0-R
Spectrum LD
1010 West Washington Street
Marquette, MI 49855-1006
Docket No. 060194-TI (Isler)
656 JUN 19 2006

Please Complete Below If Official Mailing Address Has Changed

RECEIVED FPSC
FOR PSC USE ONLY
Check # 004571
\$ 50.00
COMMISSION CLERK
Postmark Date 6/19/06
Initials of Preparer RT

(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 Telecommunications Companies, TOTAL REVENUES, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

(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: \$ 0 for 06
What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: N/A

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
If YES, to whom 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) Nick M. Kolinsky (Preparer of Form - Please Print Name)
President (Title)
6/9/06 (Date)
Telephone Number (906) 225-9583 Fax Number (906) 226-7241
F.E.I. No. 38-3284374

DOCUMENT NUMBER DATE
05290 JUN 19 06
FPSC-COMMISSION CLERK