1670 Broadway, Suite 2600 Denver, CO 80202

ORIGINAL

Qwest.

November 20, 2001

Florida Public Service Commission Attention: Ms. Blanca Bayo, Director Division of the Commission Clerk & Administrative Services 2540 Shumard Oak Boulevard Tallahassee, FL 32399-850

Re: Docket Nos. 011131-TX (USLD) and 011149-TX (Qwest)

Dear Ms. Bayo:

This letter is an offer of settlement of the two above-referenced dockets, made both in accordance with the October 30, 2001 letter I received from Paula Isler and applicable rules.

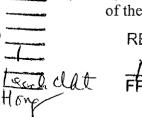
1.a) Docket No. 011131-TX, TX090, USLD Communications, Inc. ALEC. This return (CY 2000) in fact was filed on March 13, 2001 (please see attachment). A verbal request was made to Jackie Knight to have the excess payment made on LCI's return (TI890) applied to this account. Before the money could be applied, however, the PUC Staff requested LCI's report to be audited and the monies frozen. Thus, USLD's payment of \$50.00 (check # 02094100) was submitted on October 2, 2001 with a request that the check be applied to the associated account. Please see attached letter dated Oct. 2. A check in the amount of \$17.00 will be cut for the penalty and interest.

1.b) Docket No 011149-TX, TX273, Qwest Communications Corp., ALEC. This return (CY 2000) also was filed on March 13, 2001 (please see attachment). A verbal request similarly was made to Jackie Knight to have the excess payment made on LCI's return (TI890) applied to this account. Before the money could be applied, however, the PUC Staff requested LCI's report to be audited and the monies frozen. Thus, Qwest's payment of \$50.00 (check # 02094102) was submitted on October 2, 2001 with a request that the check be applied to this account. Please see attached letter dated Oct. 2. Pursuant to the Mr. Isler's letter, Qwest understands there is a \$94.00 overpayment. Please apply the \$94.00 overpayment to any late fees on this account and issue a refund check for the remainder.

2.) All remaining fees have been paid.

3.) In the future the Qwest family of affiliates will submit a check for each entity and certificate and not rely on transferring funds from one entity to another. In addition, the Commission has been requested to cancel three of the seven certificates within the Qwest affiliate family, which should reduce the paper load and confusion that comes along with multiple certificates.

Qwest and USLD agree to waive any objection to the administrative cancellation of their certificates should they fail to pay in accordance with this settlement



4.)

APP CAF

CMP

COM

CTR ECR LEG

OPC

PAI RGO

SEC

OTH

RECEIVED & FILED

MUN FPSC-BUREAU OF RECORDS DOCUMENT NUMPER -DATE



FPSC-COMMISSION CLERK

14861 NOV 215

offer. If, however, there is a factual dispute as to the manner of compliance with any provision in the settlement, Commission staff will bring the matter to the Commission for consideration.

5.) Qwest and USLD offer a settlement of \$100.00 for each of the above listed certificates (i.e., \$200.00 total) to settle these cases and dismiss with prejudice.

If you have any questions regarding this matter please feel free to contact me at 303-992-6617 or via email at <u>david.lenard@qwest.com</u>.

Sincerely.

David LeNard Sr. Financial Analyst Facilities Cost Regulatory Reporting

cc: Ms. Paula J. Isler



1670 Broadway, Suite 26. Denver, CO 80202

VIA Overnight Mail

January 30, 2001

Qwest 2

Florida Public Service Commission Fiscal Services Attn. Jackie Knight 2540 Shumard Oak Boulevard Tallahassee, FL 32399-850

Re: Regulatory Assessment Fee Returns

Dear Ms. Knight,

Please find enclosed Qwest Communications Corp., LCI International Telecom, Corp. d/b/a Qwest Communications Services (IXC and ALEC), USLD Communications, Inc., and Phoenix Network, Inc.'s Interexchange Company Regulatory Assessment Fee Return's and checks for payments.

