

Interexchange 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  
 CCA*

TJ692-02-0-R  
 Nevada Telephone, Inc.  
 1700 South Main Street  
 Las Vegas, NV 89104-1200  
 MAY 09 2003  
 CC: P. Isler

**FOR PSC USE ONLY**  
 Check# 803  
 \$ 50.00 0603001  
 003001  
 \$ \_\_\_\_\_ P. 0603001  
 004011  
 \$ \_\_\_\_\_  
 Postmark Date 5/5/03  
 Initials of Preparer mc

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>none</u>	\$ _____	AUS _____
2.	Access Services	\$ <u>none</u>	\$ _____	CAF _____
3.	Private Line Services	\$ <u>none</u>	\$ _____	CMP _____
4.	Leased Facilities & Circuits Services	\$ <u>none</u>	\$ _____	COM _____
5.	Miscellaneous Services	\$ <u>none</u>	\$ _____	CTR _____
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____	ECR _____
7.	<b>LESS: Amounts Paid to Other Telecommunications Companies*</b> (see "2. Fees" on back)	( <u>none</u> )	( _____ )	GCL _____
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	_____	OPC _____
9.	<b>Regulatory Assessment Fee Due</b> (Multiply Line 8 by 0.0015)	_____	_____	MMS _____
10.	<b>Penalty for Late Payment</b> (see "3. Failure to File by Due Date" on back)	_____	_____	SEC <u>I</u>
11.	<b>Interest for Late Payment</b> (see "3. Failure to File by Due Date" on back)	_____	_____	OTH _____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ _____	

\* 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  
 (X) 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: \$ none  
 What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES (X) 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 or her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 (Signature of Company Official) President (Title) 5/2/03 (Date)  
 Robert A. Jankovics (Preparer of Form - Please Print Name)  
 Telephone Number (702) 648-1863 Fax Number (702) 648-1866  
 F.E.I. No. 88-0350717