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ORIGINAL

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June 2, 2000

**VIA OVERNIGHT DELIVERY**

Blanca S. Bayo  
Director, Division of Public Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

000683 - TX

Re: Verifications for the RCN Telecom Services, Inc. Application for Authority to Provide Alternative Local Exchange Service Within the State of Florida – Expedited Treatment Requested (filed June 2, 2000)

Dear Ms. Bayo:

On behalf of RCN Telecom Services, Inc. ("RCN"), enclosed for filing please find the originals and six (6) copies of the Applicant Acknowledgment Statement and Affidavit for RCN's above-referenced application filed with the Commission on June 2, 2000. Please associate the enclosed original documents with the above referenced application.

Please date-stamp the enclosed extra copy of this filing and return it in the self-addressed, stamped envelope provided. Should you have any questions, please do not hesitate to contact me at (202) 424-7742.

Respectfully submitted,

Jennifer A. Schneider

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG   I
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO   I
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

Enclosure

cc: Trudy Longnecker (RCN)

335316.1

DOCUMENT NUMBER-DATE

06829 JUN-58

FPSC-RECORDS/REPORTING

**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

**UTILITY OFFICIAL**

 _____ Signature	6/1/00 _____ Date
President & Chief Operating Officer _____ Title	609-734-3700 _____ Telephone No.
Address: <b>105 Carnegie Center</b> _____ <b>Princeton, New Jersey 08540</b> _____	_____ Fax No.

ATTACHMENTS:

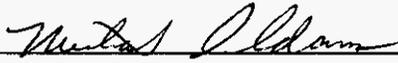
- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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 official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

	6/1/00
Signature	Date
President & Chief Operating Officer	609-734-3700
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