

ORIGINAL

State of Florida



Public Service Commission

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

RECEIVED-PPSC

MAY 19 AM 11:21

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 & Enforcement *MHW*

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.

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

04891 MAY 19 05

PPSC-COMMISSION CLERK

TelCove

2005 MAY 17 AM 10:24

DIVISION OF
COMPETITIVE SERVICES
MAY 17 2005

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

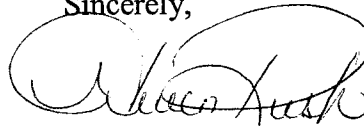
Dear Ms. Watts:

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

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

TJ206-04-0-R
 TelCove Investment, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

PERIOD COVERED:
 01/01/2004 TO 12/31/2004

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

Please Complete Below If Official Mailing Address Has Changed

_____ 112 NORTH MAIN STREET _____ COUDERSPORT, PA _____ 16915
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 773,411	\$ 221,293
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	190,969	187,107
6.	TOTAL Telephone Services	\$ 964,380	\$ 408,400
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(120,988)	(120,988)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>287,412</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		431.12
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	16.16	(342.59) *less Antel already
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	3.23	
12.	TOTAL AMOUNT DUE		\$ 107.92

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

_____ (Signature of Company Official) VP OF ACCOUNTING (Title) 5/11/05 (Date)
GWEN RUSH (Preparer of Form - Please Print Name)
 Telephone Number 814-260-2437 Fax Number 814-260-2022
 F.E.L. No. 25-1862408

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX278-04-0-R
 TelCove Investments, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

FOR PSC USE ONLY

Check# _____
 \$ _____ 06-03-001
 _____ 003001
 \$ _____ P
 _____ 06-03-001
 _____ 004011
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

PERIOD COVERED:

01/01/2004 TO 12/31/2004
 7/1/04 to 12/31/04

Please Complete Below If Official Mailing Address Has Changed

_____ 712 NORTH MAIN STREET _____ COUDERSPORT, PA 16915
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 1,711,306	\$ 1,711,306
2.	Long Distance Services (IntraLATA only)**	57,520	0
3.	Access Services	201,695	137,151
4.	Private Line Services	588,953	516,404
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	1,391,979	738,166
7.	TOTAL REVENUES		\$ 3,150,523
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(1,019,173)
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		2,131,350
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		3197.03
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1,308.81
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		131.76
13.	TOTAL AMOUNT DUE		\$ 4,6037.60

* These amounts must be intrastate only and must be verifiable.

** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

LESS AMOUNT PAID _____
 REFUND DUE (97.03)

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Provider
 Reseller
 Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official)
 GWEN PUGH
 (Preparer of Form - Please Print Name)

VP OF ACCOUNTING _____ 5/11/05
 (Title) (Date)
 Telephone Number (412) 260-2437 Fax Number (412) 260-2022
 F.E.I. No. 25-186,2408

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

TX278-04-0-R
 TelCove Investments, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

PERIOD COVERED:
 01/01/2004 TO 12/31/2004
 1/1/04 to 12/31/04

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ P _____ 06-03-001
004011

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

_____ 712 NORTH MAIN STREET _____ CLOUDERSPORT, PA _____ 110915 _____
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE INTRASTATE REVENUE	
1.	Basic Local Services	\$ 1,931,905	\$ 1,931,905
2.	Long Distance Services (IntraLATA only)**	57,1043	57,1043
3.	Access Services	295,305	221,410
4.	Private Line Services	294,032	270,284
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	1,375,911	710,298
7.	TOTAL REVENUES		\$ 3,251,547
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(1,202,631)
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		2,048,917
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		3,073,38
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1,698,90
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		339,78
13.	TOTAL AMOUNT DUE		\$ 5,112,010
		Less Amount PAID	(5,127,58)
		REFUND DUE	\$ (15,52)

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Provider
 Reseller
 Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official)
 GIVEN BUSH
 (Preparer of Form - Please Print Name)

VP OF ACCOUNTING _____ 5/11/05 _____
 (Title) (Date)
 Telephone Number 814 260-2437 Fax Number 814 260-2022
 F.E.I. No. 25-1862408

