

SCANNED

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	3399741
\$	600.00 06-03-001 003001
\$	E
\$	P 06-03-001 004011
\$	I
Postmark Date	5-12-08
Initials of Preparer	RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

08/31/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TX912-07-0-R
 TelCove Operations, Inc.
 121 Champion Way
 Canonsburg, PA 15317-5817

Docket No. 060785-TP

DEPOSIT DATE
 842 MAY 13 2008

Please Complete Below If Official Mailing Address Has Changed

Parent Records

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ 600.00 ⁽³⁾

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

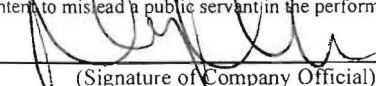
COMPANY INFORMATION

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

BB 
 (Signature of Company Official) Senior Vice President 05/07/2008
 (Title) (Date)

Joe Engl
 (Preparer of Form - Please Print Name) Telephone Number (814)-260-2575 Fax Number (814)-260-2022

F.E.I. No. 25-1841903

DOCUMENT NUMBER - DATE
 03927 MAY 12 08
 FPSC-COMMISSION CLERK

SCANNED

Interexchange Company Regulatory Assessment Fee Return

RECEIVED-FPSC

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

08/31/2007 TO 12/31/2007

TK121-07-0-R
TelCove Operations, Inc.
121 Champion Way
Canonsburg, PA 15317-5817
Docket No. 060785-TP
DEPOSIT DATE 842 MAY 13 2008

FOR PSC USE ONLY
Check # 3399742
\$ 700.00 06-03-001 003001
E
P 06-03-001 004011
I
Postmark Date 5-12-08
Initials of Preparer RT

RECORDED & POWERED

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes rows for 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, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$700.00 MINIMUM).

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
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

- (X) Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Rebillor () 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 (X) 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. 05/08/2008

Signature of Company Official: Joe Engl (Title: Senior Vice President) (Date: 05/08/2008)

Telephone Number (814)-260-2575 Fax Number (814)-260-2022

F.E.I. No. 25-1841903

DOCUMENT NUMBER - DATE 03927 MAY 12 2008

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