					ON OR BEFORE 01/30/2009 Assessment F	See Return	202
		Flor	 ida Public	Service Comm	ission	For PSC USE ON	<u>105.</u> LY
STATUS	5:	1 101		structions on Back of Form)		Check # 1383	
Actu	al Return	TK165-08-0		·····		\$ 700.00	06-03-00
	mated Return	Excella Con	mmunicati	ons Inc.		- narn	00300
	ended Return	1700 South	Main Stre	et CSC	in a	\$E	
		Las Vegas,			TT -TT	S P	06-03-00
PERIOD	OCOVERED:			OSIT LANG	. –	* ·	00401
01/01/20	08 TO 12/31/2008					\$\$	
78	- /		857	. JUL 292	103		
AW	10			002 02	500	Postmark Date 7-035	
ダンク	$\gamma \gamma \gamma$	Please Comn	lete Below If (official Mailing Addre	ss Has Changed	Initials of Preparer	
۹¥	1 0	i lease comp		Official Mailing Addre	as Thes Changed		
1	L			ECR			
	(Name of Company)			AGCL		(City/State)	(Zip)
	····-						${}$
LINE NO.	ACCC	OUNT CLASSIFICA	TION	OPC	FLORIDA G		
1.	Long Distance Services	JONI CLASSIFICA	TION		OPERATING R	s T	
2.	Access Services			SSC		°O-	\rightarrow
3.	Private Line Services			SGA	·····		
4. 5.	Leased Facilities & Circ Miscellaneous Services	uits Services			<u> </u>		
				ADM			
6.	TOTAL Telephone Ser	vices		CLK Ab	nnt	\$	
7.	LESS: Amounts Paid to	Telecommunications	Companies ⁽¹⁾	7	(<u>)</u>) ()
8.	TOTAL REVENUES F	or Regulatory Asses	sment Fee Calc	ulation		s O	
9.	Regulatory Assessment	Fee Due (Multiply Li	ne 8 hv 0 0020)		0	
10.	Penalty for Late Paymen						
11.	Interest for Late Paymen	•	•	e" on back)			
12.	Extension Payment Fee	•				10.1	90
13	TOTAL AMOUNT DU	E (\$700.00 MINIM	UM)			s <u>100</u>	(
	 These amounts must Regardless of the gr Section 364.336, Flo 	oss operating revenu				of \$700 shall be imposed as prove	ided in
			CURRE	ENT COMPANY STA	TUS		
· ·	ies-Based Carrier) Reseller	() Call Aggregator	led for cance	14 1
() Alterna	ate-Operator Service	() Rebiller	Ç	Other:	CO POT CONCE	1141
			BILI	ING INFORMATIO	N		
		er than yourself					
Complete b	elow if billing agent is oth	er under yoursen.				()	
Complete b				(Address: City/St	ta/Zin)	(Teleshone)	
What is the	(Name) total amount of customer of			(Address: City/Sta		(Telephone) tal amount of bond held (if applic a	ble)?
What is the	(Name) total amount of customer of		<u></u>	(Address: City/Sta	What is the to		
What is the	(Name) total amount of customer of	leposits collected?	Сом		What is the to Amount: \$	tal amount of bond held (if applica	
What is the Amount:	(Name) total amount of customer of	leposits collected? 20	COM () NO	(Address: City/St	What is the to Amount: \$	tal amount of bond held (if applica	
What is the Amount: Do you leas	(Name) total amount of customer of \$for	deposits collected? 20 ilities? () YES			What is the to Amount: \$	tal amount of bond held (if applica	
What is the Amount: Do you leas	(Name) total amount of customer of \$for se telecommunications' fac	deposits collected? 20 ilities? () YES			What is the to Amount: \$	tal amount of bond held (if applica	
What is the Amount: Do you leas If YES, who Address:	(Name) total amount of customer of \$for se telecommunications' fac o do you lease these facilit	deposits collected? 20	() NO	PANY INFORMATIO	What is the to Amount: \$	tal amount of bond held (if applica Expires:	
