

211

# Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**

01/01/2001 TO 12/31/2001

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ425-01-0-R 020000-PV  
 Northwestern Digital Company 000827-TI  
 373 Inverness Drive South, Suite 100  
 Englewood, CO 80112-5898  
 DATE: FEB 06 2002

**FOR PSC USE ONLY**  
 Check# 10900  
 \$ 50.00 0603001  
 003001  
 \$ P 0603001  
 004011  
 \$ I  
 Postmark Date 1-31-02  
 Initials of Preparer km

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	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ 50.00	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ 0

\* 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: \$ \_\_\_\_\_ for 19 \_\_\_\_\_  
 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: \_\_\_\_\_  
 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.

Betty Sutton (Signature of Company Official) acct - (303) 708-1000 (Title) 1-25-02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
 F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER-DATE

01415 FEB-6 02