ORIGINAL

State of Florida



Hublic Service Commission, AMII: 21

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

COMMISSION CLERK

-M-E-M-O-R-A-N-D-U-M-

DATE: May 18, 2005

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Melinda H. Watts, Engineering Specialist III, Division of Competitive Markets & M

Enforcement

RE: Docket No. 050182-TP - Joint petition for waiver of carrier selection requirements

of Rule 25-4.118, FAC, to allow KMC Telecom III LLC to transfer certain

customer accounts to TelCove Investment, LLC.

Please add the attached letter concerning TelCove Investment, LLC's amended Regulatory Assessment Fee returns to the subject docket file.

COM.	
CTR	
ECR	
GCL	
OPC	
MMS	
RCA	
SCR	
SEC	1
OTH	

CMP __

DOCUMENT NUMBER - DATE

04891 MAY 198



2005 MAY 17 AK 10: 24

DIVISION OF VR 2905

Ms. Melinda Watts Bureau of Service Quality State of Florida Public Service Commission Capital Circle Office Center 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

RE: Docket No. 050182-TP - Rule 25-4.118, FAC

Dear Ms. Watts:

This is in response to my conversation with Chris Holman on May 10, 2005 regarding the above docket.

Upon further review of TelCove Investment, LLC's ("Telcove") Competitive Local Exchange Company (CLEC) and Interexchange Company (IXC) RAF returns for 2004 I agreed that "Amended" returns for IXC for the period 1/1/04 to 12/31/04 and CLEC for the period 1/1/04 to 6/30/04 and 7/1/04 to 12/31/04 are required to be filed. Enclosed are copies of those returns that will be mailed on May 11th to the Florida Public Service Commission Accounting Department. These returns were required to be amended because the original filings reported the gross operating revenues twice.

Feel free to call if you have any questions regarding the enclosures or information provided. I can be reached at (814) 260-2437.

Sincerely,

Gwen Rush

Regulatory Compliance Specialist II

Cc: Jim Means

TO A VOID PENA LTY AND INTEREST CHA RGES, THE REGUL ATORY.A SSESSMENT F EE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Interexchange Company Regulatory Assessment Fee-Return

STATUS:		Service Commission	FOR PSC USE ONLY Check#	
Actual Return Estimated Return X Amended Return PERIOD COVERED: 01/01/2004 TO 12/31/2004	TJ206-04-0-R TelCove Investment, 1 121 Champion Way Canonsburg, PA 153		\$06-03- 003 \$P 06-03- 004 \$I Postmark Date Initials of Preparer	001 001
	Please Complete Below l	(f Official Mailing Address Has Ch	рандеф	
	TIA NORTH M		Couversport, 12 16919	
(Name of Company)		(Address)	(City/State) (Z	ip)
(see "2. Fees" on back) 8. TOTAL REVENUES For Rej 9. Regulatory Assessment Fee D 10. Penalty for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE * These amounts must be intrastate or	r Telecommunications Companies* gulatory Assessment Fee Calculatio ue (Multiply Line 8 by 0.0015) "3. Failure to File by Due Date" or "3. Failure to File by Due Daté" or	i back) light ligh	S S S S S S S S S S	edy (
	CURRE	NT COMPANY STATUS		
() Facilities-Based Carrier	() Reseller	() Call Aggregator		
() Alternate-Operator Service	() Rebiller	() Other:		
Complete below if billing agent if other than	yourself.	ING INFORMATION (Address: City/State/Zip)	()(T ekephone)	
(Name) What is the total amount of customer deposi Amount: \$for 19	ts collected?	(Addiess. City/bana/22p)	What is the total amount of bond held (if applicable)? Amount: \$ Expires:	
Do you lease telecommunications' facilities' If YES, who do you lease these facilities from Address: I, the undersigned owner/officer of the and correct statement. I am aware that pursuervant in the performance of his/her duty servant in the performance of his/her duty servant in the performance of Form - Please (Preparer of Form - Please)	above-named company, have read to uant to Section 837.06, Florida Statual be guilty of a misdemeanor of to	he foregoing and declare that to the hates, whoever knowingly makes a fathe second degree. VP GF Acc (T	best of my knowledge and belief the above information is a use statement in writing with the intent to mislead a public (OUNTING 5 11 05 (Date)	
(Freparer of Form - Flea	SV A HHILLYGIUS	F.E.I. No 35-1	80PG 2408	

