## IXC REGISTRATION FORM

	100064-TI		
	IXC REGIS	STRATION FORM	10 FEB. VEC.
Company Name Beall	s Communication Gre	oup, LLC	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Florida Secretary of State Registration No. Fictitious Name(s) as filed at Fla. Sec. of State		M0300001149  Bealls Communication Group, LLC	TI FIECENCO PSC CIERMON 4:32
Company Mailing Name Bealls Communication			
Mailing Address	1509 Hickory Ave		
Web Address	www.Bealls.net		
E-mail Address	vicky@bealls.net		
Physical Address	1509 Hickory Ave		
Company Liaison	Vicky Moody		
Title	General Manager		
Phone	850-392-1691	***************************************	Value of Francisco
Fax	877-230-5856		
E-mail address	vicky@bealls.net		
Consumer Liaison to PSC	Dee Robinson		
Title	Supervisor		
Address	1509 Hickory Ave		
Phone	877-523-2557		
Fax	877-230-5856		***************************************
E-mail address	Bealls@knology.ne	et	

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements. and Section 364,604. Florida Statutes, concerning billing practices

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Signature of Company Representative	Printed/Typed Name of Representative
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Table 1 Table	DOCUMENT NUMBER-LATE
NO. COMPANIES AND	ୃ0806 FEB-4º
Form PSC/RAD 31 (8/05)	
	Signature of Company Representative

FPSC-COMMISSION CLERIC