

080065-TX

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TX868-08-0-R
 Vilaire Communications, Inc.
 P. O. Box 98907
 Lakewood, WA 98496-8907
 DEPOSIT
 887 - JAN 18 2009

FOR PSC USE ONLY
 Check # 11723
 \$ 69.43 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1/15/09
 Initials of Preparer RT

PERIOD COVERED:

01/01/2008 TO 12/31/2008

*PAULA + Records
 Business Closed
 as of 9/30/2008*

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	\$ <u>55321.86</u>	\$ _____
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		\$ <u>55321.86</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		<u>20605.90</u>
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>34715.96</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>69.43</u>
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)		\$ <u>69.43</u> ⁽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.

Stanley Johnson (Signature of Company Official) President (Title) 12/31/08 (Date)

Telephone Number (253) 973-2470 Fax Number (253) 475-6328
 Preparer of Form - Please Print Name

F.E.I. No. 56-2416420

FPSC - COMMISSION CLERK

DOCUMENT NUMBER - CASE
 0288 JAN 15 2009

RECEIVED - FPSC
 09 JAN 12 PM 3:10
 COMMISSION CLERK

VCI Company
2228 S 78th St
Tacoma, WA 98409-5820
(253) 830-0058

12/31/08

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0876

RE: 2008 Regulatory Assessment Fee Report

Sir/Madam:

Enclosed please find VCI Company's completed 2008 Regulatory Assessment Fee Report. Business closed as of 9/30/08. Please acknowledge receipt of this filing by date stamping the additional copy of this transmittal and returning it in the self addressed, stamped envelope provided for this purpose.

Sincerely,

Alexis N. Donnelly
VCI Company

COM _____
ECR _____
GCL _____
OPC _____
RCP 1 _____
SSC _____
SGA _____
ADM _____
CLK _____