PSC/CMP-153 (Rev . 11/11/99)

Gompetitive Local Exchange Company Regulatory Assessment Fee Return

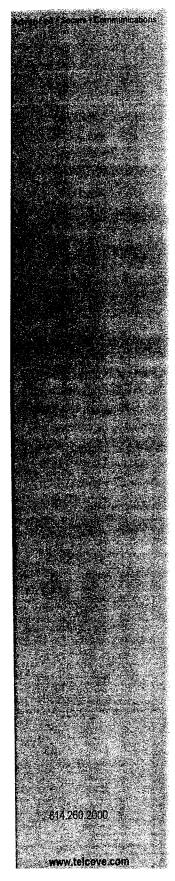
STATUS	3:	Florida Public Se		ssion	FOR PSC ÚSI Check#	EONLY
	ctual Return	TV278 04 0 D				
	stimated Return	TX278-04-0-R	T G		•	_ 06-03-001 003001
	mended Return	TelCove Investments, L	rc		\$	P
/~-		121 Champion Way				06-03-001
DEDIGI	COVERED:	Canonsburg, PA 15317	-5817		\$	004011 _ I
	2 004 TO 12/31/2004				Bootson & Date	
					Postmark Date	
71110	4018104				Initials of Preparer	
•		Please Complete Below IF O 712 NORTH MA			-200 - 04	1.0.5
	(Name of Company)		AIN OTREE Idress)	T Coubi	City/State)	16915 (Zip)
W						(2)
LINE NO.	A CCOUNT CLAS	STRICATION		FLORIDA <u>RATING REVENUE INTR</u>	ACTATE DESTINE	
1.	Basic Local Services			306	\$ 1.711.30	Y.O.
2.	Long Distance Services (Intral.	ATA only)**	~~~~~~	1.5a0	<u> </u>	<u>.u</u>
3.	Access Services		20/	1095	137 15	1
4.	Private Line Services		<u> </u>	6.953	<u> </u>	
5.	Leased Facilities & Circuits Ser	rvices		α´	<u></u>	
6.	Miscellaneous Services	· · · · · · · · · · · · · · · · · · ·	1 20	11. 979	738 10	2
0.	MISCEIDIREOUS DEI VICES	•		11, 41-1	_136,10	<u>65</u>
7.	TOTAL REVENUES				s 3,150,5	<u>a3</u>
8.	LESS: Amounts Paid to Other	Telecommunications Companies* (se	e "2. Fees" on back)		(1,019,173	3)
9.	Net Intrastate Operating Revent	ue for Regulatory Assessment Fee Cal	culation (Line 7 less I	Line 8)	_ á.13i. 39	<u> </u>
10.	Regulatory Assessment Fee Du	e (Multiply Line 9 by 0.0015)			3197.0	3
11.	Penalty for Late Payment (see "	3. Failure to File by Due Date" on bac	:k)		1,308,8	31
12.	Interest for Late Payment (see "	3. Failure to File by Due Date" on bac	3 k)		1317	6
13.	TOTAL AMOUNT DUE		•	, , , , , , , , , , , , , , , , , , , ,	\$ 4.637.	0
	amounts must be intrastate only an		L	ess Amount F	AID (\$4.7.34.6	సి
** Other le	ong distance revenue must be liste	d on the Interexchange Regulatory Ass	essment Fee Return.	PERMIT	DIE (97.03)
	AS PROVIDED	IN SECTION 364.336, FLORII	DA STATUTES, 7	THE MINIMUM ANNU	JAL FEE IS \$50	
		CURRENT	COMPANY STA	SUTT		
() Facilitie	s-Based Provider	() Reseller		1100		
, ,		() Other:				
					•	
01.4.1.			3 INFORMATION	Ŋ		
Complete b	elow if billing agent if other than y	ouiseii,				
	(Name)		(Address: Cit	hy/State/7in\	() (Tol	
	(Hank)		(AMECSS. CII	y/State/24p)	(Telep	жюпе)
			TY INFORMATIC	N		
Do you leas	e telecommunications' facilities? o do you lease these facilities from'	()YES ()NO ? Name:				
Addres	s:					
I the m	ndersigned owner/officer of the abo	ove-named company, have read the for	egoing and declare th	at to the best of my knowledge	and belief the above inform	nation is a true and
correct state	ment. I am aware that pursuant to	Section 837.06, Florida Statutes, whoe	ver knowingly makes	a false statement in writing w	with the intent to mislead a pu	ablic servant in the
performance	e of ms/her duty shall be guilty of a	misdemeanor of the second degree.	100	٨	i	1 -
	coc		VP OF	ACCOUNTING (Title)	51	11105
	(Signature of Company O	fficial)		(Title)		(Date)
	GWEN PUSH		Telenhone Nu1	Der (614) 2100 - 21437 F =	W Number All Van	3023
(1)	Preparer of Form - Please	Print Name)	_		ry LAMITTEE (CL.1) ONDC.	· yOSCY
•			F.E.I. No	25-1862408		

