

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED  
**Local Telephone Service Provider Regulatory Assessment Fee Return**

Docket #130285-TX

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
1/1/2013 TO 12/31/2013

TX266-13-T-0-R  
Ring Connection, Inc.  
P. O. Box 520  
Crestview FL 32536-0520

DATE DEPOSIT  
**JAN 03 2014 3 7 7**

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 4000

\$ 600.00 06-03-001  
003001

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

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

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

Postmark Date 1-7-14

Initials of Preparer RT

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ <u>30,858.85</u>	\$ <u>30,858.85</u>
2.	Network Access Revenues	<u>3,380.00</u>	<u>3,380.00</u>
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	<b>TOTAL REVENUES</b>	\$ <u>34,238.85</u>	\$ <u>34,238.85</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		<u>21,537.37</u>
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ <u>12,701.48</u>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than 600, enter amount. If less, enter \$600.) <sup>(2)</sup>		<u>20.32</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Extension Payment Fee (see "4. Extension " on back)		_____
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)		\$ <u>600.00</u>

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Jan McQueen  
(Signature of Company Official)  
JAN MCQUEEN  
(Preparer of Form - Please Print Name)

ACCOUNTING MANAGER  
(Title) 01/06/2014  
(Date)

Telephone Number 850 682-0475 Fax Number 877 682-0834

F.E.I. No. 59-3688354