

ORIGINAL

060545-TI



August 3, 2006

Blanca S. Bayó, Director  
Division of the Commission Clerk &  
Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

RECEIVED-FPSC  
AUG - 9 AM 11:45  
COMMISSION  
CLERK

**Re: Request for Cancellation of Registration to Provide Intrastate Interexchange  
Telecommunications Service in the State of Florida; and Response to Notice in Docket  
No. 060470-TI, Order No. PSC-06-0619-PAA-TI, Issued July 20, 2006**

Dear Ms. Bayó:

Eschelon Telecom, Inc., on behalf of its wholly owned subsidiary, Advanced TelCom, Inc. (f/k/a, d/b/a Advanced TelCom Group) - **TJ841**, respectfully requests that the Florida Public Services Commission (Commission) cancel the registration of Advanced TelCom, Inc. (ATI). To that end, and as directed by Order No. PSC-06-0619-PAA-TI, I have enclosed the 2005 and 2006 Interexchange Company Regulatory Assessment Fee Returns, together with a check for the fees and penalty due the Commission.

Eschelon Telecom, Inc. (Eschelon) acquired ATI on December 31, 2004. ATI's primary markets are California, Nevada, Oregon and Washington. Eschelon's markets are also "west of the Mississippi" and include Arizona, Colorado, Minnesota, Nevada, Oregon, Utah and Washington. ATI currently has no customers in the State of Florida, nor plans for future operations in the State. In order to avoid compliance failures such as this, Eschelon prefers to relinquish ATI's authority in those states in which ATI no longer operates or has customers.

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC
- OTH \_\_\_\_\_ Enclosures

Should you or Commission staff have any questions or concerns, please contact the undersigned directly. Thank you for your assistance with this matter.

Sincerely,

Cathy Murray  
Manager, Regulatory Affairs  
Eschelon Telecom, Inc.  
Phone: 612-436-1632  
Fax: 612-436-6816  
Email: [camurray@eschelon.com](mailto:camurray@eschelon.com)

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DISTRIBUTION CENTER  
07147 AUG - 9 8  
FPSC-COMMISSION CLERK

TOTAL \$ 118.50

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TJ841-06-0-R  
 Advanced TelCom, Inc  
 730 Second Avenue South, Suite 900  
 Minneapolis, MN 55402-2489

671 436 016

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 100008318

\$ 50.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 8-3-06

Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	<b>TOTAL Telephone Services</b>	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( - )	( - )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		50.00
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.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ 50.00 <sup>(2)</sup>

(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: not operating

### 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: \_\_\_\_\_

### 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/her duty shall be guilty of a misdemeanor of the second degree.

J. Diles (Signature of Company Official) EVP General Counsel (Title) 8/3/06 (Date)

Catherine A. Murray (Preparer of Form - Please Print Name) Telephone Number (612) 436-1632 Fax Number (612) 436-6916

F.E.I. No. 77-0489158