

RJK

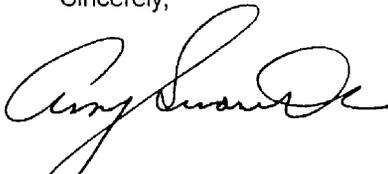
March 28, 2001

Paula J Isler
Research Assistant
Bureau of Service Evaluation & Compliance
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Paula.

Attached please find a check for LOCTEL's fees due of \$99 78 for certificate number 3131. Once the check has been processed please cancel our certification immediately

Sincerely,



Amy Simonetta
Accountant

Attachments: Check, Paula Isler Letter

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

DOCUMENT NUMBER-DATE
04421 APR 10 2001
FPSC-RECORDS-REPORTING

10

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
Rdk*

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

TI092 01 APR -6 AM 9:17
LocTel
119 Herbert Street
Framingham, MA 01702-8874
DEPOSIT DATE
055 APR 10 2001

FOR PSC USE ONLY
Check# 0228
\$ 56.00 0603001
\$ 36.48 003001
\$ 7.30 0603001 004011
Postmark Date 4/2/01
Initials of Preparer MC

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

LOCTEL

119 Herbert St

Framingham MA 01702

(Name of Company)

(Address)

(City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$	\$
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
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)		
12.	TOTAL AMOUNT DUE	\$ 0	\$ 50.00

* 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
- Alternate-Operator Service
- Reseller
- Call Aggregator
- Other: PATS certificate # 3091 cancelled effective 10/31/00

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

Amy Simonetta (Signature of Company Official) Accountant (Title) 3/29/01 (Date)
Amy Simonetta (Preparer of Form - Please Print Name) Telephone Number (508) 424 2232 Fax Number (508) 628 9292

F.E.I. No. _____