

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:
 Actual Return
 Estimated Return
 Amended Return

P. Isler
CCA

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TX646-02-0-R *030000-PR*
 Pan American Telecom, Incorporated
 1606 Nanette Court
 Lake Worth, FL 33461-6145
D3430 APR 28 2003
 CC: *P. Isler*

FOR PSC USE ONLY
 Check# *584*
 \$ *50.38* 0603006
 \$ *7.50* 003001
 \$ *1.50* 0603006
 004011
 Postmark Date *4/23/03*
 Initials of Preparer *MC*

PERIOD COVERED:
 05/06/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Pan American Telecom (Name of Company) *1606 Nanette Ct* (Address) *Lake Worth, FL* (City/State) *33461* (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	<i>9500.00</i>	_____
7.	TOTAL REVENUES		\$ _____
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)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<i>7.50 x .05 = 7.87</i>	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<i>1.50 x .01 = 1.51</i>	_____
13.	TOTAL AMOUNT DUE		\$ <i>59.38</i>

- _____ AUCS
- _____ CAF
- _____ CMP
- _____ COM
- _____ CTR
- _____ ECR
- _____ GCL
- _____ OPC
- _____ MMS
- _____ SEC
- _____ OTH *None*

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

CURRENT COMPANY STATUS

() Facilities-Based Provider
 () Reseller
 () Other: *UNE-P*

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 _____ (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: _____
 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.

 (Signature of Company Official) *Gen Manager* (Title) _____ (Date) *APR 28 2003*
Cheryl Lovelace
 (Preparer of Form - Please Print Name) Telephone Number *(206) 588-1121* Fax Number *206 588-4478*
 F.E.I. No. *01-059-3733*