

060781-TP see TX 853

Interexchange Company Regulatory Assessment Fee Return

Total \$ 260.21

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TK011-06-0-R
 Acceris Communications
 9530 Padgett Street, Suite 101
 San Diego, CA 92126-4449

ORIGINAL

DEPOSIT DATE
 739 APR 10 2007

FOR PSC USE ONLY

Check # 1147

\$ 164.08 06-03-001
 003001

\$ _____ E

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 4-5-07
 Initials of Preparer RS

PERIOD COVERED:

01/01/2006 TO 12/31/2006
 7 7

Please Complete Below If Official Mailing Address Has Changed

Acceris Management and Acquisition LLC (Name of Company) 1910 Cochran Rd (Address) - Suite 335 Manor Oak 2 (City/State) Pittsburgh PA 15220 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. CDM	Long Distance Services	\$ 68,753	\$ 20,686
2.	Access Services		
3. CPM	Private Line Services		61,354
4.	Leased Facilities & Circuits Services		
5. ECR	Miscellaneous Services		
6. GCL	TOTAL Telephone Services	\$ _____	\$ 82,040
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8. OFC	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 82,040
9. RGA	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		164.08
10. SCF	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11. SCF	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12. SGA	Extension Payment Fee (see "4. Extension" on back)		
13. SEC	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 164.08 ⁽²⁾

(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: _____

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.

[Signature] VP TAXATION 4/3/2007
 (Signature of Company Official) DAN Hogan (Title) (Date)

David A Odrey (Preparer of Form - Please Print Name)
 Telephone Number (412) 254-2116 Fax Number (412) 254-2131
 F.E.I. No. 20-2855923

DOCUMENT NUMBER DATE 003010 APR 9 2007 FPCO-COMMISSION CLERK