

DATE DEPOSIT

JAN 30 2018 / 135

**RUTLEDGE ECENIA**

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FILED 1/30/2018  
DOCUMENT NO. 00813-2018  
FPSC - COMMISSION CLERK

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VIA HAND DELIVERY

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399

**REDACTED**

Re: NEFCOM (TL715-17-T-O-R)  
Form PSC/RAD 159-Local Telephone Service Provider Regulatory Assessment  
Fee Return  
CLAIM OF CONFIDENTIALITY

Dear Sir/Madam:

Enclosed please find two copies of completed Local Telephone Service Provider Assessment Fee Return forms with confidential information redacted in black; an original in a sealed envelope with confidential information highlighted in yellow and a check payable to the Florida Public Service Commission in the amount of \$3,413.52.

Thank you for your attention to this matter.

s/Martin P. McDonnell

Enclosures

cc: Tammy L. Souza

RECEIVED-FPSC  
2018 JAN 30 PM 4:13  
COMMISSION  
CLERK

Florida Public Service Commission

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2017 – 12/31/2017

(See Filing Instructions on Back of Form)

TL715-17-T-0-R  
NEFCOM  
P. O. Box 485  
Macclenny, Florida 32063-0485

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	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	<b>TOTAL REVENUES</b>	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		0.00
7.	<b>NET INTRASTATE OPERATING REVENUE</b> 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.) <sup>(2)</sup>		_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0.00
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0.00
11.	Extension Payment Fee (see "4. Extension" on back)		0.00
12.	<b>TOTAL AMOUNT DUE</b> (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.

Tammy Souza  
 (Signature of Company Official)  
 Tammy L. Souza  
 (Preparer of Form - Please Print Name)

Accounting Manager \_\_\_\_\_ 01/18/2018  
 (Title) \_\_\_\_\_ (Date)  
 Telephone Number 904-259-0036 Fax Number 904-259-0023  
 F.E.I. No. \_\_\_\_\_ 59-0798013