

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*p. 1st yr  
JCEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX303-99-0-R  
Caretele, Inc.  
444 Lafayette Road  
Noblesville, IN 46060

| FOR PSC USE ONLY               |         |
|--------------------------------|---------|
| Check # <u>25246</u>           |         |
| \$ <u>100.00</u>               | 0603006 |
| \$ <u>12.50</u>                | 003001  |
| \$ <u>4.50</u>                 | 0603006 |
|                                | 004011  |
| Postmark Date <u>10/10/01</u>  |         |
| Initials of Preparer <u>MC</u> |         |

PERIOD COVERED:  
08/06/1999 TO 12/31/1999

DEPOSIT

DATE Docket No. 011224-TX

**DIS 10**

**OCT 22 2001**

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)                                       |                         | 0                   |
| 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  |                         | \$ <u>50.00 min</u> |

\* 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

- AP \_\_\_\_\_
- C ( ) Facilities-Based Provider
- CMF \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECA \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_ (Name)
- PAI \_\_\_\_\_ (Address: City/State/Zip)
- RGO \_\_\_\_\_ (Telephone)
- SEC \_\_\_\_\_
- SI \_\_\_\_\_
- OTH \_\_\_\_\_

CURRENT COMPANY STATUS

Reseller LONG Distance only  
 Other: NO LOCAL SERVICES PROVIDED

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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.

Donald Rodbeck  
(Signature of Company Official)  
Pamela Marshall  
(Preparer of Form - Please Print Name)

Pres (Title) 10-8-01 (Date)  
Telephone Number 317 776-7654 Fax Number 317 776-7646  
F.E.I. No. 35-1842420

# TELECARE

...More than just long distance savings.

2001 OCT 18 AM 8:54

DISTRIBUTION CENTER

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

RE: Voluntary Cancellation of CLEC Certificate TX-303 Caretele, Inc.  
Docket No. 011224-TX

Dear Ms. Bayo:

I am sending this correspondence to voluntarily cancel the CLEC certificate for Caretele, Inc. At the time we filed for the certificate we had intentions of obtaining agreements with LECs in Florida and providing local services. Our company situation changed and we have never utilized this certificate to provide any type of service. Caretele has never signed up customers for local services. We do provide long distance service under a different certificate and wish to continue to do so.

The RAF was filed but since we had never had any usage I was not aware there was a minimum. This fee has been paid along with any penalties. Caretele may wish to re-apply for a certificate to provide local services in the future. If you need additional information, please feel free to contact me at 317-776-7654.

Respectfully,



Pamela Marshall  
Director of Operations  
Telecare, Inc./Caretele, Inc.

