

DATE DEPOSIT

JUL 28 2021 4 60

LUMEN®

July 27, 2021

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FILED 7/28/2021
DOCUMENT NO. 08373-2021
FPSC - COMMISSION CLERK

Adam Teitzman, Director
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

RE: Confidential- Regulatory Assessment Fee Returns for Six Months Ended June 30, 2021 and Amended Regulatory Assessment Fee Returns for Six Months Ended December 31, 2020

Dear Mr. Teitzman:

Enclosed in a sealed envelope for confidential filing please find the Florida Regulatory Assessment fee returns for the six months ended June 30, 2021 for the following companies containing confidential information:

- Embarq Florida, Inc. d/b/a CenturyLink – TL727-21-T-1-R
Check No. 0012146635
- CenturyLink Communications, LLC d/b/a Embarq Communications – TX273-21-T-1-R
Check No. 0012146636
- Level 3 Communications, LLC – TX238-20-T-2-R
Check No. 004070181
- Level 3 Telecom of Florida, LP – TA013-21-T-1-R
Check No. 004070180

RECEIVED-FPSC
2021 JUL 28 AM 9:39
COMMISSION CLERK

Also Enclosed in a sealed envelope for confidential filing please find the AMENDED Florida Regulatory Assessment Fee Returns for July 1, 2020 to December 31, 2020 for Level 3 Communications, LLC – TX238-20-T-2-R and for Level 3 Telecom of Florida, LP – TA013-20-T-2-R containing confidential information.

The Company is requesting confidential treatment of this report pursuant to §364.183, Florida Statutes. This Notice requires that the information be treated as confidential while on file at the Florida Public Service Commission. Please acknowledge receipt and filing of the above by stamping the duplicate copy of this letter and returning the same to this writer. Thank you for your assistance in this matter.

If you have any questions, please contact Mary Garris as (318)388-9453 or via e-mail at mary.garris@centurylink.com.

Sincerely,

Christie P. Mason

Christie P. Mason
Director – State and Local Government Affairs
Attachments

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM *1 Set - redacted*
- CLK _____

Christie P. Mason
Director State & Local Government Affairs
132 N. Calhoun Street
Tallahassee, FL 32301
Tel: (850) 599-1073
Christie.A.Pontis@lumen.com

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 07/30/2021
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
 Amended Return

TL727-21-T-1-R
 CenturyLink
 132 N. Calhoun St., Suite 3
 Tallahassee, FL 32301-1598

PERIOD COVERED:

01/01/2021 TO 06/30/2021

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P

06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE		INTRASTATE REVENUE	
		\$		\$	
1.	Local Service Revenues	\$	[REDACTED]	\$	[REDACTED]
2.	Network Access Revenues		[REDACTED]		[REDACTED]
3.	Long Distance Network Services Revenues		[REDACTED]		[REDACTED]
4.	Miscellaneous Revenues		[REDACTED]		[REDACTED]
5.	TOTAL REVENUES	\$	[REDACTED]	\$	[REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)		[REDACTED]	([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		[REDACTED]	\$	[REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾		[REDACTED]		[REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		[REDACTED]		[REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		[REDACTED]		[REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)		[REDACTED]		[REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	\$	[REDACTED]	\$	[REDACTED]

- (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 384.336, 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.

1st Mary Garcia
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

7/22/2021
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number (316) 330-6409 Fax Number (316) 388-9991

F.E.I. No. 59-0248365

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 07/11/2021
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# _____
 \$ _____ 08-03-001
 003001
 \$ _____ E
 \$ _____ P
 08-03-001
 004011
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

STATUS:

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/2021 TO 06/30/2021

TX273-21-T-1-R
 Embarq Communications
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ [REDACTED]	\$ [REDACTED]
2.	Network Access Revenues	[REDACTED]	[REDACTED]
3.	Long Distance Network Services Revenues	[REDACTED]	[REDACTED]
4.	Miscellaneous Revenues	[REDACTED]	[REDACTED]
5.	TOTAL REVENUES	\$ [REDACTED]	\$ [REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)		([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ [REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0018. If more than \$600, enter amount. If less, enter \$600.)(2)		[REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		[REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		[REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)		[REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ [REDACTED]

- (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 384.336, Florida Statutes.

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/s/ Mary Garcia

(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)

(Title)

7/22/2021

(Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

Telephone Number

(318) 330-6409

Fax Number

(318) 388-9991

F.E.I. No. 04-8141739

TO AVOID PENALTY AND INTEREST CHARGES THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 7/30/2021
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/2021 TO 08/30/2021

TX238-21-T-1-R
Level 3 Communications, LLC
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

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

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	
			INTRASTATE REVENUE
1.	Local Service Revenues	\$ [REDACTED]	\$ [REDACTED]
2.	Network Access Revenues	[REDACTED]	[REDACTED]
3.	Long Distance Network Services Revenues	[REDACTED]	[REDACTED]
4.	Miscellaneous Revenues	[REDACTED]	[REDACTED]
5.	TOTAL REVENUES	\$ [REDACTED]	\$ [REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)		([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ [REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)		[REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		[REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		[REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)		[REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ [REDACTED]

(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.

1st Mary Jarvis
(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)
Senior Manager - Regulatory Finance 7/22/2021
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 47-0807040

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 7/30/2021
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2021 TO 06/30/2021

TA013-21-T-1-R
 Level 3 Telecom of Florida, LP
 132 N. Calhoun St., Ste 3
 Tallahassee, FL 32301-1598

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P
 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initial of Preparer _____

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		\$		\$	
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2.	Network Access Revenues		[REDACTED]		[REDACTED]
3.	Long Distance Network Services Revenues		[REDACTED]		[REDACTED]
4.	Miscellaneous Revenues		[REDACTED]		[REDACTED]
5.	TOTAL REVENUES	\$	[REDACTED]	\$	[REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)			([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)			\$	[REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0018. If more than \$600, enter amount. If less, enter \$600.)(2)				[REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)				[REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)				[REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)				[REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	\$	[REDACTED]	\$	[REDACTED]

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Isi Mary Garris
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

 7/22/2021
 (Date)

Penny S. Nugent
 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 08-1363374