

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

# Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*RJR*

## Florida Public Service Commission

(See filing instructions on back of form)

TJ317  
 New Edge Networks  
 3000 Columbia House Blvd., Suite 100  
 Vancouver, BC V8S 1G6  
 DEPOSIT DATE  
 D066 MAY 09 2001

FOR PSC USE ONLY  
 Check# 23324  
 \$ 50.00 0603001  
 \$ 12.50 003001  
 \$ 8.00 0603001  
 004011  
 Postmark Date: 5/3/01  
 Initials of Preparer: mc

PERIOD COVERED:  
12/29/1999 TO 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

New Edge Networks, INC.  
(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	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 to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )	( 0 )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ 50.00	
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	8.00	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 70.50

\* 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
- Alternate-Operator Service
- Reseller
- Rebiller
- Call Aggregator
- Other: \_\_\_\_\_

### 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.

[Signature] Vice President 5/2/01  
 (Signature of Company Official) (Title) (Date)  
Kathleen Beigh Shotsky Telephone Number 360 906 9853 Fax Number 360 737 0828  
 (Preparer of Form - Please Print Name)

DOCUMENT NUMBER DATE 94-3331274

05811 MAY-86

FPSC-RECORDS/REPORTING

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R&R



**TRANSMITTAL (by FedEx)**

**TO:** Florida Public Service Commission  
Attn: Fiscal Services / Jackie Knight

**FROM:** Kathleen Beigh Shotsky  
Manager – LEC Relations  
Voice: 360-906-9853  
FAX: 360-737-0828  
[kbeigh@newedgenetworks.com](mailto:kbeigh@newedgenetworks.com)

DOCUMENTS	DATE OF TRANSMITTAL	COMMENTS
<b>Regulatory Assessment Fee for New Edge Networks (TJ317) for Calendar Year 1999</b>	May 3, 2001	<p>Check No. 23324 in the amount of \$70.50 attached (includes penalty payment of \$12.50 and interest payment of \$8.00) per Jackie Knight.</p> <p>Jackie – as we discussed on 5/2/01, New Edge Networks will be reapplying for certification as an IXC, so the payment of this arrearage is crucial to our application. I'll call you on Monday, May 7, to confirm receipt and to determine if this payment has been entered in the PSC database.</p> <p>Thank you for your assistance.</p>