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DATE DEPOSIT

JAN 29 2016 6 18

January 29, 2016

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

ATTENTION: Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

RECEIVED-FPSC
JAN 29 PM 3:39
COMMISSION CLERK

Re: Northeast Florida Telephone Company d/b/a NEFCOM ("NEFCOM") (TL 715)
Local Telephone Service Provider Regulatory Assessment Fee ("RAF") Return
and Payment

Dear Sir/Madam:

Pursuant to Section 364.336, Florida Statutes, enclosed please find NEFCOM's Local Telephone Service Provider Regulatory Assessment Fee Return for revenues for period January 1, 2015 to December 31, 2015.

Pursuant to Section 364.183(1), Florida Statutes and Rule 25-22.006(5)(a), Florida Administrative Code, NEFCOM hereby claims confidential treatment for certain portions of its regulatory assessment fee return.

Enclosed herewith are the following:

1. Attachment "A" – 2 copies of NEFCOM's Local Telephone Service Provider Regulatory Assessment Fee Return with the specific information claimed to be **confidential redacted**; and
2. Attachment "B" – a sealed envelope marked 'CONFIDENTIAL' containing: NEFCOM's Local Telephone Service Provider Regulatory Assessment Fee Return with the specific information claimed to be **confidential highlighted in yellow** and Townes Communications check

RUTLEDGE ECENIA

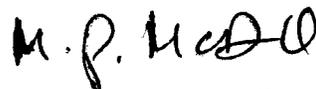
no. 096709 representing payment for the total amount due.

NEFCOM asserts that the portions of its response contain proprietary confidential business information regarding NEFCOM's local exchange service. NEFCOM is currently experiencing competition from other service providers with respect to such service within NEFCOM's service territory.

Pursuant to section 364.183(1), Florida Statutes, upon the filing of NEFCOM's claim that such information is proprietary and confidential business information, such information shall be kept confidential and shall be exempt from section 119.07(1), F.S., and section 24(a), Art. I of the State Constitution. Pursuant to section 364.183(4), F.S., staff may retain this information for as long as is necessary for the Commission to conduct its business.

Please acknowledge receipt of this filing by stamping and initialing a copy of this letter and returning same to the courier. If you have any questions, please do not hesitate to call me. Thank you for your assistance with this filing.

Sincerely,



Martin P. McDonnell

Enclosures

cc: Tammy Souza

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TL715-15-T-0-R
 NEFCOM
 P. O. Box 485
 Macclenny, Florida 32063-0485

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	

PERIOD COVERED:

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

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.

Jimmy Swize
 (Signature of Company Official)

Accounting Manager
 (Title)

01/19/2016
 (Date)

VICKI R. COMBS
 (Preparer of Form - Please Print Name)

Telephone Number 904-259-0037 Fax Number 904-259-0023

F.E.I. No. 59-0798013