

0206 24-1A

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  
ICA*

TX353-02-0-R  
TelSouth Communications, Inc.  
P. O. Box 20038  
Knoxville, TN 37940-1038  
**DEPOSIT DATE**  
D 3 8 0 SEP 0 4 2003  
cc: P. Isler

**FOR PSC USE ONLY**  
Check# 003747  
\$ 50.00 0603006  
003001  
\$ \_\_\_\_\_ 0603006  
004011  
Postmark Date 8/26/03  
Initials of Preparer ME

PERIOD COVERED:  
01/01/2002 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	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
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)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	_____

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \$ \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1 \$ 50.00
- OTH \_\_\_\_\_

\* 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**

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: \_\_\_\_\_

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.

Ronald E. Hale  
(Signature of Company Official)

CEO (Title) 8/25/03 (Date)

Ron Hale  
(Preparer of Form - Please Print Name)

Telephone Number (865) 579-6909 845M579-5716

F.E.I. No. 57-095989 8232 SEP-4 8