TelCove

2005 MAY 17 AM 10:24

DIVISION OF
COMPETITIVE SERVICES
May 12, 2005

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

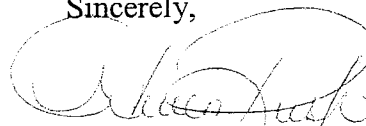
Dear Ms. Watts:

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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

814.260.2000

www.telcove.com

712 North Main Street · Coudersport, PA 16915

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form.)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

TJ206-04-0-R
 TelCove Investment, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

PERIOD COVERED:
 01/01/2004 TO 12/31/2004

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

Please Complete Below If Official Mailing Address Has Changed

_____ 712 NORTH MAIN STREET _____ CAUDERSPORT, PA _____ 16915
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 773,411	\$ 221,293
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	190,969	187,107
6.	TOTAL Telephone Services	\$ 964,380	\$ 408,400
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(180,988)	(180,988)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		287,412
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	16.16	431.12
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	3.23	(342.59) *Less Amount already
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 107.92

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
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 Amount: \$ _____ for 19 _____ Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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_____ (Signature of Company Official) VP OF ACCOUNTING (Title) 5/1/05 (Date)
GIVEN RUSH (Preparer of Form - Please Print Name) Telephone Number (412) 260-2437 Fax Number (412) 260-2022
 F.E.I. No. 25-18162408

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX278-04-0-R
 TelCove Investments, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

PERIOD COVERED:

~~01/01/2004 TO 12/31/2004~~
 7/1/04 to 12/31/04

FOR PSC USE ONLY

Check#

\$ _____ 06-03-001
 _____ P 003001
 \$ _____ 06-03-001
 _____ I 004011

Postmark Date _____
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

_____ 712 NORTH MAIN STREET _____ CAUDERSPORT, PA 16915
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 1,711,306	\$ 1,711,306
2.	Long Distance Services (IntraLATA only)**	57,520	0
3.	Access Services	201,695	137,151
4.	Private Line Services	588,953	563,404
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	1,391,979	788,163
7.	TOTAL REVENUES		\$ 3,150,523
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(1,019,173)
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		2,131,350
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		3197.03
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1,308.81
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		131.76
13.	TOTAL AMOUNT DUE		\$ 4,1637.60

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 LESS AMOUNT PAID _____
 REVENUE DUE (97.03) _____

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

() Facilities-Based Provider
 CURRENT COMPANY STATUS
 () Reseller
 () Other: _____

BILLING INFORMATION
 Complete below if billing agent if other than yourself.
 _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

COMPANY INFORMATION
 Do you lease telecommunications' facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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_____ (Signature of Company Official)
GWEN BUSH
 (Preparer of Form - Please Print Name)

_____ VP OF ACCOUNTING (Title)
 5/11/05 (Date)

Telephone Number (614) 260-2437 Fax Number (614) 260-2022
 F.E.I. No. 25-186,2408

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX278-04-0-R
 TelCove Investments, LLC
 121 Champion Way
 Canonsburg, PA 15317-5817

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
 01/01/2004 TO 12/31/2004
 1/1/04 to 12/31/04

Please Complete Below If Official Mailing Address Has Changed

712 NORTH MAIN STREET COWDERSPORT, PA 16095
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE INTRASTATE REVENUE	
1.	Basic Local Services	\$ 1,931,905	\$ 1,931,905
2.	Long Distance Services (IntraLATA only)**	57,643	57,643
3.	Access Services	295,305	221,416
4.	Private Line Services	294,032	276,284
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	1,375,961	764,298
7.	TOTAL REVENUES		\$ 3,255,547
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(1,202,631)
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		2,048,917
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		3,073.38
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1,698.90
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13.	TOTAL AMOUNT DUE		\$ 5,112.06

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

Less Amount PAID
 REFUND DUE \$ (15.52)

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 IF YES, who do you lease these facilities from? Name: _____

Address: _____

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[Signature]
 (Signature of Company Official)
GIVEN RUSH
 (Preparer of Form - Please Print Name)

VP OF ACCOUNTING 5/11/05
 (Title) (Date)
 Telephone Number 814-260-2437 Fax Number 814-260-2022
 F.E.I. No. 25-18162408