

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

Competitive Local Exchange Company Regulatory Assessment Fee Return

ticket # 080483-TX

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

~~TX913-08-0-R~~ TX913-07-0-R
 Callis Communications, Inc.
 720 Oak Circle Drive East, Suite 100
 Mobile, AT. 36609-4281
 DEPOSIT DATE
 869 . SEP 16 2008

FOR PSC USE ONLY
 Check # 2057
 \$ 600.00 06-03-001 003001
 S _____ E
 S _____ P 06-03-001 004011
 S _____ I
 Postmark Date 9-7-08
 Initials of Preparer ET

PERIOD COVERED:
01/01/2008 TO 12/31/2008

01/01/2007 to 12/31/2007

Paula
Receives

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 171144	\$ 171144
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		171144
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 171144
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		342.29
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" of 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.

 (Signature of Company Official) V.P. ADMINISTRATION (Title) 9/9/08 (Date)

JAMES S. WORMARK (Preparer of Form - Please Print Name)
 Telephone Number (251) 445-6545 Fax Number () 445-6606

F.E.I. No. 63-1221852

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 COMMISSION CLERK
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