

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ213-00-0-R
Glyphics Communications, Inc.
66 W. Wadsworth Park Drive, Suite 200
Draper, UT 84020-2968

DEPOSIT DATE
Docket No. 011028-77 (Isler) SEP 11 2001

FOR PSC USE ONLY	
Check#	3047
\$	297.41 0603001
\$	74.35 003001
\$	23.79 0603001
\$	004011
Postmark Date	9/8/01
Initials of Preparer	MC

PERIOD COVERED:
01/01/2000 TO 12/31/2000

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 544,278.91	\$ 198,272.77
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 544,278.91	\$ 198,272.77
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		198,272.77
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		297.41
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	74.35	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	23.79	
12.	TOTAL AMOUNT DUE		\$ 395.55

* 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? Amount: \$ 0.00 for ~~12x~~ 2000
 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: MCI WorldCom
 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 337.06, 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) Liz Petroni, Consultant
 (Preparer of Form - Please Print Name)
 CEO/Secretary (Title) 08/01/01 (Date)
 Telephone Number 801 983-9383 Fax Number 801 983-9384
 F.E.I. No. 87-0538985

DOCUMENT NUMBER-DATE
11305 SEP 10 01

FPSC-COMMISSION CLERK



1945 South 1100 East
Suite 201
Salt Lake City, Utah 84106
801.983.9383
801.983.9384 fax

September 7, 2001

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

RE: Glyphics Communications, Inc.—Interexchange Regulatory Assessment Fee Return

Dear Ms. Isler;

Enclosed is Glyphics Communications, Inc.'s Interexchange Regulatory Assessment Fee Return. Also, enclosed is a check in the amount of \$395.55.

If you have any questions, please contact me at 801-983-9383. Please acknowledge receipt of this filing by returning a date stamped copy of this cover letter in the postage paid envelope provided.

Thank you for your assistance.

Sincerely,
Capitol Hill Consulting, LLC

Liz Petroni
Consultant to Glyphics Communications, Inc.

01 SEP 10 AM 9:18
DISTRIBUTION CENTER