	st charges, the regulatory assessment fee return must be filed on or before Yelephone Service Provider Regulatory Asses	sment Fee Return RIGINA
STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check# 437
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2002 TO 12/3	2255 N.E. 12th Avenue Gainesville 132641-3413	\$
David Frazier	Please Complete Below If Official Mailing Address Has Cha	nged
(Name of Cor	mpany) (Address)	(City/State) (Zip)
LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1. Gross Opera	ting Revenue (Florida)	\$
2. Gross Intrast	tate Revenue	
3. LESS: Amo (see "2. Fees	ounts Paid to Other Telecommunications Companies* " on back)	()
4. TOTAL RE (Line 2 less l	EVENUES for Regulatory Assessment Fee Calculation Line 3)	\$
5. Regulatory A	Assessment Fee Due – (Multiply Line 4 by 0.0015)	
6. Penalty for I	Late Payment (see "3. Failure to File by Due Date" on bac	k)
Interest for I	Late Payment (see "3. Failure to File by Due Date" on bac	k)
8. TOTAL AM	MOUNT DUE	\$ 50.00
OPC	PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUST BE COMPLETED AND RETURNED REGARDLESS OF THE A	
9. Now Number of p by this Retur	bay telephones in operation at close of period covered	3
Bave's Detailin 2255 N.E. 12th A Gainesville, FL 3 Ph# (352) 494-3: Bl# F626-160-66	ue. 2641 369 Date 12-19-02	knowledge and belief the above information is a stement in writing with the intent to mislead a
Say to the El	iblic service commission \$ 50.00	12-/9-02 (Date)
Otal I	Dollars A	490 Fax Number ( )
CAMPUS (ACC# T6640-02-0-R) (Final Payment)		DOCUMENT NUMBER-DATE
Memo VIO (1 da Publi	c service commission David Form III	14041 DEC 26 8
		FPSC-COMMISSION CLERK