

Total \$ 212.00  
(112.00 - 2018 Reg Fee)

CK# 54329

\$ 100 R  
3-7-19  
RR

DATE DEPOSIT

MAR 13 2019 2 36



Pacific Telemangement Services  
2001 Crow Canyon Road Suite 200  
San Ramon, CA 94583

03/05/2019

Dear Commission Clerk office,

Please accept this letter as notification Pacific Telemangement Service is no longer operating in business as of August 01, 2018. Please cancel TG903; Pacific Telemangement Services certificate. Due to the late notice from us, \$100.00 regulatory fee has been added for 2019. Please feel free to contact our office at 925-553-3771 if there are any questions or concerns.

Sincerely,

Tori Chen  
Accounts Administrator  
ZumCoholdings, LLC

DOCKET NO. 20190060-TC  
FILED 3/13/2019  
DOCUMENT NO. 03046-2019  
FPSC - COMMISSION CLERK

RECEIVED-FPSC  
2019 MAR 13 AM 8:40  
COMMISSION  
CLERK

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Total 212.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
1/1/2018 TO 12/31/2018

(See Filing Instructions on Back of Form)

TG903-18-T-0-R  
Pacific Telemanagement Services  
2001 Crow Canyon Road, Suite 200  
San Ramon, CA 94583-5388

DATE DEPOSIT  
MAR 13 2019 2 36

**FOR PSC USE ONLY**

Check # 54329

\$ 100.00 06-03-001  
003001

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

\$ 10.00 P 06-03-001  
004011

\$ 2.00 I

Postmark Date 3-7-19  
Initials of Preparer RL

Records

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 40,722.76
2.	Gross Intrastate Revenue	20,683.20
3.	Less: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	(41,370)
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ -20,686.80
5.	<b>REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup></b>	\$ 100
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 10
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 2
8.	Extension Payment Fee (see "4. Extension" on back)	
9.	<b>TOTAL AMOUNT DUE (Add lines 5 through 8)</b>	\$ 112.00
10.	Number of pay telephones in operation at close of period covered by this Return	1

(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 \$100 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.

[Signature] Accounts Admin. 3/6/19  
(Signature of Company Official) (Title) (Date)

(Preparer of Form - Please Print Name) Telephone Number (925) 553-3711 Fax Number (925) 217-4110  
94-3017874  
F.E.I. No.