

Alternative Local Exchange 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)

TX526-02-0-R
 Southern Telcom Network, Inc.
 P. O. Box 1161
 Mountain Home, AR 72654-1161
 CC: P. Isler

FOR PSC USE ONLY	
Check#	13386
\$	59.50
\$	7.50
\$	1.50
Postmark Date	4/18/03
Initials of Preparer	MC

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

DS 42 APR 24 2003

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.	Basic Local Services	\$	\$
2.	Long Distance Services (IntraLATA only)**	380.91	380.91
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 380.91
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		380.91
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	6.00	
13.	TOTAL AMOUNT DUE		\$ 68.50

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

AUS _____
 CAE _____
 Facilities-Based Provider
 CMP _____
 COM _____

CURRENT COMPANY STATUS
 Reseller
 Other: CLEC

CTR _____
 ECP _____
 Complete below if billing agent if other than yourself.
 GOL _____
 CPC _____
 MMS _____
 SEC _____
 OTH _____

BILLING INFORMATION
 (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

COMPANY INFORMATION
 Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: Verizon
 Address: P.O. Box 920041 Dallas, TX 75392-0041

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.

(Signature of Company Official) _____ PRESIDENT (Title) _____ 4/16/03 (Date)
 (Preparer of Form - Please Print Name) _____
 Telephone Number 8704246852 Fax Number 8704246852
 F.E.I. No. 78096846 DOCUMENT NUMBER DATE