TO A VOID PENA LTY AND INTEREST CHA 'RGES, THE REGUL ATORY ASSESSMENT F EE RETURN MUST BE F ILED ON OR BEF ORE 01/31/2005 Gompetitive Local Exchange Company Regulatory Assessment Fee Return

OT ATTIC.		Florida Public Serv		FOR PSC USE ONLY Check#	
STATUS:		(See F iling Instructions of	n is ack of Form)	-	
Actual	Return	TX278-04-0-R		\$ 06-03-001	
	ated Return	TelCove Investments, LLC	7	003001 \$P	
X Amen	ded Return	121 Champion Way		06-03-001	
-		, ,	017	004011	
PERIOD CO	WEDED.	Canonsburg, PA 15317-5	817	\$ I	
	4- TO 12/31/2004	1		Postmark Date	
		1		Initials of Preparer	
1/1104 +0	w 130104	Piease Complete Below If Offic	cial Mailing Address Has Changed		
		TID NORTH MAIN		COWERSPORT DA 16915	
	Name of Company)	(Addro	::ss)	(City/State) (Zip)	
*					
			FLORIDA		
LINE NO.	A CCOUNT CLAS	SSIFICATION	GROSS OPERATING REVENUE	s 1931.905	
4.	esic Local Services		\$1,931,905	57 to 43	
2. Lo	ong Distance Services (Intra)	LATA only)**	57,643		
3. A	ccess Services		<u> </u>	<u> 321, 416 </u>	
	ivate Line Services		<u> </u>	<u> </u>	
	eased Facilities & Circuits So	ervices	1.275 01.1		
6. M	iscellaneous Services		1,375,9101	<u> </u>	
7. T	OTAL REVENUES			\$ 3.351.547	
		r Telecommunications Companies* (see "	2. Fees" on back)	<u>(1,303 (631)</u>	
		nue for Regulatory Assessment Fee Calcu		2.046.917	
		ue (Multiply Line 9 by 0.0015)	•	3.073.38	
10. R	eguiniony Assessment 1 to 2	"3. Failure to File by Due Date" on back)		1,698,90	
11. Po	terest for Late Payment (see	"3. Failure to File by Due Date" on back)		339.7 6	
12. In	OTAL AMOUNT DUE			\$ 5,113.00c	
* There smou	ents must he intrastate only a	nd must be verifiable.	_ Less Amount F	(5,127.58)	
** Other long	listance revenue must be list	ed on the Interexchange Regulatory Asses	ssment Fee Return. REFUNIDI	() () () () () () () ()	
_	AS PROVIDEI) IN SECTION 364.336, FLORIDA	A STATUTES, THE MINIMUM	/UC	
		CURRENT C	COMPANY STATUS		
	- 4 Descriden	() Reseller	OMIANI BIATOB		
() Facilities-B	ased Provider	() Other:		_	
		, ,		,	
			INFORMATION		
Complete below	if billing agent if other than	yourself.			
-				()	
	(1)		(Address: City/State/Zip)	(Telephone)	
	(Name)		(1220) (13) (13) (13) (13) (13)		
		COMPANY	INFORMATION		
Do you lease tel	ecommunications' facilities?	()YES ()NO			
If YES, who do	you lease these facilities from	m? Name:			
Address: _					
Y Al- a modern	signed comerlofficer of the a	hove-named commany, have read the fore:	going and declare that to the best of my k	nowledge and belief the above information is a true an	
	at I am aware that pursuant t	o Section 837.06, Florida Statutes, whoev	er knowingly makes a false statement in	writing with the intent to mislead a public servant in the	
performance of	his/her duty shall be guilty o	f a misdemeanor of the second degree.	. ()	i	
\subseteq			VI OF ACCOUNT	$\frac{51105}{}$	
	(Signature of Company	Official)	(Title)	(Date)	
	\sim		THE SELECTION A	127 - W. Number Bld 2100 - 2002	
Pre	parer of Form - Pleas		Telephone Number 614) 300-3437F ax Number 614) 300-3		
(1.10	There are acres - cress.	•	FELNO. <u>25-186</u> 2	34 <u>08</u>	







