

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX303-01-0-R  
Caretele, Inc.  
444 Lafayette Road  
Noblesville, IN 46060  
Docket No. 011224-TX

011224-TX

FOR FSC USE ONLY  
Check# 25493  
\$ 50.00 0603006  
003001  
\$ \_\_\_\_\_ P  
0603006  
004011  
\$ \_\_\_\_\_ 1  
Postmark Date 11/13/01  
Initials of Preparer MC

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

DEPOSIT DATE

D139 NOV 19 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		\$ 50.00

\* 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

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

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.

*Arnold Schelbert*  
(Signature of Company Official)

*Pres* (Title) 11-1-01 (Date)

APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEC \_\_\_\_\_  
SER \_\_\_\_\_  
OTL \_\_\_\_\_

Telephone Number 317 716 7654 Fax Number 317 726 7646  
F.E.I. No. 35-1842420

DOCUMENT NUMBER-DATE

14638 NOV 19 01

FPSC-COMMISSION CLERK