

ORIGINAL

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:

- Actual Return
- Estimated Return
- Amended Return

P. Isler  
CCA

DISTRIBUTION CENTER  
Public Service Commission  
(See Filing Instructions on Back of Form)

TJ412-01-0-R. 01 OCT 26 AM 9:02  
 Pac-West Telecomm, Inc.  
 1776 West March Lane, Suite 250  
 Stockton, CA 95207-6429

DEPOSIT DATE  
 D1340 OCT 30 2001  
 CC: Isler

FOR PSC USE ONLY  
 Check# 025290  
 \$ 50.00 0603001  
 003001  
 \$ P 0603001  
 004011  
 \$ I  
 Postmark Date 10/25/01  
 Initials of Preparer MC

PERIOD COVERED:  
01/17/2001 TO 12/31/2001

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.	Long Distance Services	\$ _____	\$ 26.54
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)	_____	_____
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
	TOTAL AMOUNT DUE	_____	\$ 50.00

\* 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       Call Aggregator  
 Alternate-Operator Service       Rebiller       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 of Company Official)  
 Chris Crowe  
 (Preparer of Form - Please Print Name)

Vice President 10/15/01  
 (Title) (Date)  
 Telephone Number 209 926-3300 Fax Number 209 926-4585  
 F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER DATE

13671 OCT 29 5  
FPSC-COMMISSION CLERK



PAC-WEST TELECOMM, INC.

1776 West March Lane, Ste. 250

Stockton, California 95207

Phone: 1.800.399.1234

Fax: 209.926.4272

October 25, 2001

**Via Federal Express**

Florida Public Service Commission  
Attn: Fiscal Services  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Re: Interexchange Company Regulatory Assessment Fee Return

Dear Sir/Madam:

Enclosed please find Pac-West Telecomm, Inc.'s completed Regulatory Assessment Fee Return and our check in the amount of \$50.00 to cover the annual fee.

Thank you for your attention in this regard. Should you have any questions, please contact me at (209) 926-3403.

Sincerely,

/s/ Nancy Griffin

Regulatory Compliance Coordinator  
PAC-WEST TELECOMM, INC.

Enclosures

DOCUMENT NUMBER-DATE

13671 OCT 29 01

FPSC-COMMISSION CLERK