		interex	change C	Company 1	Regulatory	Assessment ]	Fee Return			
			Flo	orida Public Service Commission (See Flung Instructions on Back of Form)			FOR PSC USE ONLY			
Arrange de	STATUS	S:	110				Check # 2633			
	Actu	Actual Return TJ797-05			-0-R			<u>50</u>	06-03-00	
	Estimated Return Baldwin			County Internet/DSSI Service, L.L.C.					00300	
	Ame				nal Road, Suite B			s 12.50 P		
		CALMERT	Orange Be	ach, AL 36	561-2825		}		06-03-001 004011	
	PERIOD COVERED: 01/01/2005 TO 12/31/2005			DECENTED			1 3.50 T			
	01/01/2003		}	DEC 19	2005	1	ठ	一直		
1		Jerudii Gar	7			<b>-</b> ,	Postmark Date	\$ 1 8	طاہ	
下い	10.1	-672 AUG 10			060466 Micial Mailing Add		Initials of Prepare	r	75	
Fall	Jan 1,5	L DI - MOGIO	L ( Please Com	plete Below It Of	llicial Malling Addi	ress Has Changed		<del>'                                    </del>		
Dal	وسنسي كل	•					PSS B			
Ke.		(Name of Company)			(Address)		(City/State)	<del>,</del> 7	(Zip)	
:MP							200			
	LINE NO.	ACCOU	NT CLASSIFICA	ATION		FLORIDA O OPERATING R	JKU55	RASTATE R	EVENUE	
:OM	1.	Long Distance Services		1		\$		3907		
TR	2.	Access Services								
CR	3. 4.	Private Line Services Leased Facilities & Circuits	Services			<del></del>				
	5.	Miscellaneous Services								
icl _	6	TOTAL Telephone Service	ees			s	s			
PC _	<del></del>	LESS: Amounts Paid to Te	lecommunication	s Companies <sup>(1)</sup>		(	<u> </u>	16293	·37)	
CA_	8.	TOTAL REVENUES For	Regulatory Asse	ssment Fee Calcu	lation		· \$	2278	3.34	
CR	9.	Regulatory Assessment Fee	Due (Multiply L	ine 8 by 0.0020)				45	58	
	10. 11.	Penalty for Late Payment ( Interest for Late Payment (s							· 3 9	
GA _	12.	Extension Payment Fee (see			on oack)	Fine-Lai	te Fle -> =	500		
EC _	13.	TOTAL AMOUNT DUE	(\$50 MINIMUM	r)			s	559	7,7/ (2)	
TH _	(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									
		es-Based Carrier te-Operator Service	(	) Reseller ) Rebiller		( ) Call Aggregator ( ) Other:				
	BILLING INFORMATION  Complete below if billing agent is other than yourself.									
							( )			
	What is the	(Name) total amount of customer dep	osits collected?		(Address: City/S	What is the to	(Telephone) otal amount of bond h	eld (if applic	able)?	
	Amount:	for 20				Amount: \$	E	cpires:		
				COMP	ANY INFORMAT	ION				
		e telecommunications' faciliti		(💢 но	••					
	,	do you lease these facilities								
	Address:		<u> </u>		·					
	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 the intent to pushead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.									
		Of In.	ic perioritance o	t morner duty sna	In As 1 so we will be	L	(	7-7-	710	
	<del>71</del>	(Signature of Company	Officiali	<del></del>	TE ITY U	(Title)	₹	(Da	ate)	
		(S.G. Seriemity	,	T-1	hone Number	ach Dava	747 Number	95/ 12	1083	
	(Pr	eparer of Form - Please	Print Name)		ohone Number	2110011	DOCUMENT	HUMBER	PATE	
	•	-		F.E	.I. No. 94	-34/8818	5 n 7 2 1	L AHR	118	
	000/01/45	1.53 (D. 01(05)					Ų <i>į, č</i> ., l	-1100		

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