

080704

# Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**  
 Check# 74686  
 \$ 600.00 06-03-001  
 \$ \_\_\_\_\_ E 003001  
 \$ \_\_\_\_\_ P 06-03-001  
 \$ \_\_\_\_\_ I 004011  
 Postmark Date 12-09-08  
 Initials of Preparer RT

- Actual Return/FINAL  
 Estimated Return  
 Amended Return

TX758  
 Network PTS, Inc.  
 379 Diablo Road Suite 212  
 Danville, CA 94526  
 S 83 • DEC 1 8 2008

PERIOD COVERED:  
 01/01/08 TO 12/31/08

FINAL RETURN

*Records to Paula*

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTERSTATE REVENUE
1.	Basic Local Service	\$ 64,297.60	\$ 1,160.40
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	<b>TOTAL REVENUES</b>		\$ 49,160.40
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 49,160.40
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		98.32
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.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ 600.00 <sup>(3)</sup>

(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)

COM | ECR | GCL | OPC | RCP | SSC | SGA | ADM | CLK  
 (Telephone)

### COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO

If YES, who do you lease these facilities from? Name: WorldCom, Inc.

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.

Nancy K. Rossi Chief Financial Officer 12-6-08  
 (Signature of Company Official) (Title) (Date)

Nancy K. Rossi Telephone Number: 510-347-3661 Fax Number: 510-618-1247

(Preparer of Form-Please Print Name)

DOCUMENT NUMBER-DATE  
11548 DEC 15 8

F.E.I. No. 68-0188810

RECEIVED - FPSC  
 08 DEC 15 PM 4:00  
 COMMISSION CLERK