

**Raquel Tully**

090294-TI

RECEIVED-FPSC

Total \$ 1,314.00

**From:** Paula Isler  
**Sent:** Tuesday, July 07, 2009 9:57 AM  
**To:** Raquel Tully  
**Subject:** RE: Payment received

09 JUL 10 AM 10:12

(814.00-RAF)

TK 183-08  
COMMISSION  
CLERK

CK#41009  
\$ 200- Recovery  
300- fine  
6-30-09  
RT

. 945 JUL 10 2009

Good morning:

Sorry for the delay in getting back with you, but I took a few days off. Concerning Raza Telecom Inc. (TK183), deposit \$814 as you normally would for RAF (\$700) and penalty (\$114). The balance of \$500 is a fine. Deposit \$200 in the Public Service Commission Regulatory Trust Fund and the balance of \$300 in the General Revenue Fund. Please provide the Clerk's Office with proof of payment so that it can be documented in Docket No. 090294-TI. Thanks.

**From:** Raquel Tully  
**Sent:** Monday, July 06, 2009 8:48 AM  
**To:** Paula Isler  
**Subject:** Raf

I received a check for \$1,314.00, from TK138 Raza Telecom, please let me know the breakdown.

Thanks

COM \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
RCP \_\_\_\_\_  
SSC \_\_\_\_\_  
SGA \_\_\_\_\_  
ADM \_\_\_\_\_  
CLK *Nearby*

DOCUMENT NUMBER-DATE

06913 JUL 10 8

FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

total \$ 1,314.00

## 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

TK183-08-0-R  
Raza Telecom Inc.  
5420 North Harlem Avenue  
Chicago, IL 60656-1821  
945 JUL 09 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
Check # 41009  
\$ 700.00 06-03-001 003001  
\$ \_\_\_\_\_ E  
\$ 114.00 P 06-03-001 004011  
\$ \_\_\_\_\_ I  
Postmark Date 6/30/09  
Initials of Preparer RT

RAZA TELECOM (Name of Company)    5219 N. HARLEM AVENUE (Address)    CHICAGO / IL (City/State)    60656 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	<b>TOTAL Telephone Services</b>	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( 0.00 )	( 0.00 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		512.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		102.00
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ 1,314.00 <sup>(2)</sup>

(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

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- 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  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.

\_\_\_\_\_  
(Signature of Company Official)    PRESIDENT (Title)    6/24/2009 (Date)  
Telephone Number 773-792-8150    Fax Number 773-792-2292

(Preparer of Form - Please Print Name)

F.E.I. No. \_\_\_\_\_