

ORIGINAL
NETWORK PLUS
Business Communicating.

Lisa Korner-Butler
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DISTRIBUTION CENTER
01 AUG 29 AM 9:48

August 27, 2001

Ms. Blanca Bayo
Director, Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

RE: Show Cause Order Docket # 010716-T1

Dear Ms. Bayo:

Network Plus is hereby responding to the show cause order mentioned above. Network Plus does acknowledge that the Regulatory Assessment Fee was not filed on a timely basis. Unfortunately there was a clerical error made, and although the initial report was prepared, it was not sent to the Florida Public Service Commission.

Network Plus has subsequently submitted the report and remitted payment for both the Interexchange Company and Alternative Local Exchange Company Assessment Fees. This was submitted to the commission on 8/24/01. The payments did not include any late fees or interest charges, as we were unsure of what they should be. Network Plus will remit a payment within 10 business days of receiving the appropriate amount to be paid, from the Commission.

Network Plus has recently instituted new policies for compliance reporting. Mr. Garrett McGuerrin, tax Manager, will be responsible for the preparation of all reports and the submission to the Public Service Commission will be made by the Regulatory department at Network Plus. In addition, we have established an electronic calendar that will send e-mail reminders to Mr. McGuerrin, his direct supervisor, Ms. Joanne Callahan, VP Finance and the Regulatory department. The implementation of this procedure will ensure that an oversight such as this will not occur in the future.

In light of the fact that this was an oversight and that we have instituted procedures to prevent it from occurring in the future, Network Plus proposes a settlement fine of \$500. Network Plus will remit this fine within 10 business days of receiving the commission order.

Network Plus agrees to waive any objection to the administrative cancellation of its certificate should it fail to pay in accordance with this settlement offer. If, however, there is a factual dispute as to the manner or level of compliance with any provision in the settlement, Commission staff will bring the matter to the Commission for consideration.

I appreciate your consideration in this matter and apologize for any inconvenience

Sincerely,

Lisa Korner-Butler

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

DOCUMENT NUMBER-DATE
10750 AUG 29 01
FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO 12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

T1048-00-0-R
 Hale and Father, Inc.
 41 Pace/Ja Park Drive
 Randolph, MA 02368-1755

Docket # 010716-T1

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P _____ 0603001
 _____ 004011

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 17,670.950	\$ 7,024.910
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ 7,024.910
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(1,379,698)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	5,650,212
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	8,475.32
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	_____	\$ 8,475.32

* 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
- Rebiller
- Call Aggregator
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____	(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 of Company Official)	EXEC VP CFO + Treasurer _____ (Title)	_____ (Date)
Telephone Number (781) 473 2000		Fax Number (781) 473 2002
F.B.I. No. 04 3080723		

(Preparer of Form - Please Print Name)

FLORIDA PUBLIC SERVICE COMM, ATTN FISCAL SERVICES, 2540 SHUMARD OAK BLVD, TALLAHASSEE, FL 32399 (1470)

Invoice Number	Invoice Date	Description	Gross Amount	Discount Amount	Net Amount Paid
8/01 TAX	08/17/01		\$8,475.32	\$0.00	\$8,475.32
Totals			\$8,475.32	\$0.00	\$8,475.32

Detach at Perforation Before Depositing Check

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, A VOID PANTOGRAPH AND MICROPRINTING

NETWORK PLUS
Business Communicat+ing
DISBURSEMENT ACCOUNT
234 COPELAND STREET
QUINCY, MA 02169

FLEET
01520/Washington Park
Portland, ME 04104
52-36/112

Check No. 23072

Check Date
08/24/2001

Check Amount
\$ *****8,475.32

PAY *Eight Thousand Four Hundred Seventy Five AND 32/100*

TWO SIGNATURES REQUIRED OVER \$10,000

TO THE ORDER OF
1470
FLORIDA PUBLIC SERVICE COMM
ATTN FISCAL SERVICES
2540 SHUMARD OAK BLVD
TALLAHASSEE, FL 32399

REDACTED

[Signature]

VOID AFTER 120 DAYS

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/1999 TO 12/31/1999

TX233
 Hale and Father, Inc.
 % Network Plus, Inc.
~~One World Trade Center, Suite 8121-~~
~~New York, NY 10048~~
 4. PRISCILLA PARK DRIVE
 RANDOLPH, MA 02368

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
 _____ 003001

\$ _____ P
 _____ 0603006
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company)

 (Address)

 (City/State)

 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	17,670 950	1,943 882
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ 1,943 882
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		1,943 882
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		2,915.82
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	TOTAL AMOUNT DUE		\$ 2,915.82

* These amounts must be intrastate only and must be verifiable.

** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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)

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 of Company Official)

Exec VP CFO & Treasurer

 (Title)

 (Date)

 (Preparer of Form - Please Print Name)

Telephone Number (781) 423-2000 Fax Number (781) 473-3932

F.E.I. No. 04-3080723

FLORIDA PUBLIC SERVICE COMM, ATTN FISCAL SERVICES, 2540 SHUMARD OAK BLVD, TALLAHASSEE, FL 32399 (1470)

Invoice Number	Invoice Date	Description	Gross Amount	Discount Amount	Net Amount Paid
08/01 TAX	08/17/01		\$2,915.82	\$0.00	\$2,915.82
Totals			\$2,915.82	\$0.00	\$2,915.82

Detach at Perforation Before Depositing Check

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, A VOID PANTOGRAPH AND MICROPRINTING

NETWORK PLUS
 Business Communicat^{ing}
 DISBURSEMENT ACCOUNT
 234 COPELAND STREET
 QUINCY, MA 02169

FLEET
 01520/Washington Park
 Portland, ME 04104
 52-36/112

Check No. 23073

Check Date
 08/24/2001

Check Amount
 \$ *****2,915.82

PAY *Two Thousand Nine Hundred Fifteen AND 82/100*

TWO SIGNATURES REQUIRED OVER \$10,000

TO THE ORDER OF
 FLORIDA PUBLIC SERVICE COMM
 ATTN FISCAL SERVICES
 2540 SHUMARD OAK BLVD
 TALLAHASSEE, FL 32399

REDACTED

[Signature]