Please note that the check for LCI's Interexchange Return was incorrectly issued at \$4,429.96, instead of \$1,144.38. Please advise if the Commission would like to issue a credit to LCI's account, issue a check to LCI or if the Commission would like Qwest to issue a check in the correct amount. Qwest apologizes for this error. Due to end of month close, Qwest Accounts Payable was unable to re-issue a check in the correct amount.

If you have any questions regarding this matter, please contact me at 303-992-6617 or via email at david.lenard@qwest.com

Sincerely, David LeNard

Sr. Financial Analyst / Facilities Cost Regulatory Reporting

Enclosures



TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BE. E FIELD(2) Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filling Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return PERIOD COVERED:	TX026 LCI International Telecom Corp. d/b/a Qwest Communications Services 1801 California Street, #4900 Denver, CO 80202	\$0603006 003001 \$P 0603006 004011 \$I Postmark DateInitials of Preparer
1/1/2000-12/31/2000	Please Complete Below If Official Mailing Address Has Changed	
(Name of Company)	(Address)	(City/State) (Zip)
 Basic Local Services Long Distance Services (Intra Long Distance Services (Intra	Services er Telecommunications Companies* (see "2. Fees" on back) mue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) Due (Multiply Line 9 by 0.0015) e "3. Failure to File by Due Date" on back) e "3. Failure to File by Due Date" on back)	\$210,350 \$210,350 210,350 315,53 \$315,53
*	CURRENT COMPANY STATUS	<u>د المحمد ا</u>
() Facilities-Based Provider	() Reseller () Other:	ъ. 1
Complete below if billing agent if other the	BILLING INFORMATION	7 (P)
(Name)	(Address: City/State/Zip)	(Telephone)
Do you lease telecommunications' facilitie: If YES, who do you lease these facilities fi		
Address:	above-named company, have read the foregoing and declare that to the best of my alpurguant to Section 837.06, Florida Statutes, whoever knowingly makes a false s her duty shall be guilty of a misdemeanor of the second degree. Vice President ny Official) (Title) Telephone Number (203, 492-66	tatement in wrinng with the intent to mislead (Date) Fax Number ()

) AVOID PENALTY AND INTEREST CHARGES. THE REGUL Y ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFTTE 01/30/2001

/

t

Interexchange Company Regulatory Assessmen. Fee Return

TATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Estimated Return	TI943 Phoenix Network, Inc. 1801 California Street, #4900 Denver, CO 80202-2613	\$0603001 003001 \$P 0603001 004011
PERIOD COVERED: 1/1/2000-12/31/2000		S I Postmark Date Initials of Preparer

Please Complete Below If Official Mailing Address Has Changed

	(Name of Company)	(Address)	(City/State)	(Zip)
INE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTAT.	E REVENUE
1. 2. 3.	Long Distance Services Access Services Private Line Services	\$ <u>559,961</u> 8,211	\$ <u>278,105</u> <u>4,078</u>	
4. 5.	Leased Facilities & Circuits Services Miscellaneous Services	15,243	7,570	
6. 7.	TOTAL Telephone Services LESS: Amounts Paul to Other Telecommunications Companies* (see "2. Fees" on back)	\$ <u>583,415</u> (<u>230,269</u>)	\$ <u>289,754</u> (<u>230,269</u>)
8. 9. 10. 11. 12.	TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3. Failure to File by Due Date" of Interest for Late Payment (see "3. Failure to File by Due Date" of TOTAL AMOUNT DUE	n back) n back)	<u>59,485</u> <u>89,23</u> s <u>89,23</u>	

These amounts must be intrastate only and must be verifiable.

