

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

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

DEPOSIT

DATE

07988 STATUS: 8

SEP 28 2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TX048-00-0-R  
 Tallahassee Memorial Telephone Company  
 % Piper Marbury Rudnick & Wolfe  
 203 North LaSalle Street, Suite 1800  
 Chicago, IL 60601-1293  
 Docket No. 01129-TX

FOR PSC USE ONLY  
 Check# 26495  
 \$ 50.00 0603006  
 \$ 12.50 P 003001  
 \$ 4.00 I 0603006  
 004011  
 Postmark Date 9/24/01  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2000 TO 12/31/2000

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	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00 (minimum)
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.00	
13.	TOTAL AMOUNT DUE		\$ 66.50

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenues must be listed on the Interexchange Regulatory Assessment Fee Return.

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

APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 ( ) Facilities-Based Provider  
 COM \_\_\_\_\_  
 GTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 (Complete below if billing agent if other than yourself)

CURRENT COMPANY STATUS  
 ( ) Reseller  
 (x) Other: Not Operational

BILLING INFORMATION  
 N/A

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION  
 Do you lease telecommunications facilities? ( ) YES (x) 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.

Dennis J. Gallitano (Signature of Company Official) Attorney in Fact  
 Telephone Number (313) 368-3400 Counsel  
 Fax Number (312) 630-7403  
 9-24-01 (Date)

FBI No. \_\_\_\_\_ DOCUMENT NUMBER DATE  
 12266 SEP 27 2001