

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
PCA*

TX685-02-0-R  
 Granite Telecommunications, LLC  
 234 Copeland Street  
 Quincy, MA 02169-4005  
 cc: P. Isler

**D344**

APR 30 2003

**FOR PSC USE ONLY**

Check# 2033

\$ 50.00 0603006  
003001

\$ 2.50 P. 0603006  
004011

\$ 1.50 I

Postmark Date 4/25/03

Initials of Preparer MC

PERIOD COVERED:  
10/28/2002 TO 12/31/2002

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.	Basic Local Services	\$ <u>6989.00</u>	\$ <u>3527.00</u>
2.	Long Distance Services (IntraLATA)**		<u>277.00</u>
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ <u>5914.00</u>
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)		<u>5914.00</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	<u>7.50</u>	<u>50.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1.50</u>	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ <u>59.00</u>

\* 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

Facilities-Based Provider

CURRENT COMPANY STATUS  
 Reseller  
 Other: \_\_\_\_\_

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

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.

Goff Lodman (Signature of Company Official) Director Carrier Rel. (Date) 4/18/03  
 (Preparer of Form - Please Print Name) Telephone Number (617) 900 DOCUMENT NUMBER - DATE 0931  
 F.E.I. No. 04-3 03927 APR 30 8