

Interexchange Company Regulatory Assessment Fee Return

100125-TI

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

TK169-09-0-R
A & D MONTANA CORP.
5632 S.W. 40th Place
Ocala, FL 34474-9590

DEPOSIT DATE
023 MAR 16 2010

FOR PSC USE ONLY

Check # 602
\$ 700.00
\$ 70.00
\$ 14.00

06-03-001
003001
06-03-001
004011

COMMISSION FILED
MAR 15 10 33 AM '10
PSC

Postmark Date 3-12-2010
Initials of Preparer RT

Records + Nancy

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	COM	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	APA	\$ 00	\$ 00
2.	Access Services	ECR	00	00
3.	Private Line Services	GCL	00	00
4.	Leased Facilities & Circuits Services	RAD	00	00
5.	Miscellaneous Services	SSC	00	00
6.	TOTAL Telephone Services	ADM	\$ 00	\$ 00
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	OPC	(00)	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	CLK		\$ 700.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)			70.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)			14.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			
12.	Extension Payment Fee (see "4. Extension" on back)			
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)			\$ 784.00 ⁽²⁾

- (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) VP 03-08-10
 (Preparer of Form - Please Print Name) (Title) (Date)
 Telephone Number 854-8827748 Fax Number 854-7275345

F.E.I. No. _____

DOCUMENT NUMBER - DATE
01814 MAR 15 0
FPSC - COMMISSION CLERK

Ocala, March 8, 2010

Mr. Nancy Pruitt

Florida Public Service Commission

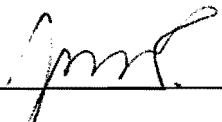
2540 shumard oak Boulevard. Tallahassee, FL 32399

REF: REQUEST FOR CANCELLATION OF ITS CERTIFICATE A&D MONTANA CORP TK169-08-R.

This letter has the purpose to formally request the voluntary cancellation of our InterExchange Certificate on the State of Florida PSC. This decision is taking based on the fact we're not running this operation and will not do so going forward.

Attached find the corresponding return of the 2009 RAF for the minimum and penalty for late payment.

Best regards

 03-08-2010

Juan Ramirez.

DOCUMENT NUMBER - DATE

01814 MAR 15 09

FPSC-COMMISSION CLERK