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June 17, 2013

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13 JUN 17 PM 1:23
COMMISSION
CLERK

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Ms. Ann Cole, Commission Clerk
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

claim of confidentiality
 notice of intent
 request for confidentiality
 filed by OPC

For DN 03362-13, which
is in locked storage. You must be
authorized to view this DN.-CLK

RE: Smart City Telecommunications LLC d/b/a Smart City Telecom; ICC
Recovery Mechanism

Dear Ms. Cole:

In accordance with 47 C.F.R. §§54.304 (d) (1) and 51.917 (d) (vii), enclosed for filing are certain documents associated with Smart City Telecom's ICC Recovery Mechanism. Smart City considers certain portions of these supporting materials to be proprietary confidential business information and therefore hereby is filing the response under a claim of confidentiality pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5), Florida Administrative Code. One highlighted (confidential – not to be disclosed) and two redacted copies (available for public inspection) are enclosed per the rule.

You may contact me if there are questions regarding this filing.

Sincerely,



J. Jeffrey Wahlen

Enclosures

cc: Lynn B. Hall (w/o encls.)

DOCUMENT NUMBER-DATE

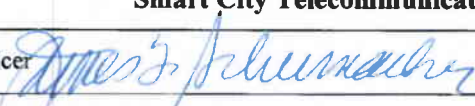
03361 JUN 17 2013

FPSC-COMMISSION CLERK

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer		Date	6/11/13
Printed name of Authorized Officer	James Schumacher		
Title or position of Authorized Officer	VP Finance & Administration		
Telephone number of Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/17/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

James S. Schumacher

Date

6/11/13

Printed name of Authorized Officer

James Schumacher

Title or position of Authorized Officer

VP Finance & Administration

Telephone number or Authorized Officer.

(407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier

210330

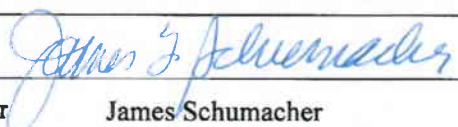
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06/17/2013

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer		Date	4/11/13
Printed name of Authorized Officer	James Schumacher		
Title or position of Authorized Officer	VP Finance & Administration		
Telephone number of Authorized Officer.	(407) 828-6656 ext. _____		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/17/2013

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

James Schumacher

Date

6/11/13.

Printed name of Authorized Officer

James Schumacher

Title or position of Authorized Officer

VP Finance & Administration

Telephone number or Authorized Officer.

(407) 828-6656 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

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Filing Due Date for this form
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