

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

TOTAL \$1350.00  
SEE TX 114

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
Amended Return

PERIOD COVERED: 01/01/2007 TO 12/31/2007

TI498-07-0-R
ALLTEL Communications, Inc.
1410 Market Street, Suite A
Tallahassee, FL 32312-1774
Docket No. 070305-1 DEPOSIT DATE 751 JUN 11 2007

FOR PSC USE ONLY
Check # 44729
\$ 700.00
Postmark Date 6-5-07
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

ONE ALLIED DRIVE (Name of Company)
LITTLE ROCK/AR (Address)
72202 (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Telecommunications Companies, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$700 MINIMUM).

OTH (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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- ( ) Facilities-Based Carrier ( ) Call Aggregator
( ) Alternate-Operator Service ( ) Rebiller ( ) Other

BILLING INFORMATION

Complete below if billing agent is other than yourself.
What is the total amount of customer deposits collected? Amount: \$ 0 for 20 07
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.

(Signature of Company Official) Assistant Secretary (Title) 5/31/07 (Date)

Tammy Cook (Preparer of Form - Please Print Name) Telephone Number (501) 908-1743 Fax Number (501) 908-1555

F.E.I. No. 71-0781563 04654 JUN 11 8