

ORIGINAL

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

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
Estimated Return
Amended Return

(See Filing Instructions on Back of Form)

TX136-06-0-R
Mpower Communications Corp.
175 Sully's Trail, Suite 300
Pittsford, NY 14534-4558
Docket No. 060427-TP

FOR PSC USE ONLY
Check # 06 JUN 28 2006 158249
\$ 50.00 06-03-001 003001
COMMISSION CLERK
Postmark Date 6-22-06
Initials of Preparer RT

PERIOD COVERED: 01/01/2006 TO 12/31/2006

POST DATE
658 JUN 28 2006

Please Complete Below If Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Basic Local Services, Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL REVENUES, LESS: Amounts Paid to Other Telecommunications Companies, NET INTRASTATE OPERATING REVENUE, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
(2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(3) 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

- (x) Facilities-Based Provider ( ) Reseller ( ) Other

BILLING INFORMATION

Complete below if billing agent is other than yourself. (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES (x) 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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) Sri. Vice President, Controller (Title) 6/20/06 (Date)

Lynn Abraham (Preparer of Form - Please Print Name) Telephone Number (585) 218-8929 Fax Number (585) 249-5972

F.E.I. No. 88-0360042