

Raquel Tully

060470

CK# 1029

From: Paula Isler  
Sent: Wednesday, August 16, 2006 9:52 AM  
To: Raquel Tully  
Subject: RE:

CK# 200.00 T. Fund  
800.00 fine  
8-10-06  
RT

674 AUG 17 2006

Good afternoon.

1. TG903 is Jaroth, Inc. d/b/a Pacific Telemanagement Services. The \$1,044.79 should all be RAFs for the first half of 2006. The company advised they included the RAF return. Since this is for the 2006 RAF, you do not have to provide Records with proof of payment since it is not associated with the RAF docket.
2. TX551 is Movie, Television & Graphics Corp. d/b/a M.T.G. The correct # is Docket No. 050954-TX and all should be deposited in the General Revenue Fund. Please provide Records proof of payment.
3. TJ546 is Intelligent Switching and Software, LLC. Please deposit \$66 for the 2005 RAF and late payment charges as you normally would. Please deposit \$200 in the PSC Trust Fund for collection costs and the balance of \$800 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060470-TI.
4. TJ543 is NTERA, Inc. Please deposit \$66 for the 2005 RAF and late payment charges as you normally would. Please deposit \$200 in the PSC Trust Fund for collection costs and the balance of \$800 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060470-TI.

From: Raquel Tully  
Sent: Tuesday, August 15, 2006 2:27 PM  
To: Paula Isler  
Subject:

Good Afternoon,

I have a few for you.

TG903 \$1044.79  
Movies Television and Graphics Docket 050945 \$416.67  
ntelligent Switching & Software \$1066.00  
Nteara \$1066.00

Docket 060469 sent in a check for \$116.00. but they did not sign the check so I am going to return the check.

Thanks and let me know if you need anymore information

Raquel

Sec - 1  
Nonnye - 1

DOCUMENT NO.  
07366-06

Records & Tampa

TOTAL \$ 1066.00

060470

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

Interexchange Company Regulatory Assessment Fee Return

RECEIVED-PPSC

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

FIELD(1)  
 TJ 543  
 REPORT DATE  
 674 AUG 17 2006

FOR PSC USE ONLY  
 Check # 10629616 PM 4:09  
 \$ 50.00 0603001  
 \$ 12.50 0603001  
 \$ 3.50 004011  
 Postmark Date 8-10-06  
 Initials of Preparer RT

PERIOD COVERED:  
FIELD(3)

Please Complete Below If Official Mailing Address Has Changed

Ntera Inc. 1020 NW 163<sup>RD</sup> DR Miami FL 33169  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	CMP _____
2.	Access Services	\$ _____	COM _____
3.	Private Line Services	_____	CTR _____
4.	Leased Facilities & Circuits Services	_____	ECR _____
5.	Miscellaneous Services	_____	GCL _____
6.	TOTAL Telephone Services	\$ _____	OPC _____
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	RCA _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	SCR _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	SGA _____
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)	\$ 1,066.00	

- (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 360.06, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if 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.

\_\_\_\_\_  
 (Signature of Company Official) President (Title) 8/10/06 (Date)

\_\_\_\_\_  
 (Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. 65-1087850 DOCUMENT NUMBER-DATE

07366 AUG 16 06