



Complete Pay Telephone Service

4771 Wickerwood Drive • St. Louis, MO 63129 * (314) 845-9850 • fax (314) 845-3575

RECEIVED-FPSC
08 DEC 10 AM 9:12
COMMISSION
CLERK

December 2, 2008

Florida Public Service Commission
Attn: Fiscal
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

080703-TC

RE: Certificate Cancellation
Certificate No. 8606
Company Code TH055

Dear Sir or Madam,

Enclosed is our Pay Telephone Service Provider Regulatory Assessment Fee Return for 2008 along with our check in the amount of \$100.00.

We would like to CANCEL this certificate effective immediately.

If you have any questions, please call us at 314-845-9850.

Sincerely,

James E. Nesselhauf
President

/jlg
Encl.

COM _____
ECR _____
GCL _____
OPC _____
RCP _____
SSC _____
SGA _____
ADM _____
CLK *Nonny*

DOCUMENT NUMBER - DATE
1400 DEC 10 8
FPSC - COMMISSION CLERK

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:
01/01/2008 TO 12/31/2008

*Records + PAIA
letter attached*

TH055-08-0-R Joltran Communications Corp. 4771 Wickerwood Drive St. Louis, MO 63129-2456 DEPOSIT DATE 882 - DEC 10 2008
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	<u>3820</u>
\$ <u>100.00</u>	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date	<u>12-03-08</u>
Initials of Preparer	<u>ET</u>

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>2703.93</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>2703.93</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>5.41</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> ⁽²⁾
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.

James E. Nesselhauf PRESIDENT 12/2/08
(Signature of Company Official) (Title) (Date)

JAMES E. NESSELHAUF
(Preparer of Form - Please Print Name)

Telephone Number (314-845-9850) Number (314-845-3575)

F.E.I. No. 43-1736559