2005 MAY 17 AK 10: 24

DIVISION DE 12005

Ms. Melinda Watts Bureau of Service Quality State of Florida Public Service Commission Capital Circle Office Center 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

RE: Docket No. 050182-TP - Rule 25-4.118, FAC

Dear Ms. Watts:

This is in response to my conversation with Chris Holman on May 10, 2005 regarding the above docket.

Upon further review of TelCove Investment, LLC's ("Telcove") Competitive Local Exchange Company (CLEC) and Interexchange Company (IXC) RAF returns for 2004 I agreed that "Amended" returns for IXC for the period 1/1/04 to 12/31/04 and CLEC for the period 1/1/04 to 6/30/04 and 7/1/04 to 12/31/04 are required to be filed. Enclosed are copies of those returns that will be mailed on May 11th to the Florida Public Service Commission Accounting Department. These returns were required to be amended because the original filings reported the gross operating revenues twice.

Feel free to call if you have any questions regarding the enclosures or information provided. I can be reached at (814) 260-2437.

Sincerely,

Gwen Rush

Regulatory Compliance Specialist II

Cc: Jim Means

TO A VOID PENA LTY AND INTEREST CHA RGES, THE REGUL ATORY. A SSESSMENT F EE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Interexchange Company Regulatory Assessment Fee-Return

STATUS:	Florida Public Ser			FOR PSC USE Check#	ONLY
Actual Return Estimated Return X Amended Return	TJ206-04-0-R TelCove Investment, LLC 121 Champion Way			\$	06-03-001 003001 P 06-03-001 004011
PERIOD COVERED: 01/01/2004 TO 12/31/2004	Canonsburg, PA 15317-5	>817		Postmark Date Initials of Preparer	I
	Please Complete Below If Off	icial Mailing Address Has Cha	nnged		
	113 NORTH MAIN		_ Cuivers		16915
(Name of Company)		(Address)		(City/State)	(Zip)
(see "2. Fees" on back) 8. TOTAL REVENUES For Reg 9. Regulatory Assessment Fee Dr 10. Penalty for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE * These amounts must be intrastate only	Telecommunications Companies* ulatory Assessment Fee Calculation ue (Multiply Line 8 by 0.0015) "3. Faihre to File by Due Date" on back "3. Failure to File by Due Daté" on back by and must be verifiable. O IN SECTION 364.336, FLORID)3.33		(NTRASTATE REVENUES 2021, 2093 (187, 107 \$ 408, 400 (180, 988 287, 412 431, 12 (342, 59) 1/65 \$ 107, 92	
() Facilities-Based Carrier	() Reseller	() Call Aggregator			
() Alternate-Operator Service Complete below if billing agent if other than	() Rebiller BILLING yourself.	() Other: INFORMATION		()	
(Name) What is the total amount of customer deposit Amount: \$ for 19	s collected? 	(Address: City/State/Zip)	What is the total Amount: \$	amount of bond held (if a	Telephone) pplicable)?
1 / 65 of the e	()YES ()NO n? Name:	egoing and deplace that to the he	et of my knowleds	ge and belief the above int	ormation is a true
and correct statement. I am aware that pursu servant in the performance of his/her duty sh	ant to Section 837.06. Florida Statutes, v	whoever knowingly makes a fals cond degree.	e stalement in wri	ting with the intent to mis	lead a public
(Signature of Company Of		VP OF Acco	•		(Date)
(Preparer of Form - Pleas	e Print Name)	F.E.I. No		r ax Number Crifty	

PSC/CMP-153 (Rev . 11/11/99)

