

981580-71

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

FOR PSC USE ONLY
 Check# 013961
 \$ 50.00 0603001
 003001
 \$ _____ P
 0603001
 004011
 \$ _____ I
 Postmark Date 12/15/98
 Initials of Preparer RP

STATUS:
 Actual Return
 Estimated Return

TI565
 Operator Services Network
 P. O. Box 582
 Traverse City, MI 49685-0582
DEPOSIT **DATE**
D050 **DEC 23 1998**

PERIOD COVERED:
 01/01/1998 TO
 12/31/1998

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	0	0
10.	Penalty for Late Payment	0	0
11.	Interest for Late Payment	0	0
12.	TOTAL AMOUNT DUE	0	\$ 50.00

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

Sec 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.
N/A - "No Activity"

DOCUMENT NUMBER-DATE
 114542 DEC 24 86
 SC-RECORDS/REPORTING
RICK RAR

THE SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT SIGNATURE LINE AND BLEED THROUGH MICR NUMBERING

AMERACALL INC.
 The Intelligent Choice for Telecommunications
 P.O. Box 582 • 3055 Cass
 Traverse City, MI 49685-0582

NBD Bank of Detroit - Dearborn 74-1292
 724

013961

FIFTY AND 0/100 DOLLARS

DATE: 12/15/98 CONTROL NO. AMOUNT: \$50.00

PAY TO THE ORDER OF *FLORIDA PUBLIC SERVICE COMMISSION*

*Ameracall, Inc. d/b/a Operator Services Network
 FEIN: 38-3072630/TI566*

AMERACALL INC.
[Signature]
 AUTHORIZED SIGNATURE

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TI565 Operator Services Network P. O. Box 582 Traverse City, MI 49685-0582 DEPOSIT D 050 DATE DEC 23 1998
--

FOR PSC USE ONLY	
Check#	013961
\$	50.00
	0603001
	003001
\$	P
	0603001
	004011
\$	1
Postmark Date	12/15/98
Initials of Preparer	RP

PERIOD COVERED:

01/01/1998 TO
 12/31/1998

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		0
10.	Penalty for Late Payment		0
11.	Interest for Late Payment		0
12.	TOTAL AMOUNT DUE		\$ 50.00

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

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.

N/A - "No Activity"

(Name)
 (Telephone)

(Address: City/State/Zip)

RICK MOSES
 RAR

What is the total amount of customer deposits collected?

Amount: \$ 0 for 19 98

What is the total amount of bond held (if applicable)?

Amount: \$ 0 Expires: N/A

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.

James L. Schopieray
 (Signature of Company Official)

Senior Vice-President
 (Title)

11/15/98
 (Date)

James L. Schopieray
 (Please Print Name)

Telephone Number (616) 922-8111 Fax Number (616) 933-8446

F.E.I. No. 38-3072630



November 4, 1998

Public Service Commission
Division Of Communications
ATTN: Tommy Williams
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Ameracall, Inc. d/b/a Ameracall Communications and d/b/a Operator Services Network

Dear Sirs:

Ameracall would like to withdraw its Florida Telecommunications Tariff issued September 15, 1996 and effective October 22, 1997 under Docket Number 961145-TI and Order Number PSC-97-1155-FOF-TI.

This step coincides with the businesses' intentions to withdraw foreign corporation status with the Secretary of State's office, as well as the Department of Revenue.

Please advise should additional steps need to be taken.

Yours truly,

A handwritten signature in cursive script that reads "Richard Taylor".

ACK _____ Richard Taylor
AFA _____ Manager, Special Projects Department

APP _____

CAF _____

CMU _____

CTR _____

EAG _____

LEG _____

LIV _____

OPC _____

RCH _____

SEC _____

WAS _____

OTH _____