

040000

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:
01/01/2004 TO 12/31/2004

TI927-04-0-R
USLD Communications, Inc.
1801 California Street 47th Floor
Denver, CO 80202-2644
DEPOSIT DATE
5 08 NOV 2 4 2004
Docket 041238-T1 (Isler)

FOR PSC USE ONLY
Check# 300852094
137.82
11-17-04
RT

USLD Communications, Inc. 1801 California St. - Room 1240 Denver, CO 80202
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Long Distance Services	\$	\$	
2.	Access Services	1,760,230	161,157	CMP
3.	Private Line Services			
4.	Leased Facilities & Circuits Services			COM
5.	Miscellaneous Services	43,375	4,081	
6.	TOTAL Telephone Services	\$ 1,803,605	\$ 165,238	CTR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(73,359)	ECR
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		91,879	
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		137.82	GCL
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)			OPC
12.	TOTAL AMOUNT DUE		137.82	

* 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: _____
 SCR
 SEC 1
 OTH

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? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ 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.

Bill Johnston Vice President, Asst. Corporate Controller 11/15/04
 (Signature of Company Official) (Title) (Date)
Frances Bendever Telephone Number (303) 896-9176 Fax Number (303) 965-8022
 (Preparer of Form - Please Print Name)

DOCUMENT NO.
12543-04

ORIGINAL

Records
RECEIVED NOV 02 2004

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

October 27, 2004

Ms. Kristin L. Smith, Attorney
Qwest
1801 California Street, 10th Floor
Denver, CO 80202

RECEIVED-FPSC
04 NOV 23 PM 2:04
COMMISSION
CLERK

RE: USLD Communications, Inc. (TI927)

Dear Ms. Smith:

On October 20, 2004, the Commission received your letter dated October 21st requesting cancellation of the company's IXC certificate because the company no longer has any customers in Florida. Before staff can recommend a voluntary cancellation, the 2004 Regulatory Assessment Fee return needs to be completed and paid. The 2004 return form is attached.

As soon as the return and payment are received, staff will go forward with the company's request for a voluntary cancellation. The effective date of the cancellation will be October 21, 2004. When returning payment and a copy of the completed 2004 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

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,

Paula J. Isler, Research Assistant
Bureau of Service Quality

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC _____
- OTH _____

Enclosure
TMS #1700

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

PSC Website: <http://www.floridapsc.com>
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Internet E-mail: contact@psc.state.fl.us
Internet E-mail: contact@psc.state.fl.us

DOCUMENT NUMBER - DATE
125413 NOV 23 04



Qwest Corporation
1801 California Street, Suite 1240
Denver, CO 80202
Phone: 303-965-8803
Fax: 303-965-8022
william.curtis@qwest.com

William R. Curtis, C.P.A.
State Corporate Finance

November 16, 2004

Florida Public Service Commission
Attention: Fiscal Services
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Regulatory Assessment Fee Return and Payment for USLD
Communications, Inc.

Dear Sir or Madam:

Pursuant to the attached letter dated October 27, 2004 from Paula Isler, please find enclosed the Interexchange Company Regulatory Assessment Fee Return and check payment for USLD Communications, Inc. for the period ended December 31, 2004.

If you have any questions regarding this information please contact me on 303-965-8803.

Sincerely,

Enclosure (Under Seal)

DISTRIBUTION CENTER
04 NOV 22 AM 7:55