

090097

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

RECEIVED-FPSC

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)

TK169-08-0-R  
A & D MONTANA CORP.  
5632 S.W. 40th Place  
Ocala, FL 34474-9590

09 MAR -2 PM 3:21

COMMISSION CLERK

DEPOSIT

916 MAR 08 2009

**FOR PSC USE ONLY**

Check # 521

\$ 700.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ 35.00 P 06-03-001  
004011

\$ 7.00 I

Postmark Date 2/27/09

Initials of Preparer KT

Please Complete Below If Official Mailing Address Has Changed

*Records  
+ Paula*

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>155,428</u>	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ <u>155,428</u>	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ <u>155,428</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>310.86</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>15.54</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0.16</u>
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ <u>700.-</u> <sup>(2)</sup>

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

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

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected?  
Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_

What is the total amount of bond held (if applicable)?  
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.

Juan F. Ramirez (Signature of Company Official) VP. (Title) \_\_\_\_\_ (Date)

Juan F. Ramirez (Preparer of Form - Please Print Name) Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER - DATE  
01653 MAR-28  
FPSC-COMMISSION CLERK

# **A & D MONTANA CORP.**

Ocala, February 23, 2009

Mr. Paula Isler

Florida Public Service Commission  
2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Ref. Request for cancellation of its certificate A&D Montana TK169-08-R

This letter has the purpose to formally request the voluntary cancellation of our InterExchange Certificate on the State of Florida PSC. This decision is take based on the fact that we're not running this operation since the second quarter of last year and will not do so going forward.

Attached find the corresponding return of the RAF for the minimum and penalty for late payment.

Best regards



Juan F. Ramirez

5632 S.W. 40 th Place, Ocala, Florida 34474, Tel: 954-8822748