	CURRENT COMP.	ANY STATUS		
) Facilities-Based Carrier () Res	eller	() Call Aggregator		
) Alternate-Operator Service () Ret	bill er	() Other:	·····	
	BILLING INFO	RMATION	······································	
Complete below if billing agent if other than yourself	-			
		··	()
(Name)	(Address:	City/State/Zip)		(Telephone)
What is the total amount of customer deposits collect	ed?		What is the total amount of bond	
Amount: \$ for 19			Amount: \$ E	xpires:
			······································	
	COMPANY INF	URMATION	•	
Do you lease telecommunications' facilities? () If YES, who do you lease these facilities from?	YES () NO Name:			
If IES, who do you lease mese facilities from?	Name			
Address:				
······································				
		e		a hat an an an an
I, the undersigned owner/officer of the above-na information is a true and correct statement. I am awa	amed company, have read the	foregoing and declare	that to the best of my knowledg	e and bener the above atometic with
the intent to mislead a public servant in the performa	ince of his/her duty shall be gu	ilty of a misdemeanor	of the second degree.	
the main to miscage public servant to an periodic				Idadi
to X		lice Preside	DNF	1/20/01
(Signature of Company Official)	1	(Tide	e)	(Date)
David Lt	Nara Tele	phone Number <u>303</u>	997-6017 Fax Number ())
(Preparer of Form - Please Print I	Name)	I No		
$\langle \rangle$	F.E.	I. No		

) AVOID PENALTY AND INTEREST CHARGES. THE REGULA' Y ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Interexchange Company Regulatory Assessmen de Return

STATUS: 5100	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return X Estimated Return Amended Return	TI927 USLD Communications, Inc. 1801 California Street, #4900	S 0603001 003001 S P 0603001 004011
PERIOD COVERED: 1/1/2000 - 12/31/2000	Denver, CO 80202-2613	S I Postmark Date Initials of Preparer

Please Complete Below If Official Mailing Address Has Changed

	(Name of Company)	(Address)	(City/State)	(Zip)
INE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTAT	TE REVENUE
1. 2. 3. 4. 5.	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$ <u>765,256</u> 3,872,072 3,315,582	s <u>332,136</u> 1,680,55 	
6. 7. 8. 9. 10. 11. 12.	TOTAL Telephone Services LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3. Failure to File by Due Date" of Interest for Late Payment (see "3. Failure to File by Due Date" of TOTAL AMOUNT DUE	\$ <u>7,952,910</u> (<u>2,743,102</u>) n back) n back)	s 3,451,72 (2,743,10 708,620 1,062.93 s 1,062.93	

These amounts must be intrastate only and must be verifiable.

······································		CURRENT COMPA	NY STATUS		
) Facilities-Based Carrier	() Reseller		() Call Aggrega	ator	
) Alternate-Operator Service	() Rebiller		() Other:		
-		·			
		BILLING INFO	RMATION		
complete below if billing agent if other than	a yourself.				
				()	
(Name)		(Address:	City/State/Zip)	(Telephon	ie)
Vhat is the total amount of customer deposi				What is the total amount of bond held (if a	
Amount: \$ for 19				Amount: \$ Expires:	
		COMPANY INFO	PMATION		
o you lease telecommunications' facilities?	() VES		MARTION		
f YES, who do you lease these facilities fr		() 1.0			
Address:					
I, the undersigned owner/officer of the	above-named c	ompany, have read the f	pregoing and decla	re that to the best of my knowledge and beli	ief the above
nformation is a true and correct statement. I	am aware that	pursuant to Section 837.00	, Florida Statutes,	whoever knowingly makes a false statement in	writing with
he intent to mislead a public servant in the	performance of	mis/ner duty snau de gui	iyora misuemean /・カー・	los or me second degree.	alal
FR _ V (ICE Presia	ent1/50	0
(Signature of Company Offic	ial)				ale)
David	101 Javal	Teler	hone Number (30	13 fl92-6617 Fax Number ()	
(Preparer of Form - Please	Print Name)				
		F.E.]	. No		

