

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

Alternative Local Exchange Company Regulatory Assessment Fee Return

001-56-TX

Pocket
01/56

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. 25k
RDR
Nancy

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX259
 North American Telephone Network, L.L.C.
 4151 Ashford Dunwoody Road, Suite 550
 Atlanta, GA 30319-1462 DATE
 D392 - DEC 01 2000

PERIOD COVERED:

03/02/99 TO 12/31/99

FOR PSC USE ONLY
 Check # 13609
 \$ 20.00 060300
 \$ 12.50 00300
 \$ 5.00 060300
 00401
 No
 Postmark Date 11/28/00 (postmark)
 Initials of Preparer [Signature]

Please Complete Below if Official Mailing Address Has Changed

North American Telephone Network LLC 4151 Ashford Dunwoody Rd #675 Atlanta, GA 30319
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**		0
3.	Access Services		0
4.	Private Line Services		0
5.	Landed Facilities & Circuits Services		0
6.	Miscellaneous Services		0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net IntraState Operating Revenues for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 0

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenues must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

() Facility-Based Provider

CURRENT COMPANY STATUS

- () Transfer
- () Other

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

Complete below if billing agent if other than yourself.

BILLING INFORMATION

FIDELITY NATIONAL BANK
 DUNWOODY, GA 30328
 64-240/611

13609

13609 CHECK NO.

Nov 21, 2000 DATE

*****\$67.50 AMOUNT

Memo:

PAY Sixty-Seven and 50/100 Dollars
 TO THE ORDER OF: State of

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

[Signature]
 AUTHORIZED SIGNATURE
 DN 1529300