

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA*

TI387-01-0-R
Least Cost Routing, Inc.
Tax Department
1700 Old Meadow Road, 3rd Floor
McLean, VA 22102-4302
cc: P. Isler

FOR PSC USE ONLY

Check# 48989

\$ 175.48 0603001
\$ 43.87 003001
\$ 8.77 P 0603001
040411

Postmark Date 6/14/02
Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

D226 JUN 25 2002

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	\$ <u>636,617.50</u>	\$ <u>116,983.60</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ <u>636,617.50</u>	\$ <u>116,983.60</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>116,983.60</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>175.48</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>43.87</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>8.77</u>	
12.	TOTAL AMOUNT DUE		\$ <u>228.12</u>

* 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 for 19 _____

What is the total amount of bond held (if applicable)?
Amount: \$ 0 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.

Peter Puerling
(Signature of Company Official)

VP-FINANCE
(Title) 05 JUN 20 02 6:21/2002 (Date)

PETER PUERLING
(Preparer of Form - Please Print Name)

Telephone Number (703) 394-4349 Fax Number (903) 902-2800

F.E.I. No. 59-3266693

DOCUMENT NUMBER DATE

06513 JUN 25 02