What is the Amount: Do you leas If YES, who Address: I, the y	(Name) total amount of customer of se telecommunications' fac o do you lease these facilities undersigned owner/officer	deposits collected? 20	() NO	PANY INFORMATIO	What is the to Amount: \$	tal amount of bond held (if applica Expires:	of the abov
What is the Amount: Do you leas If YES, who Address: I, the t information	(Name) total amount of customer of se telecommunications' fac o do you lease these facilities undersigned owner/officer	leposits collected? 20	() NO	PANY INFORMATIO	What is the to Amount: \$ DN and declare that to the Statutes, wheever know	tal amount of bond held (if applica Expires:	of the abov
What is the Amount: Do you leas If YES, who Address: I, the t information	(Name) total amount of customer of se telecommunications' fac o do you lease these facilit undersigned owner/officer h is a true and correct state	leposits collected? 20	() NO	PANY INFORMATIO	What is the to Amount: \$ DN and declare that to the Statutes, wheever know	tal amount of bond held (if applica Expires:	of the abov
What is the Amount: Do you leas If YES, who Address: I, the t information	(Name) total amount of customer of se telecommunications' fac o do you lease these facilit undersigned owner/officer h is a true and correct state	deposits collected? 20	() NO	ve read the foregoing Section 837.06, Florida all be guilty of a misde	What is the to Amount: \$ DN and declare that to the Statutes, whoever know meanor of the second de Title)	tal amount of bond held (if applica Expires:	ef the abov writing wit
What is the Amount: Do you leas If YES, who Address: I, the t information	(Name) total amount of customer of sfor se telecommunications' fac o do you lease these facilit undersigned owner/officer n is a true and correct state o mislead a public servant i	deposits collected? 20	() NO f company, has at pursuant to S his/her duty sh	ve read the foregoing Section 837.06, Florida all be guilty of a misde	What is the to Amount: \$ DN and declare that to the Statutes, whoever know meanor of the second de Title)	tal amount of bond held (if applica Expires:	$\frac{1}{08}$
What is the Amount: Do you leas If YES, who Address: I, the t information the intent of	(Name) total amount of customer of sfor se telecommunications' fac o do you lease these facilit undersigned owner/officer n is a true and correct state o mislead a public servant i	deposits collected? 20	() NO f company, has at pursuant to S his/her duty sh	ve read the foregoing Section 837.06, Florida all be guilty of a misde	What is the to Amount: \$ DN and declare that to the Statutes, whoever know meanor of the second de Title)	tal amount of bond held (if applica Expires:	ef the abov writing wit
What is the Amount: Do you leas If YES, who Address: I, the t information the intent of	(Name) total amount of customer of sfor se telecommunications' fac o do you lease these facilit undersigned owner/officer n is a true and correct state o misled a public servant i (Signature of Compar	deposits collected? 20	() NO	PANY INFORMATIOn we read the foregoing Section 837.06, Florida all be guilty of a misde EO (70) (70) (70)	What is the to Amount: \$ DN and declare that to the Statutes, whoever know meanor of the second de Title)	tal amount of bond held (if applica Expires:	$\frac{1}{08}$

