

010868-TI

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

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)

TI259

Rapid Link USA, Inc.

1100 Circle 75 Parkway, Suite 1100
Atlanta, GA 30339

DEPOSIT

DATE

D119

SEP 21 2001

FOR PSC USE ONLY

Check# 2013

\$ 50.00 0603001 003001

\$ 12.50 P 0603001 004011

\$ 3.00

Postmark Date 9/12/01

Initials of Preparer [Signature]

Please Complete Below If Official Mailing Address Has Changed

Rapid Link USA, Inc.

(Name of Company)

6455 East Johns Crossing, Suite 285

(Address)

Duluth, GA

(City/State)

30097

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 405,700.05	\$ 15,126.47
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 405,700.05	\$ 15,126.47
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	(15,126.47)
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)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		3.00
12.	TOTAL AMOUNT DUE		\$ 65.50

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

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

CURRENT COMPANY STATUS

- () Facilities-Based Carrier
- () Reseller
- () Call Aggregator
- () Alternate-Operator Service
- () Reseller
- () 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]
 (Signature of Company Official)
 Chris Stockhoff
 (Preparer of Form - Please Print Name)
 (Title) C.O.O.
 Telephone Number (678) 775-2244 Fax Number (678) 775-2254
 (Date) 8-17-01
 F.E.I. No. _____

DOCUMENT NUMBER - DATE
 11849 SEP 21 01
 PSC-COMMISSION CLERK