Interexchange Company Regulatory Assessment Fee Return

STATUS	Florida Public Service Commission (See Filing Instructions on Back of Form)	-, FOR PSC USE ONLY Check#
Actual Return X Estimated Return Amended Return	TI215 Qwest Communications Corporation 1801 California Street, #4900 Denver, CO 80202-2613	\$0603001 003001 \$P 0603001 004011 \$\$
PERIOD COVERED: 07/01/2000 TO 12/31/2000	Please Complete Below If Official Mailing Address Has Changed	Postmark Date Initials of Preparer

,,	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTA	TE REVENUE
1. 2. 3. 4. 5.	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$ 9,313,660 407,502 5,038,316 756,451	\$ 7,612,5 148,285 1,833,38 275,264	
6. 7. 8. 9. 10. 11. 12.	TOTAL Telephone Services LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3. Failure to File by Due Date" of Interest for Late Payment (see "3. Failure to File by Due Date" of TOTAL AMOUNT DUE	\$ <u>15,515,929</u> (<u>7,843,357</u>) on back) on back)	\$ <u>9,869,5</u> (7,843,3) 2,026,1 3,039.24 5 <u>3,039.24</u>	<u>57)</u> 57

* These amounts must be intrastate only and must be verifiable.

X) Facilities-Based Carrier () Reseller Alternate-Operator Service () Rebiller			
		 () Call Aggregat () Other: 	or
		· · · · · · · · · · · · · · · · · · ·	
-	BILLING INFOR	RMATION	
Complete below if billing agent if other than yourself.			
			(<u>)</u>
(Name)	(Address:	City/State/Zip)	(Telephone) What is the total amount of bond held (if applicable)?
What is the total amount of customer deposits collected? Amount: \$ for 19			Amount: \$ Expires:
C	OMPANY INFO	RMATION	
	() NO		
If YES, who do you lease these facilities from? Name:		·····	
Address:			
	······································		
I, the undersigned owner/officer of the above-named company	y, have read the fo	oregoing and declar	e that to the best of my knowledge and belief the abo
information is a frue and correct statement. I am aware that pursuant the intent to mislead public servant in the performance of his ber	nt to Section 837.00 r duty shall be guid	o, Florida Statutes, v ltv of a misdemeano	whoever knowingly makes a false statement in writing w
		lice Presid	
(Signature of Company Official)	V	The resid	itle) (Date)
(Signature of Company Official)		(1	
David LeNard, St. Financial Anal (Preparer of Form/- Please Print Name)	yst Teler	phone Number (<u>3(</u>) 39926617 Fax Number ()
(rreparer of form) - Please Print Name)	F.E.I	I. No.	

Interexchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return X Estimated Return Amended Return Amended Return	T1890 Qwest Communications Services 1801 California Street, #4900	\$ 0603001 \$ P 0603001 0603001 004011
PERIOD COVERED: 07/01/2000 TO 12/31/2000	Denver, CO 80202-2613 Please Complete Below If Official Mailing Address Has Changed	S I Postmark Date Initials of Preparer

Please Complete Below If Official Mailing Address Has Changed

· <u> </u>	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTAT	TE REVENUE
1. 2. 3. 4. 5.	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$ <u>5,161,342</u> <u>2,773,178</u> <u>224,296</u> <u>416,364</u>	\$ 2,405,99 1,064,34 86,085 159,800	
6. 7. 8. 9. 10. 11. 12.	TOTAL Telephone Services LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3. Failure to File by Due Date" Interest for Late Payment (see "3. Failure to File by Due Date" TOTAL AMOUNT DUE	\$ <u>8,575,181</u> (<u>2,953,305</u>) on back) on back)	\$ <u>3,716,22</u> (<u>2,953,3</u> <u>762,921</u> 1,144.38 \$1,144.38	05)

* These amounts must be intrastate only and must be verifiable.

