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CHARLESGATE WEST DSTON, MA 02215 617-369-1000 www.tncii.com

July 28, 2006

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY SERVICE TRACKING NUMBER 8558 6512 6158

Ms. Paula Isler

Florida Public Service Commission Division of Competitive Markets & Enforcement 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

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Re: Duplicate IXC & CLEC RAF Reports & Assessment (2005 Assessment Period)

Dear Ms. Isler:

Transmitted herewith on behalf of Trans National Communications International, Inc. ("TNCI"), please find the above-referenced reports and associated assessment. It is important to note that TNCI takes seriously its responsibility to provide accurate and timely Interexchange ("IXC") and Competitive Local Exchange Company ("CLEC") Regulatory Assessment Fee ("RAF") reports to the Florida Public Service Commission ("PSC"). As such, TNCI deeply regrets the delay in providing this information to the Commission and sincerely apologizes for any confusion it may have caused.

A review of internal service records confirmed that on or about March 1, 2006 TNCI prepared IXC and CLEC RAF reports, which along with an assessment for \$1,340.19 (Check No. 017982), was submitted to the PSC via first class U. S. mail. Unfortunately, per PSC correspondence, TNCI understands that the PSC never received the mailing. As such, TNCI respectfully requests that the PSC accept the enclosed duplicate reports and check in the stead of those previously submitted in March. Further, TNCI respectfully requests that in reliance on the foregoing facts, and in consideration of the Company's good faith efforts to comply with PSC requirements in this matter, that the PSC waive any penalty assessments that might otherwise attach, or have been attached to TNCI due to this inadvertent situation.

Again, TNCI deeply regrets any confusion that may have occurred and sincerely appreciates your time and attention to this matter. Please direct any questions to the undersigned at (617) 369-1059 or via email at erobinson@tncii.com.

Respectfully submitted,

Erick Robinson

Tax and Regulatory Specialist

Staff Accountant and Accounts Payable

Enclosures/stated cc/file

DISTRIBUTION CENTER

Enclosed 3/1/06 Computer Check Register reflects TNCI's disbursement of check number 017982 to the FL PSC.

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TDHHI 40 1,000. TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Competitive Local Exchange Company Regulatory Assessment Fee Return Florida Public Service Commission STATUS: 019524 (See Filing Instructions on Back of Form) TX693 - 05 - 0 - R 06-03-001 Actual Return 003001 Estimated Return Trans National Communications International, Inc. Amended Return 06-03-001 2 Charlesgate West DATE 004011 Boston 670 AUG 03 200F 02215 PERIOD COVERED: FIELD(3) Initials of Preparer Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (City/State) (Zip) LINE **FLORIDA GROSS** <u>NO.</u> ACCOUNT CLASSIFICATION **OPERATING REVENUE** 1. Basic Local Services Long Distance Services (IntraLATA only) (1) 2. 3. Access Services 4. Private Line Services Leased Facilities & Circuits Services 5. 0.00 0.00 Miscellaneous Services 7. TOTAL REVENUES LESS: Amounts Paid to Other Telecommunications Companies (2) 8. s 0.00NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8) 9. Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020) 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) s 50.00 14 (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** (Reseller () Facilities-Based Provider () Other: BILLING INFORMATION Complete below if billing agent if other than yourself. (Address: City/State/Zip) (Name) (Telephone) COMPANY INFORMATION Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: 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.

Tuemy (Signature of Company Official)

Janet Willis/TCS

(Preparer of Form - Please Print Name)

Telephone Number (678-775-2247

Fax Number (678-775-1189

F.E.I. No. ____04-3284489