## to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2003 Alternative Local Exchange Company Regulatory Assessment Fee Return

CURRENT COMPANY STATUS  ( ) Facilities-Based Provider  ( ) Reseller ( ) Other: UNE -      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 If YES, who do you lease these facilities from? Name:  Address:  ( ) NO  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 missead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Company Official)  Telephone Number ( Job ) 188   L   Fax Numbe	1.			
Actual Return  Estimated Return  Amended Return  1060 Nanette Court  Lake Worth, FL 33461-6145  CL: P. I Sign  Please Complete Below to Official Maining Address Has Changed  APR 28 2003  Postmark Date #/23/03 beliated of Preparter  Please Complete Delow to Official Maining Address Has Changed  ACCOUNT CLASSIFICATION  Basic Local Process  FLORIDA  GROSS OFFISATING REVENUE  1. Basic Local Process Services  A. Private Line Services  5. Leazed Pacifities & Circuits Services  6. Macelimous Services  7. TOTAL REVENUES  8. LESS: Amountar Paid to Order Telecommunications Companies' (see "2. Fee" on back)  7. TOTAL REVENUES  8. LESS: Amountar Paid to Order Telecommunications Companies' (see "2. Fee" on back)  7. TOTAL REVENUES  8. LESS: Amountar Paid to Order Telecommunications Companies' (see "2. Fee" on back)  7. FD x. ov= 7.87  Companies of Late Paymon (see "3. Failure to File by Due Date" on back)  7. FD x. ov= 7.87  CER TOTAL REVENUES  8. LESS: Amountar Paid to Order Telecommunications Companies' (see "2. Fee" on back)  7. FD x. ov= 7.87  COMPANY INFORMATION  Complete below if billing agent if other than yourself.  COMPANY INFORMATION  Do you lease telecommunications' facilities? () YES (NO  COMPANY INFORMATION  Do you lease telecommunications' facilities? () YES (NO  COMPANY INFORMATION  Complete below if billing agent if other than yourself.  4. the undestigned ownword/file of the sinon-samed company, how read the foregoing and declare that to the bast of my knowledge and belief the dove informities of the sinon-samed company, how read the foregoing and declare that to the bast of my knowledge and belief the dove informities of the sinon-samed company, how read the foregoing and declare that to the bast of my knowledge and belief the dove informities of the sinon-samed company, how read the foregoing and declare that to the bast of my knowledge and belief the dove informities of the sinon-samed company	STATUS:	· · · · · · · · · · · · · · · · · · ·	FOR PSC USE ONLY Check# 589	<i>'</i>
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Company   Comp		· P. +SIEI	Initials of Preparer	<u>~</u>
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( ) Facilities-Based Provider  ( ) Reseller ( ) Other: WWE-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 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)  (Title)  (Date)  Telephone Number (Joh JB HL) Fax Number Joh SP - YVTTV	AS PROVIDED IN SEC	TION 364.336, FLORIDA STATUTES, THE MINIMUM AF	NOOL FEE IS \$50 O	) IH WAY
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Do you lease telecommunications' facilities? () YES	(Name)	(Address: City/State/Zip)	(Telephone)	
Do you lease telecommunications' facilities? () YES				
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 mistead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Company Official)  (Title)  (Date)  Telephone Number (Joh) 578/12/ Fax Number Joh) 578-4477		COMPANY INFORMATION		
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public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Company Official)  (Title)  (Date)  Telephone Number (16) 588 // 21 Fax Number 40/588 - 4474	true and correct statement. I am aware that pursuant t	o Section 837.06, Florida Statutes, whoever knowingly makes a false stat	the ment in writing with the intent to mis	lead a
(Signature of Company Official)  (Willy Lowelace Telephone Number (Joh) 588/12/ Fax Number Joh) 588-4473		be guilty of a misdemeanor of the second degree.	_	~ <u> </u>
Cherry Lovelace Telephone Number (16/1) 588/121 Fax Number (36/1) 588-44796		Gen Manager		2 00
(Preparer of Form - Please Print Name)  Telephone Number (36) 588/12/ Fax Number 36/ 588 - 4479	(Signature of Company Officia			
(Preparer of Form - Please Print Name)	("herest Lovelace	Telephone Number (16/1) 188/12/.	Fax Number (801) 588-447	74 🗆
	(Preparer of Form - Please Print	Name) F.E.I. No. 0/-059	7-3727	