

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX549-01-0-R  
Mercury Long Distance, Inc.  
240 Arch Street  
Philadelphia, PA 19106-4512

FOR PSC USE ONLY	
Check#	2144
\$	50.00
\$	10.00
\$	2.50
Postmark Date	5/31/02
Initials of Preparer	MC

PERIOD COVERED:  
10/19/2001 TO 12/31/2001

DEPOSIT

DATE CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

D221

JUN 05 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50	
13.	TOTAL AMOUNT DUE		\$ 50.00 +

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 / \$102.50

CURRENT COMPANY STATUS

- ( ) Facilities-Based Provider
- Reseller
- ( ) Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if other than yourself.  
 NAME: FAMATION, INC. (Name)  
 ADDRESS: 2288 Gunbarrel Rd Suite 111-272 (Address: City/State/Zip)  
Chattanooga, TN 37421  
 TELEPHONE: (423) 280-1733 (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES (X) 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.

Tara R. Hayes  
 (Signature of Company Official)  
Tara R. Hayes  
 (Preparer of Form - Please Print Name)

VP of Industry Relations  
 & Billing Services  
 Telephone Number (423) 280-1733 Fax Number (423) 326-1797  
 F.E.I. No 23-3056663

5/28/02 (Date)  
 DOCUMENT NUMBER 05888 JUN-5 02  
 FISCAL YEAR 05888 JUN-5 02