Gompetitive Local Exchange Company Regulatory Assessment Fee Return

o to on tritthm bit of c

STATUS:	Florida Public Serv		FOR PSC ÚSE ONLY Check#
Actual Return Estimated Return Amended Return PERIOD COVERED:	TX278-04-0-R TelCove Investments, LLC 121 Champion Way Canonsburg, PA 15317-58		\$06-03-001 003001 \$P 06-03-001 004011
0 1/01/2004 TO 12/31/2004 - 1기/이나 to 1의성(이나			Postmark Date Initials of Preparer
	Please Complete Below If Offici	al Mailing Address Has Change	d
(Name of Company)	112 NORTH MAIN		(CUDERSPORT, PA 16915 (City/State) (Zip)
9. Net Intrastate Operating Revenu- 10. Regulatory Assessment Fee Due 11. Penalty for Late Payment (see "3 12. Interest for Late Payment (see "3 13. TOTAL AMOUNT DUE * These amounts must be intrastate only and ** Other long distance revenue must be listed	ATA only)** rices relecommunications Companies* (see "2. e for Regulatory Assessment Fee Calculat (Multiply Line 9 by 0.0015) Failure to File by Due Date" on back) Failure to File by Due Date" on back) must be verifiable.	\$_1,711_30_6	PUND DUE (97.03)
() Facilities-Based Provider	CURRENT CO	MPANY STATUS	
Complete below if billing agent if other than you		FORMATION	
(Name)		(Address: City/State/Zip)	(Telephone)
Do you lease telecommunications' facilities? (If YES, who do you lease these facilities from? Address:	YES ()NO	NFORMATION	
correct statement. I am aware that pursuant to Se performance of his/her duty shall be guilty of a m	ction 837.06, Florida Statutes, whoever kn uisdemeanor of the second degree.	g and declare that to the best of movingly makes a false statement OF ACCOLUTION (Title)	y knowledge and belief the above information is a true and in writing with the intent to mislead a public servant in the
(Signature of Company Office WEN FUSH (Preparer of Form - Please P	rint Name)	` ,	3437 F ax Number (814) 200. 2022

TO A VOID PENA LITY AND INTEREST CHA RGES, THE REGUL ATORY A SSESSMENT F EE RETURN MUST BE F ELED ON OR BEF ORE 01/31/2005 Gompetitive Local Exchange Company Transfer. Gompetitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public Serv		FOR PSC USE ONLY Check#
Actual Return	TX278-04-0-R	_	\$06-03-001 003001
Estimated Return X Amended Return	TelCove Investments, LLC	2	\$P 06-03-001
Amended Return	121 Champion Way		004011
	Canonsburg, PA 15317-5	817	\$I
PERIOD COVERED:			Postmark Date
01/01/2004 TO 12/31/2004			Initials of Preparer
1/1104 to 1430104			
	,	cial Mailing Address Has Changed	
27 (0)	110 NORTH MAIN (Addre		CUDERSPORT DA 16915 (Zip)
(Name of Company)			
9. Net Intrastate Operating Rever 10. Regulatory Assessment Fee D 11. Penalty for Late Payment (see 12. Interest for Late Payment (see 13. TOTAL AMOUNT DUE * These amounts must be intrastate only a ** Other long distance revenue must be list	LATA only)** ervices r Telecommunications Companies* (see " nue for Regulatory Assessment Fee Calcu uc (Multiply Line 9 by 0.0015) "3. Failure to File by Due Date" on back) "3. Failure to File by Due Date" on back)	ssment Fee Return.	\$ 1,931,905 57,643 201, 416 276,284 8 764,398 \$ 3,351,547 (1,303,631) 2,046,917 3,013,36 1,698,90 339,78 \$ 5,113,016 \$ 5,113,016 \$ 5,113,016
	• • • • • • • • • • • • • • • • • • •	COMPANY STATUS	
() Facilities-Based Provider	() Reseller () Other:		_
Complete below if billing agent if other than	BILLING	INFORMATION	
			()
(Name)		(Address: City/State/Zip)	(Telephone)
Do you lease telecommunications' facilities? If YES, who do you lease these facilities fro	()YES ()NO m? Name:	Y INFORMATION	
Address:			
I, the undersigned owner/officer of the a correct statement. I am aware that pursuant performance of his/her duty shall be guilty of	above-named company, have read the fore	going and declare that to the best of my l ver knowingly makes a false statement in	mowledge and belief the above information is a true as writing with the intent to mislead a public servant in t
		VI OF ACCOUNT	TING 5/11/05 (Date)
(Signature of Company	Official)	(Title)	(1000)
GWEN PUSH	<u> </u>	Telephone Number (214) 200 - 3	437F ax Number 84) 260-2023
(Preparer of Form - Plea	se Print Name)	FEL No	3408