FPSC-COMMISSION CLERK

TO AVGID PENALTY AND INTEREST CHARGI	es, the regulatory assessment fee return must be filed on or before 01/30/20 Exchange Company Regulatory Assessment	⁰⁰⁸ t Fee	Return	03. ⁰⁶
	Florida Public Service Commission	Γ	FOR PSC USE C	DNLY
STATUS:	(See Filing Instructions on Back of Form)	,	Check # <u>1383</u>	<u> </u>
Actual Return Estimated Return Amended Return PERIOD COVERED:	TK165-07-0-R Excella Communications Inc. 1700 South Main Street Las Vegas, NV 89104-1200		s 700.00 s E s 175.00 P	06-03-001 003001 06-03-001 004011
09/20/2007 TO 12/31/2007	857. JUL 292003 Please Complete Below If Official Malling Address Has Changed		S I Postmark Date 7-23- Initials of Preparer	OS PT
(Name of Company)	(Address)	(City/State)	(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	sO	s <u> </u>
2.	Access Services	0	
3.	Private Line Services	<u> </u>	
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	s	s
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()) (
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	,	5
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		700
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1750
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u> </u>
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		s_917=

These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

		CURRE	NT COMPANY STATUS		
 () Facilities-Based Carrier () Alternate-Operator Service 	() Reseller) Rebiller	() Call (x) Othe	Aggregator	for cancellation
<u> </u>		BILI	ING INFORMATION		······································
Complete below if billing agent is other than yourself.					()
(Name) What is the total amount of customer deposits collected Amount: \$ for 20	d?		(Address: City/State/Zip)	What is the to	(Telephone) tal amount of bond held (if applicable)? Expires:
		СОМ	PANY INFORMATION		
Do you lease telecommunications' facilities? () Y If YES, who do you lease these facilities from? Name		() NO			<u></u>
Address:					
I, the undersigned owner/officer of the above-m information is a true and correct statement. I am awa the intent to misical a public servant in the performance	re th	at pursuant to 2	Section 837.06, Florida Statute	s, whoever know	wingly makes a false statement in writing w

	CEO	7/22/08
(Signature of Company Official) Jack Pestaner	(Title) (702) Telephone Number () 888 - 1010	(Date) (Fo2) Fax Number () 531-5000
(Preparer of Form - Please Print Name)	F.E.I. No. 80-0177812	

PSC/CMP 153 (Rev. 04/07)

ź

 $C: \label{eq:locals-1} C: \label{eq:locals-1} C: \label{eq:locals-1} OCALS-1 \ temp\ for merge 39194745 \ xmerge for max. doc$

