

110045-TX

**Records/ 7071 Competitive Local Exchange Company Regulatory Assessment Fee Return**

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**

Check # 6827

\$ 600.00 06-03-001  
003001

\$ \_\_\_\_\_ E \_\_\_\_\_

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I \_\_\_\_\_

Postmark Date 1-24-11

Initials of Preparer RT

TX839-10-0-R  
CloseCall America, Inc  
101 Log Canoe Circle  
Stevensville, MD 21666-2106

**DEPOSIT DATE**  
1 0 0 JAN 28 2011

Please Complete Below If Official Mailing Address Has Changed

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**

01/01/2010 TO 12/31/2010

**FINAL RETURN!**  
**Sold 12/17/2010**

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ <u>17,483.45</u>
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	<u>2,916.33</u>
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>	_____	\$ <u>20,409.78</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	_____	<u>8,047.32</u>
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	\$ <u>12,402.46</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	<u>24.80</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.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>	_____	\$ <u>600.00</u> <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)

\_\_\_\_\_  
(Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES      ( ) NO

If YES, who do you lease these facilities from? Name: VERIZON/BELL SOUTH

Address: \_\_\_\_\_

**COM** \_\_\_\_\_  
**APA** \_\_\_\_\_  
**ECR** \_\_\_\_\_  
**GCL** \_\_\_\_\_  
**RAD** \_\_\_\_\_  
**SSC** \_\_\_\_\_  
**ADM** \_\_\_\_\_  
**OPC** \_\_\_\_\_  
**CLK** Nonuse

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.

Bob James      Agent      1/15/11  
(Signature of Company Official)      (Title)      (Date)

Bob James      Telephone Number (713) 338-2658      Fax Number \_\_\_\_\_  
(Preparer of Form - Please Print Name)

F.E.I. No. 52-2152499