

Pay Telephone Service Provider 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

*Records +
Paula*

TG973-07-0-R Rauenzahn Enterprises, Inc. <i>080011-TC</i> 8076 North 45th Way Palm Beach Gardens, FL 33418-6170 Request for cancellation (Isler) <i>EST DATE</i> <div style="text-align: right;"><i>797 JAN 03 2008</i></div>

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # <i>29015</i>	
\$ <u>100.00</u>	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date <i>12-28-07</i>	
Initials of Preparer <i>RT</i>	

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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 \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

Candace Rauenzahn _____ *CFO* _____ *12/12/07*
 (Signature of Company Official) (Title) (Date)

CANDACE RAUENZAHN Telephone Number *520 471-3059* Fax Number *520 471-1059*
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

00040 JAN-28
 PSC-COMMISSION CLERK

Rauenzahn Enterprises, Inc.

***8076 North 45th Way
West Palm Beach, FL 33418***

***Phone Number (561) 471-3059
Fax Number (561) 471-1059***

December 12,2007

Florida Public Service Commission
Attn. Paula Isler
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Phone 850-413-6502
Fax 850-413-6503

RE: Cancellation of Payphone Certificate TG973


Dear Paula Isler,

I am requesting the cancellation of payphone certificate TG973 registered to Rauenzahn Enterprises, Inc. We have decided not to start a payphone business and would like to cancel our certificate.

Enclosed please find the Pay Telephone Service Provider Regulatory Assessment Fee Return for 2007 and a check for \$100.00 the minimum due.

Please contact me if there are any other requirements or forms that need to be done so that I can complete them by the end of 2007. Thank You For Your Help

Sincerely,


Candace Rauenzahn