

15000-07

00583-15

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FPSC - COMMISSION CLERK

Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TL715-14-T-0-R
NEFCOM
505 Plaza Circle, Suite 200
Orange Park, FL 32073-9409

REDACTED

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	_____
\$ _____	06-03-001 003001
\$ _____	E
\$ _____	P 06-03-001 004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2014 TO 12/31/2014


NEFCOM (Name of Company)	130 NORTH 4 TH STREET (Address)	MACCLENNY, FLORIDA (City/State)	32063 (Zip)
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LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	TOTAL REVENUES	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	_____
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ _____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	_____
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.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ _____

(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.

	Vice-President of Regulatory Affairs	01/26/2015
(Signature of Company Official)	(Title)	(Date)
Vicki R Combs	Telephone Number (904) 259-0037	Fax Number (904) 259-0049
(Preparer of Form - Please Print Name)		

F.E.I. No. 59-0798013

ATTACHMENT "A"

