

# Competitive Local Exchange 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

TX292-05-0-R  
 KMC Telecom III LLC  
 1200 Route 22E  
 Bridgewater, NJ 08807-2926

ORIGINAL

Docket No. 050641-TP  
 DEPOSIT DATE  
 663 441 2

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 30331

\$ 50.00 06-03-001 003001

\$ 12.50 P 06-03-001 004011

\$ 2.50 I

Postmark Date 6/19-05  
 Initials of Preparer RT

*Records / Paws*

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	<b>TOTAL REVENUES</b>	\$ 0	\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	0	0
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	\$ 0	\$ 0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	0	0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	12.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	2.50
13.	Extension Payment Fee (see "4. Extension" on back)	0	0
14.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>	0	\$ 65.00 <sup>(3)</sup>

- (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**

Facilities-Based Provider  
 Reseller  
 Other: CEASED BUSINESS SOLD ASSETS TO TELCOVE

**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  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.

Robert F. Hagan CEO 7/5/06  
 (Signature of Company Official) (Title) (Date)

Scotty Amos  
 (Preparer of Form - Please Print Name)

Telephone Number (312) 550-3358 Fax Number (202) 720-0405

F.E.I. No. 22-3025591 06502 JUL 24 06

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