STATE OF FLORIDA

COMMISSIONERS: E. LEON JACOBS, JR., CHAIRMAN J. TERRY DEASON LILA A. JABER BRAULIO L. BAEZ MICHAEL A. PALECKI



Hublic Serbice Commission

September 20, 2001

Mr. Brian F. Butterfield, Legal Administrator TotalAxcess.com, Inc. 201 Clay Street Oakland, CA 94607-3509

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Dear Mr. Butterfield:

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On August 27, 2001, the Commission received your letter dated August 22nd, requesting cancellation of the company's certificate or to temporarily suspending the certificate. Unfortunately, the Commission does not have procedures for the latter. If your certificate is cancelled and TotalAxcess.com, Inc. decided to resume operation at a later date, then the company would have to reapply for a new certificate.

There are two kinds of cancellations. The first is voluntary, which is normally granted if the company is in good standing with the Commission and does not have a past due balance of the Regulatory Assessment Fee (RAF), including statutory penalty and interest charges. The other is involuntary. If a company is not in good standing and has an outstanding balance of the RAF, the Commission normally cancels the certificate on its own motion for a rule violation. It should be noted that any balance owed is forwarded to the Comptroller's Office for collection.

The RAF is assessed if a certificate is active for any one day during a calendar year and is due by January 30 of each year, unless the 30th falls on a weekend, then the fee is due by the next working day, for the previous year. If payment for the RAF is mailed after the due date, then statutory penalty and interest charges are applicable.

According to Commission records, TotalAxcess.com, Inc. has not paid the 2000 RAF, including penalty and interest charges. Since you stated that the company has not conducted business in Florida, only the minimum amount, plus statutory penalty and interest charges, is due for the 2000 RAF. Depending upon when payment is postmarked, interest charges will continue to accrue. For example, if payment is postmarked by September 27, the 2000 total is \$66.50 (\$50.00 RAF, \$12.50 penalty, and \$4.00 interest) and if postmarked between September 28 and October 27, the 2000 total is \$67.00 (\$50.00 RAF, \$12.50 penalty, and \$4.50 interest). The 2000 RAF return form is attached.

The effective date of a voluntary cancellation is the date that the Commission received a

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Mr. Brian F. Butterfield, Legal Administrator Page 2 September 20, 2001

company's request for cancellation. In this case, the Commission did not receive your request until August 27, 2001, therefore, the company will owe the 2001 RAF, even if the company never went into business. Rule 25-24.474, Florida Administrative Code, provides that a company requesting voluntary cancellation must either pay the 2001 RAF or provide a date certain that it will be paid, such as within 30 days after the Commission Order is issued granting the voluntary cancellation. The 2001 RAF return form is also attached.

Therefore, based on the above information, I cannot recommend a voluntary cancellation of your certificate unless the past due balance is paid and the company complies with Rule 25-24.474, F.A.C. Please respond in writing by October 5, 2001, and let me know how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the above address.

Sincerely,

Paula J. John

Paula J. Isler, Research Assistant Bureau of Service Quality

Enclosures

cc: Docket No. 011055-TI Division of Legal Services (Elliott) 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:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TJ350-00-0-R TotalAxcess.com, Inc. 201 Clay Street Oakland, CA 94607-3509	\$0603001 003001 \$P 0603001 004011
PERIOD COVERED: 05/10/2000 TO 12/31/2000	Docket No. 011055-71	Postmark Date I
	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	\$	\$	
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		\$	
			· · · · · · · · · · · · · · · · · · ·	

These amounts must be intrastate only and must be verifiable.

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

) Reseller) Rebiller	CURRENT COMPANY STATUS () Call Aggregator () Other:		
malf	BILLING INFORMATION		
llected?	(Address: City/State/Zip)	What is the total amoun	() (Telephone) t of bond held (if applicable)?
			· · · · ·
1) Rebiller rself. lected?) YES () N Name:) Reseller () Call Aggregator) Rebiller () Other: BILLING INFORMATION rself. (Address: City/State/Zip) lected? COMPANY INFORMATION) YES () NO) Reseller () Call Aggregator) Rebiller () Other: BILLING INFORMATION self. (Address: City/State/Zip) (Address: City/State/Zip) What is the total amount Amount: \$ COMPANY INFORMATION) YES () NO Name:

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)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number (Fax Number ()
PSC/CMU-153 (Rev. 11/11/99)	F.E.I. No	

1. WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, AND On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. FEES: Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.

3. FAILURE TO FILE BY DUE DATE: Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. EXTENSION: A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File* Regulatory Assessment Fee Return form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

- 5. FEE ADJUSTMENTS: You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. <u>Make your check</u> payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. ADDITIONAL ASSISTANCE: If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2002 Interexchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TJ350-01-0-R TotalAxcess.com, Inc. 201 Clay Street Oakland, CA 94607-3509	\$0603001 \$P 0603001 0603001 004011
PERIOD COVERED: 01/01/2001 TO 12/31/2001	Docket no. 011055-T1	S I Postmark Date Initials of Preparer
	Please Complete Below If Official Mailing Address Has Changed	

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	(Name of Company)	(Address)	(City/State)	(Zip)
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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)			
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12.	TOTAL AMOUNT DUE		\$	

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() Reseller () Rebiller	CURRENT COMPANY STATUS () Call Aggregator () Other		
vourself	BILLING INFORMATION		
yoursen.			()
	(Address: City/State/Zip)		(Telephone) (Telephone) (Int of bond held (if applicable)? Expires.
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- -	() Rebiller yourself. s collected? () YES () N n? Name:	() Reseller () Call Aggregator () Rebiller () Other BILLING INFORMATION yourself. (Address: City/State/Zip) is collected? COMPANY INFORMATION () YES () NO	() Reseller () Call Aggregator () Rebiller () Other BILLING INFORMATION yourself. (Address: City/State/Zip) ss collected? COMPANY INFORMATION () YES () NO n? Name:

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TRANSMISSION VERIFICATION REPORT



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TIME : 09/20/2001 09:00 NAME : FAX : TEL :

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