

ORIGINAL

COMPANY IDENTIFICATION

Printed on 01/07/2004 at 13:54:20 by PJI

Complete Name: Nevada Telephone, Inc.

040000

Mailing Name: Nevada Telephone, Inc.

Company Code: TJ692 FEID Number: 14-1731201

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date: 11/12/2002 Inactive Date:
 Service: IXC - Interexchange Telephone
 Received: Actual RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$10.00	\$0.00	\$10.00
Interest	\$2.00	\$0.00	\$2.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$62.00	\$50.00	\$12.00

Last modification was made on Monday, May 19, 2003 at 7:05 AM by Valorie Moore

Period covered: 01/01/2002 through 12/31/2002 RAF rate: 0.0015
 Operating rev: \$0.00 Interstate rev: \$0.00
 Documents: Actual RAF form received on 05/05/2003
 RAF form mailed on 04/23/2003
 Delinquent letter mailed on 02/19/2003
 RAF form mailed on 12/05/2002

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
05/05/2003	05/13/2003	05/19/2003-VPM	IK348	8031	\$50.00
	RAF paid		IK348		\$50.00

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

DOCUMENT NUMBER-DATE

00901 JAN 21 03

FPSC-COMMISSION CLERK

25-24.474 Cancellation of a Certificate.

(1) The Commission may on its own motion cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rule or order; or
- (c) Violation of Florida Statutes.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (c) A statement on treatment of customer deposits and final bills.
- (d) Proof of individual customer notice regarding discontinuance of service.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.285, 364.337, 364.345 FS.

History—New 2-23-87, Amended 3-13-96.

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

January 8, 2004

Mr. Robert A. Jankovics, President
Nevada Telephone, Inc. (TJ692)
1700 South Main Street
Las Vegas, NV 89104-1200

Dear Mr. Jankovics:

On December 23, 2003, the Commission received your 2003 Regulatory Assessment Fee return form showing zero revenues. Payment of the \$50 minimum Regulatory Assessment Fee was not included. A copy of the cancellation rule is enclosed.

The Regulatory Assessment Fee is assessed if a certificate is active for any one day during a calendar year, even if a company had no revenues or ever started operations. The 2003 Regulatory Assessment Fee is due by January 30, 2004. Our records also show that you have a \$12.00 balance for late payment of the 2002 Regulatory Assessment Fee.

If you are requesting cancellation of your certificate and if your letter requesting cancellation and payment of the 2003 fee and \$12.00 balance are received by the due date of January 30th, a docket will be opened to recommend a voluntary cancellation effective December 23, 2003. When returning payment and the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

Please review this information and let me know by January 23, 2004, how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at Plsler@psc.state.fl.us, or at the address below.

Sincerely,

Handwritten signature of Paula J. Isler in black ink.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Paula

TJ692-03-0-R
Nevada Telephone, Inc.
1700 South Main Street
Las Vegas, NV 89104-1200

2003 DEC 23 AM 10:47

2002 P+I - 912.00

FOR PSC USE ONLY	
Check#	1041
\$	50.00
	0603001
	003001
\$	10.00 P
	0603001
	004011
\$	2.00 I
Postmark Date	1-16-04
Initials of Preparer	RT

DIVISION OF
COMPETITIVE SERVICES

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	\$ _____	\$ _____
2.	Access Services	\$ _____	\$ _____
3.	Private Line Services	\$ _____	\$ _____
4.	Leased Facilities & Circuits Services	\$ _____	\$ _____
5.	Miscellaneous Services	\$ _____	\$ _____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ _____	\$ _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	\$ _____	\$ _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
12.	TOTAL AMOUNT DUE	\$ _____	\$ _____

* 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
- 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: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
Amount: \$ _____ Expires: _____

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.

Robert Jankovits
(Signature of Company Official)

Robert Jankovits
(Preparer of Form - Please Print Name)

Pres
(Title)

12/18/0
(Date)

702-648-1863
Telephone Number

702-648-10
Fax Number

F.E.I. No. 88-035-0717