	CURRENT COMPANY STATUS	
() Facilities-Based Carrier() Reseller() Alternate-Operator Service() Rebiller	() Call Aggregat () Other:	or
Complete below if billing agent if other than yourself.	BILLING INFORMATION	
	(Address Circul Grass 172	()
(Name) What is the total amount of customer deposits collected? Amount: \$ for 19	(Address: City/State/Zip)	(Telephone) What is the total amount of bond held (if applicable)? Amount: \$ Expires:
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name:	COMPANY INFORMATION () NO	
Address:		
I, the undersigned owner/officer of the above-named co information is a true and correct statement. I am aware that p the intent to mislead a public servant in the performance of (Signature of Company Official) (Signature of Company Official) (Preparer of Form - Please Print Name)	bursuant to Section 837.06, Florida Statutes, his/her duty shall be guilty of a misdemeano <u>Vice Presidevi</u> (T	ar of the second degree. 1/2/0/ br 1/2/0/ itle) 1/2/0/ 3 1/92 6617 Fax Number ()

Date	DENVER, CO		······································			
1	Invoice No.			Description		Amount
01/26/2001 01/26/2001	012601CK 012601CK	EXT 6617 EXT 6617 For L	'CT	Loca/		315.53
Vendor: FL Vendor ID:	ORIDA PUBLIC SE FLPUB	ERVICE COMM.			Total: Check No.: Date:	**\$315.53** 02008228 01/29/2001
Vendor ID:	FLPUB		UND AND AN AR	TIFICIAL WATERMARK PATTERN	Check No.: Date: ON THE BACK - HOLD AT	02008228 01/29/2001 ANGLE TO VIEW
Vendor ID:		E & GREEN BACKGRO	UND AND AN AR	THECHAL WATERMARK PATTERN BANK OF AMERICA BANK OF AMERICA NA ATLANTA, GEORGIA	Check No.: Date: ON THE BACK - HOLD AT CHECK NO	02008228 01/29/2001 ANGLE TO VIEW D.: 02008228
Vendor ID:	FLPUB	E & GREEN BACKGRO	UND AND AN AR	BANK OF AMERICA	Check No.: Date: ON THE BACK - HOLD AT	02008228 01/29/2001 ANGLE TO VIEW
Vendor ID:	FLPUB	E & GREEN BACKGRO	UND AND AN AR	BANK OF AMERICA	Check No.: Date: ON THE BACK - HOLD AT CHECK NO	02008228 01/29/2001 ANGLE TO VIEW D.: 02008228
Vendor ID:	FLPUB	IE & GREEN BACKGRO T 202	UND AND AN AR	BANK OF AMERICA	Check No.: Date: ON THE BACK - HOLD AT CHECK NO	02008228 01/29/2001 ANGLE TO VIEW D.: 02008228 01/29/2001



÷

QWEST 555 17TH STREET DENVER, CO 80202

Date	Invoice No.		Description		Amount
01/26/2001 01/26/2001		EXT 6617 EXT 6617 For Ma	2nix		89.23
			,		
Vendor: FL(Vendor ID:	ORIDA PUBLIC SE FLPUB	RVICE COMM.		Total: Check No.: Date:	**\$89.23** 02008229 01/29/2001
THIS CHECK	IS VOID WITHOUT A BLUE	& GREEN BACKGROUND AND	AN ARTIFICIAL WATERMARK PATTERN	ON THE BACK - HOLD AT ANG	e to view
rida the lique	QWEST 555 17TH STREET		BANK OF AMERICA BANK OF AMERICA NA ATLANTA, GEORGIA	CHECK NO.: DATE:	02008229 01/29/2001
Qwest.	DENVER, CO 8020	02		_6	14-1278_ 611
	ND 23/100 DOLLARS	i		*	*\$89.23**
)					
FLORID/ 2540 SH	A PUBLIC SERVICE UMARD OAK BLVD ASSEE FL 323990850			0 mp	n

