

Met Communications Inc.  
The Fone Company

March 9, 1999

Public Service Commissioner  
Attn.: Joseph Garcia  
Chairman of Commissioners  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0876

981967-TX

Dear Public Service Commissioner,

Subject: Alternative Local Exchange Company Regulatory Assessment Fee Return

We receive the form for the Alternative Local Exchange Fee. The form was overlooked we apologized for the oversight, and we would like to offer a settlement of \$100.00 for the fee of 1997.

You can assure that the incident mentioned above wont happen again. As an evidence of assurance please take a look at our 1998 fees, and you will see that it was paid on time. Once again we apologize for the oversight.

Your prompt attention is appreciated, thank you for your understanding.

Sincerely yours,  
Bryan Thompson  
President  
Met Communications  
BT

- ACK \_\_\_\_\_
- AF1 \_\_\_\_\_
- AF2 \_\_\_\_\_
- CAF \_\_\_\_\_
- CM \_\_\_\_\_
- CTF \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- CPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

CC.  
Laura Hackney  
Paula Isler

RHR ✓

DOCUMENT NUMBER-DATE

03194 MAR 12 99

PO Box 271689 Tampa, FL 33618-1689 (813) 265-3663

FPSC-RECORDS/REPORTING

# Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return  
 Estimated Return

TX104	P173 998 287
MET Communications, Inc.	
P. O. Box 271689	
Tampa, FL 33618-1689	DEPOSIT DATE
D 1 0 2 - MAR 1 2 1998	

FOR PSC USE ONLY	
Check#	1689
\$	50.00 0603006
	003001
\$	12.50 P
	0603006
	004011
\$	7.50 I
Postmark Date	3/4/98
Initials of Preparer	R

PERIOD COVERED:  
07/25/1997 TO 12/31/1997

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 9,006.00	\$ 9,006.00
2.	Long Distance Services	- 0 -	- 0 -
3.	Access Services	- 0 -	- 0 -
4.	Private Line Services	- 0 -	- 0 -
5.	Leased Facilities & Circuits Services	- 0 -	- 0 -
6.	Miscellaneous Services	- 0 -	- 0 -
7.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 9,006.00
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)		50.00
9.	Penalty for Late Payment		12.50
10.	Interest for Late Payment		7.50
11.	TOTAL AMOUNT DUE		\$ 70.00

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) ( ) RAR

### 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 or her duty shall be guilty of a misdemeanor of the second degree.

Bryan Thompson  
 (Signature of Company Official) PRESIDENT (Title) \_\_\_\_\_ (Date)  
 BRYAN THOMPSON  
 (Please Print Name) Telephone Number (813) 265-3663

F.E.I. No. \_\_\_\_\_