	Florida Public Service Commission		FOR PSC USE ON	19 <u>03</u>
TATUS: V	(See Filing Instructions on Back of Form)	Check #	<u>138 S</u>	
Actual Return	TX944-08-0-R Excella Communications Inc.	\$,00.00	06-03-0 0030
Estimated Return Amended Return	1700 South Main Street Story -	S	E	•
	1700 South Main Street Las Vegas, NV 89104-1200	S-TX s	Р	06-03-(
ERIOD COVERED:		·		0040
101/2008 TO 12/31/2008	0	\$	I	
	857 JUL 292008		-1-1-1	08
			rk Date <u>7-23</u> of Preparer	-00-
מין ג	Please Complete Below If Official Mailing Address Has C		01110pater	<u> </u>
(Name of Compar	iy) (Address)	(City/Sta	ate)	(Zip)
(Name of Compared)	FLO	(City/Sta RIDA GROSS TING REVENUE	intrastate r	
INE NO. A 1. Basic Local Service	FLO CCOUNT CLASSIFICATION OPERA s \$	RIDA GROSS		EVENUE
INE INE IO. A 1. Basic Local Service 2. Long Distance Serv	FLO CCOUNT CLASSIFICATION OPERA	RIDA GROSS	INTRASTATE R	EVENUE
INE NO. A 1. Basic Local Service	FLO CCOUNT CLASSIFICATION OPERA s \$ ices (IntraLATA only) ⁽¹⁾	RIDA GROSS	INTRASTATE R	EVENUE
(Name of Compar INE NO. A 1. Basic Local Service 2. Long Distance Serv 3. Access Services 4. Private Line Service 5. Leased Facilities &	FLO CCOUNT CLASSIFICATION OPERA s \$ ices (IntraLATA only) ⁽¹⁾ \$ s Circuits Services	RIDA GROSS	INTRASTATE R	EVENUE
(Name of Compar INE NO. A 1. Basic Local Service 2. Long Distance Services 4. Private Line Services 4. Private Line Service 5. Leased Facilities & 6. Miscellaneous Serv	FLO CCOUNT CLASSIFICATION OPERA s s s s s s s s s s s s s s s s s s s	RIDA GROSS	INTRASTATE R	EVENUE
(Name of Compar INE NO. A 1. Basic Local Service 2. Long Distance Services 4. Private Line Services 4. Private Line Services 5. Leased Facilities & 6. Miscellaneous Serv 7. TOTAL REVENU	FLO CCOUNT CLASSIFICATION S ices (IntraLATA only) ⁽¹⁾ S Circuits Services ices ES	RIDA GROSS	INTRASTATE R	EVENUE
(Name of Compar INE NO. A 1. Basic Local Service 2. Long Distance Service 3. Access Services 4. Private Line Servic. 5. Leased Facilities & 6. Miscellaneous Serv 7. TOTAL REVENU 8. LESS: Amounts Pa	FLO CCOUNT CLASSIFICATION S ices (IntraLATA only) ⁽¹⁾ S Circuits Services ices ES id to Other Telecommunications Companies ⁽²⁾	RIDA GROSS TING REVENUE	INTRASTATE R	EVENUE
(Name of Compariant INE A 1. Basic Local Service 2. Long Distance Service 3. Access Services 4. Private Line Service 5. Leased Facilities & 6. Miscellaneous Serv 7. TOTAL REVENU 8. LESS: Amounts Pa 9. NET INTRASTAT 10. Regulatory Assessn	FLO OPERA s ices (IntraLATA only) ⁽¹⁾ s Circuits Services ices ES id to Other Telecommunications Companies ⁽²⁾ TE OPERATING REVENUE for Regulatory Assessment Fee Calculation tent Fee Due (Multiply Line 9 by 0.0020)	RIDA GROSS TING REVENUE	INTRASTATE R	EVENUE
(Name of Compariant INE A 1. Basic Local Service 2. Long Distance Service 3. Access Services 4. Private Line Service 5. Leased Facilities & 6. Miscellaneous Serv 7. TOTAL REVENU 8. LESS: Amounts Pa 9. NET INTRASTAT 10. Regulatory Assessn 11. Penalty for Late Pa	FLO OPERA s ices (IntraLATA only) ⁽¹⁾ S Circuits Services ices ES id to Other Telecommunications Companies ⁽²⁾ TE OPERATING REVENUE for Regulatory Assessment Fee Calculation nent Fee Due (Multiply Line 9 by 0.0020) yment (see "3. Failure to File by Due Date" on back)	RIDA GROSS TING REVENUE	INTRASTATE R	EVENUE
(Name of Compar INE NO. A 1. Basic Local Service 2. Long Distance Services 4. Private Line Services 4. Private Line Services 5. Leased Facilities & 6. Miscellaneous Serv 7. TOTAL REVENU 8. LESS: Amounts Pa 9. NET INTRASTAT 10. Regulatory Assesson 11. Penalty for Late Pay 12. Interest for Late Pay	FLO OPERA s ices (IntraLATA only) ⁽¹⁾ s Circuits Services ices ES id to Other Telecommunications Companies ⁽²⁾ TE OPERATING REVENUE for Regulatory Assessment Fee Calculation tent Fee Due (Multiply Line 9 by 0.0020)	RIDA GROSS TING REVENUE	INTRASTATE R	EVENUE

(2) These amounts must be <u>intrastate outy</u> and must be vermable (see 2. rees on back).
 (3) 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.