SIGNATURE HAS A COLORED BACKGROUND



QWEST 555 17TH STREET DENVER, CO 80202

	012601CK 012601CK	EXT 6617 EXT 6617 For C	154	D		1062.93
	RIDA PUBLIC SE "LPUB	RVICE COMM.			Total: Check No.: Date:	**\$1,062.93** 02008227 01/29/2001
	VOID WITHOUT A BLUE	& GREEN BACKGRO	UND AND AN A	RTIFICIAL WATERMARK PATTERN	I ON THE BACK - HOLD AT	ANGLE TO VIEW
	WEST			BANK OF AMERICA BANK OF AMERICA NA ATLANTA, GEORGIA	CHECK N	O.: 0200822
	55 17TH STREET ENVER, CO 8020				DATE:	01/29/2001
						<u>64-1278</u> 611
ONE THOUSAND S	SIXTY TWO AND 9	3/100 DOLLARS				**\$1,062.93**
3						
FLORIDA F 2540 SHUM	PUBLIC SERVICE (MARD OAK BLVD SEE FL 323990850				0	Ro

hillinhillihihihihilill

1

SIGNATURE HAS A COLORED BACKGROUND ...



QWEST 555 17TH STREET **DENVER, CO 80202**

Date	Invoice No.		Description		
			Description		Amount
01/26/20		EXT 6617 EXT 6617			3039.24
			\sim 1 \sim		
	ľ	For Que	257		1
		1.01 9.000			
Vendor: F	LORIDA PUBLIC SE	RVICE COMM.		Total:	**\$3,039.24**
Vendor ID:	FLPUB			Check No.:	02008225
				Date:	01/29/2001
			<u>مريح (مريح (مريح)) مريح (مريح)</u> المريح (م		
THIS CHE	CK IS VOID WITHOUT A BLUE	& GREEN BACKGROUND AND	AN ARTIFICIAL WATERMARK PATTERN	ON THE BACK - HOLD AT A	NGLE TO VIEW
O	QWEST		BANK OF AMERICA BANK OF AMERICA NA	CHECK NO	02008225
ride the light	555 17TH STREET		BANK OF AMERICA NA ATLANTA, GEORGIA	DATE:	01/29/2001
Qwest.	DENVER, CO 8020	02		DATE.	01/29/2001
-					<u>64-1278</u>
					611
THREE THOUS	SAND THIRTY NINE AN	ID 24/100 DOLLARS		**	\$3,039.24**
e				L	
FLORI	A PUBLIC SERVICE (COMM.			
2540 SI	HUMARD OAK BLVD HASSEE FL 323990850			•	_
				Sur 1	2
			L.	uthorized Signature	yeu-
Influi	հետեներերերունո		AU	anonecu orginature	

SIGNATURE HAS A COLORED BACKGROUND

#0002008225# #061112288#329999L808#



QWEST 555 17TH STREET DENVER, CO 80202

Date	Invoice No.		Description		Amount
01/26/2001 01/26/2001	012601CK 012601CK	EXT 6617 EXT 6617 For LCI	TXC		4429.96
endor: FLO	RIDA PUBLIC SEI			T -4-1	
	FLPUB			Total: Check No.: Date:	**\$4,429.96** 02008226 01/29/2001

Qwest.

QWEST 555 17TH STREET DENVER, CO 80202 BANK OF AMERICA BANK OF AMERICA NA ATLANTA, GEORGIA

CHECK NO.: 02008226 DATE: 01/29/2001

.....

<u>64-1278</u> 611

PAY: FOUR THOUSAND FOUR HUNDRED TWENTY NINE AND 96/100 DOLLARS

\$4,429.96

To The Order Of

► FLORIDA PUBLIC SERVICE COMM. 2540 SHUMARD OAK BLVD TALLAHASSEE FL 323990850

hullanhhullahhulahhulah

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND

PLEASE FOLD THIS SHIPPING DOCUMENT IN HALF AND PLACE IT IN A WAYBILL POUCH AFFIXED TO YOUR SHIPMENT SO THAT THE BAR-CODE PORTION OF THE LABEL CAN BE READ AND SCANNED. ***WARNING: USE ONLY THE PRINTED ORIGINAL LABEL FOR SHIPPING. USING A PHOTOCOPY OF THIS LABEL FOR SHIPPING PURPOSES IS FRAUDULENT AND COULD RESULT IN ADDITIONAL BILLING CHARGES, ALONG WITH THE CANCELLATION OF YOUR FEDEX ACCOUNT NUMBER.

FROM:	David LeNard (303)992-6617		
	1670 Broadway 26th Floor Denver, CO 80202		Fed Express
TO:	Jackie Knight (850)413-62 Florida Public Service Con 2540 Shumard Oak Blvd. Fiscal Services		SHIP DATE: 30JAN01 MAN-WGT: 1 LBS
REF:	Tallahassee, FL 32	2399-	
	INCESS BARCÓDE (FEDEX-EDR)		
CAD # 39111		AA	ס
TRK #	7923 9491 2846 FORM	1 0201 TLH 31JAN01	
32399 DROP (-FL-US XE	3 TLHA	

.

.

- VIA Overnight Mail

March 13, 2001



Florida Public Service Commission Fiscal Services Attn. Jackie Knight 2540 Shumard Oak Boulevard Tallahassee, FL 32399-850

Re: Regulatory Assessment Fee Returns

Dear Ms. Knight,

Please find enclosed Qwest Communications Corp., and USLD Communications, Inc., Alternative Local Exchange Company Regulatory Assessment Fee Return's.

Qwest apologizes for the delay in submitting these reports.

If you have any questions regarding this matter, please contact me at 303-992-6617 or via email at david.lenard@qwest.com

Sincerely, ard rid Lei

Sr. Financial Analyst Facilities Cost Regulatory Reporting

Enclosures



to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before File(2) Alternative Local Exchange Company Regulatory Assessment Fee Return

•

PSC/CMU-7 (Rev. 11/11/99)

STATUS:		ervice Commission	FOR PSC USE ONLY Check#
<u> </u>	TX 090		5 060300 00300
Estimated Return Amended Return	USLD Communicatio	ons, Inc.	\$P 060300
PERIOD COVERED:	1801 California, Denver, CO 80202	#4900	00401 S I Postmark Date
1/1/00 - 12/31/00			Initials of Preparer
	Please Complete Below If Offici	al Mailing Address Has Changed	
(Name of Company)		(Address)	(City/State) (Zip
		FLORIDA	
LINE NO ACCOUNT	CLASSIFICATION CONTRACT OF CONTRACT.	GROSS OPERATING REVE	NUE INTRASTATE REVENUE
1. Basic Local Services	ارد این انداز به معنی بین می اینهایی اینها (۲۰ میراند) این	-5	The second se
2. Long Distance Services (Intra	LATA only)**	0	0
3. Access Services		0	0
4. Private Line Services		0	0
5. Leased Facilities & Circuits S	envices	0	0
		<u> </u>	0
6. Miscellaneous Services			
7. TOTAL REVENUES	•• ••		\$ <u>0</u>
	er Telecommunications Companies* (see		0::
9. Net Intrastate Operating Reve	nue for Regulatory Assessment Fee Cal	culation (Line 7 less Line 8)	<u>· 0 /·</u>
	Oue (Multiply Line 9 by 0.0015)		
	e "3. Failure to File by Due Date" on ba		. 0
			0
 ,	e "3. Failure to File by Due Date" on ba	(CK)	
13. TOTAL AMOUNT DUE			\$ <u>0</u>
These amounts must be intrastate only	and must be verifiable.	2 N T	т. У Т.
** Other long distance revenue must be list	sted on the Interexchange Regulatory As	isessment Fee Return.	m , n
AS PROVIDED	IN SECTION 364.336, FLORIDA		ANNUAL FEE IS \$50
	CURRENT CC	MPANY STATUS -	_
() Facilities-Based Provider	() Reseiler		
() I actituce-based I Townier	() Other:		
Berne and a second of a		الحالي الراجان وتقديها وعرادهما المعطومين	
an a	BILLING II	NFORMATION	
Complete below if billing agent if other that	n yourself.		()
(Name)		(Address: City/State/Zip)	(Telephone)
	COMPANY	INFORMATION	
Do you lease telecommunications' facilities			
If YES, who do you lease these facilities fr	• •		
Address:			······································
is a true and correct antement. I am aware the	at ursuan to Section 837.06, Florida St	atutes whoever knowingly makes a fail	f my knowledge and belief the above informati lse statement in writing with the intent to misle
a public servant in the performance of mis/h	ter duty shall be guilty of a misdameand		
Ni R	/ _	Vice President	
(Signature of Compar	ny Official)	(Tide)	(Date)
	-,,	(1.20)	(2)
David LeNard, 303	-992-6617	Telephone Number ()	Fax Number ()
(Preparer of Lorin - Please	e Print Name)		