	CURRENT COMPANY STATUS	· · · · · · · · · · · · · · · · · · ·
) Facilities-Based Provider () R	cseller filed for cancel	lation
	BILLING INFORMATION	
Complete below if billing agent is other than yourself.		
(Name)	(Address: City/State/Zip)	(Telephone)
Do you lease telecommunications' facilities? () YES	COMPANY INFORMATION	
f YES, who do you lease these facilities from? Name:	() NO	
Address:		·····
I, the undersigned owner/officer of the above-named conformation is a final and correct statement. I am aware that p the intentito misleadia public servant in the performance of his (Signature of Company Official)	ursuant to Section 837.06, Florida Statutes, whoever	knowingly makes a false statement in writing with econd degree. $\frac{1}{(702)}$ (Date)

PSC/CMP 007 (Rev. 04/07)

١

C:\DOCUME~1\pisler\LOCALS~1\Temp\foxmerge39098537\xxmergeformxx.doc

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008 т 1 Deculate .

Competitive]	Local Exchange Company Regulatory Asses	ssment Fee Return
STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check # 1383
Actual Return Estimated Return Amended Return	TX944-07-0-R Excella Communications Inc. 1700 South Main Street 080493-TX	s E
PERIOD COVERED: 12/14/2007 TO 12/31/2007	Las Vegas, NV 89104-1200	\$ <u>\$(0.0)</u> P 06-03-001 004011 \$ I
PCLAUX Receiver	857 · JUL 292003 Please Complete Below If Official Mailing Address Has Changed	Postmark Date 723-08 Initials of Preparer <u><u>R</u>T</u>

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA OPERATING		TATE REVENUE
1.	Basic Local Services	\$	\$	
2.	Long Distance Services (IntraLATA only) ⁽¹⁾			
3.	Access Services			
4.	Private Line Services			
5.	Leased Facilities & Circuits Services			
6.	Miscellaneous Services	······································		
7.	TOTAL REVENUES		\$	0
8.	LESS: Amounts Paid to Other Telecommunications Compa	nies ⁽²⁾		
9.	NET INTRASTATE OPERATING REVENUE for Regu	ilatory Assessment Fee Calculation (Lir	ne 7 less Line 8) \$	0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020	0)		600 -
11.	Penalty for Late Payment (see "3. Failure to File by Due Da	ate" on back)		5
12.	Interest for Late Payment (see "3. Failure to File by Due Da			21. 00
13.	Extension Payment Fee (see "4. Extension " on back)		· · · · · · · · · · · · · · · · · · ·	30 2
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		s	186
	(1) Other long distance revenue must be listed on the Intere	exchange Regulatory Assessment Fee R	eturn.	•

(1) Outsi long distance revenue nust be instead on the interest change regulatory Assessment Fee Return.
 (2) These amounts must be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back).
 (3) 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.

	CURRENT COMPANY STATUS	
() Facilities-Based Provider	() Reseller (1) Other: <u>fied for cancella</u>	<i>h</i> 'on
	BILLING INFORMATION	· · · · · · · · · · · · · · · · · · ·
Complete below if billing agent is other than yours	elf.	<i>.</i>
(Name)	(Address: City/State/Zip)	(Telephone)
Do you least telecommunications' facilities? (COMPANY INFORMATION) YES () NO	
If YES, who do you lease these facilities from? Na		
Address:		
I, the undersigned owner/officer of the abov	re-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 a the intent to mislead a public servant in the perform	aware that pursuant to Section 837.06, Florida Statutes, whoever k nance of his official duty shall be guilty of a misdemeanor of the se	nowingly makes a false statement in writing with cond degree.
11h	(EO	7/22/08
(Signature of Company Official)	(Title)	(702) (Date)
1/ Jack Pestar	(402) Telephone Number () 888-1018	$= \frac{(702)}{531-5000}$
(Preparer of Form - Please Print N		
	F.E.I. No. <u>80-0177812</u>	

PSC/CMP 007 (Rev. 04/07)

 $C: \label{eq:locals-locals-locals-locals-locals-locals-locals-local} C: \label{eq:locals-locals-local} C: \label{eq:locals-local} C: \label{eq:local} C$