F.E.I. No. _____

TO AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Alternative Local Exchange Company Regulatory Assessment Fee Return

.

STATUS	US: Florida Public Service Commission (See Filing Instructions on Back of Form)				FOR PSC USE ONLY	
<u>X</u>	Actual Return	TX 273	S	0603006		
Estimated Return		11 275		l e	003001 P	
	Amended Return	Qwest Communicati	ons Corp.		0603006	
PERIOD	OVERED:	1801 California, Denver, CO 80202	#4900	s	004011 I	
1/1	/00 - 12/31/00			Postmark Date Initials of Preparer	· · · · · · · · · · · · · · · · · · ·	
		Please Complete Below If Offici	al Mailing Address Has Changed			
	(Name of Company)		(Address)	(City/State)	(Zip)	
	· ·		FLORIDA			
<u>,INE NO.</u>	Basic Local Services	CLASSIFICATION	- <u>GROSS-OPERATING REV</u>	ENUE INTRASTAT		
1. 2.	Long Distance Services (Intra		°			
2. 3.	Access Services		0	<u>ŏ</u>		
4.	Private Line Services		0	0		
	Leased Facilities & Circuits S		0			
б.	Miscellaneous Services		0	0		
7.	TOTAL REVENUES			s 0		
8.		er Telecommunications Companies* (see	: "2. Fees" on back)	0 2		
9.		nue for Regulatory Assessment Fee Cal				
10.		Due (Multiply Line 9 by 0.0015)		0 **		
11.		e "3. Failure to File by Due Date" on ba		··· • _ 0		
12.		e "3. Failure to File by Due Date" on ba		0		
13.	TOTAL AMOUNT DUE	•••	- ·	s <u> </u>		
* These : * Other I	amounts must be <u>intrastate only</u> ong distance revenue must be li	and must be verifiable. sted on the Interexchange Regulatory As				
	AS PROVIDED	IN SECTION 364.336, FLORIDA	STATUTES, THE MINIMUM	ANNUAL FEE IS \$50		
	**	CURRENT CO	MPANY STATUS -	,		
) Facilit	ies-Based Provider	() Reseller				
	jeta Biliaren agantzarrar p	() Other:	د این از در این و این			
	1 at a card a 114	BILLING I	NFORMATION			
Complete t	below if billing agent if other the	an yourself.		()	
	(Name)		(Address: City/State/Zip)	(Teleph	one)	
		COMPANY	INFORMATION	······································		

Address:		
I, the indersigned owner/officer of the above-named company, have read is a true and correct statement. Lem aware that pursuant to Section 837.06, Flor a public servant in the performance of his ner duty shall be guilty of a misde	rida Statutes, whoever knowingly makes a false :	y knowledge and belief the above information statement in writing with the intent to mislead
(Signature of Company Official)	(Title)	(Date)
David LeNard, 303-992-6617 (Preparer of Form - Please Print Name)	Telephone Number ()	Fax Number ()
PSC/CMU-7 (Rev. 11/11/99)	F.E.I. No.	