

ORIGINAL

November 20, 2001

Florida Public Service Commission
Attention: Ms. Blanca Bayo, Director
Division of the Commission Clerk & Administrative Services
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-850

Qwest

RECEIVED-FPSC
01 NOV 21 PM 3:55
COMMISSION
CLERK

Re: **Docket Nos. 011131-TX (USLD) and 011149-TX (Qwest)**

Dear Ms. Bayo:

This letter is an offer of settlement of the two above-referenced dockets, made both in accordance with the October 30, 2001 letter I received from Paula Isler and applicable rules.

1.a) Docket No. 011131-TX, TX090, USLD Communications, Inc. ALEC. This return (CY 2000) in fact was filed on March 13, 2001 (please see attachment). A verbal request was made to Jackie Knight to have the excess payment made on LCI's return (TI890) applied to this account. Before the money could be applied, however, the PUC Staff requested LCI's report to be audited and the monies frozen. Thus, USLD's payment of \$50.00 (check # 02094100) was submitted on October 2, 2001 with a request that the check be applied to the associated account. Please see attached letter dated Oct. 2. A check in the amount of \$17.00 will be cut for the penalty and interest.

1.b) Docket No 011149-TX, TX273, Qwest Communications Corp., ALEC. This return (CY 2000) also was filed on March 13, 2001 (please see attachment). A verbal request similarly was made to Jackie Knight to have the excess payment made on LCI's return (TI890) applied to this account. Before the money could be applied, however, the PUC Staff requested LCI's report to be audited and the monies frozen. Thus, Qwest's payment of \$50.00 (check # 02094102) was submitted on October 2, 2001 with a request that the check be applied to this account. Please see attached letter dated Oct. 2. Pursuant to the Mr. Isler's letter, Qwest understands there is a \$94.00 overpayment. Please apply the \$94.00 overpayment to any late fees on this account and issue a refund check for the remainder.

- 2.) All remaining fees have been paid.
- 3.) In the future the Qwest family of affiliates will submit a check for each entity and certificate and not rely on transferring funds from one entity to another. In addition, the Commission has been requested to cancel three of the seven certificates within the Qwest affiliate family, which should reduce the paper load and confusion that comes along with multiple certificates.
- 4.) Qwest and USLD agree to waive any objection to the administrative cancellation of their certificates should they fail to pay in accordance with this settlement

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

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Hong

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Max
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
14861 NOV 21 01
FPSC-COMMISSION CLERK



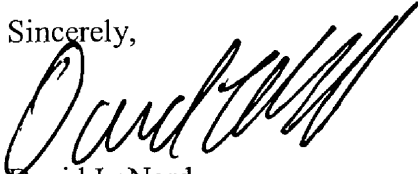
offer. If, however, there is a factual dispute as to the manner of compliance with any provision in the settlement, Commission staff will bring the matter to the Commission for consideration.

Qwest.

- 5.) Qwest and USLD offer a settlement of \$100.00 for each of the above listed certificates (i.e., \$200.00 total) to settle these cases and dismiss with prejudice.

If you have any questions regarding this matter please feel free to contact me at 303-992-6617 or via email at david.lenard@qwest.com.

Sincerely,



David LeNard
Sr. Financial Analyst
Facilities Cost
Regulatory Reporting

cc: Ms. Paula J. Isler

VIA Overnight Mail

January 30, 2001



Florida Public Service Commission
Fiscal Services
Attn. Jackie Knight
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-850

Re: Regulatory Assessment Fee Returns

Dear Ms. Knight,

Please find enclosed Qwest Communications Corp., LCI International Telecom, Corp. d/b/a Qwest Communications Services (IXC and ALEC), USLD Communications, Inc., and Phoenix Network, Inc.'s Interexchange Company Regulatory Assessment Fee Return's and checks for payments.

Please note that the check for LCI's Interexchange Return was incorrectly issued at \$4,429.96, instead of \$1,144.38. Please advise if the Commission would like to issue a credit to LCI's account, issue a check to LCI or if the Commission would like Qwest to issue a check in the correct amount. Qwest apologizes for this error. Due to end of month close, Qwest Accounts Payable was unable to re-issue a check in the correct amount.

If you have any questions regarding this matter, please contact me at 303-992-6617 or via email at david.lenard@qwest.com

Sincerely,

A handwritten signature in black ink, appearing to read "David LeNard", written over a large, stylized, handwritten "Q" that loops around to the right.

David LeNard
Sr. Financial Analyst
Facilities Cost
Regulatory Reporting

Enclosures

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX026
 LCI International Telecom Corp.
 d/b/a Qwest Communications Services
 1801 California Street, #4900
 Denver, CO 80202

PERIOD COVERED:

1
 1/1/2000 - 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
 _____ 003001

\$ _____ P
 _____ 0603006
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 210,350	\$ 210,350
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ 210,350
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		210,350
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		315.53
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		\$ 315.53

* 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.

 (Signature of Company Official) Vice President (Title) 1/30/01 (Date)
 David LeNard
 (Preparer of Form - Please Print Name) Telephone Number 303,492-6617 Fax Number _____

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check#	
\$	0603001
	003001
\$	P
	0603001
	004011
\$	I
Postmark Date	
Initials of Preparer	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TI943
 Phoenix Network, Inc.
 1801 California Street, #4900
 Denver, CO 80202-2613

PERIOD COVERED:

1/1/2000 - 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
-------------------	-----------	--------------	-------

		FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 559,961	\$ 278,105
2.	Access Services	8,211	4,078
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	15,243	7,570
6.	TOTAL Telephone Services	\$ 583,415	\$ 289,754
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(230,269)	(230,269)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		59,485
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		89.23
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		\$ 89.23

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 337.06, 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)	Vice President (Title)	1/30/01 (Date)
Telephone Number <u>303 992-6617</u> Fax Number ()		
(Preparer of Form - Please Print Name) <u>David LeNard</u>		
F.E.I. No. _____		

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

TI927
 USLD Communications, Inc.
 1801 California Street, #4900
 Denver, CO 80202-2613

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001
 \$ _____ P
 _____ 0603001
 _____ 004011
 \$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
 1/1/2000 - 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.	Long Distance Services	\$ 765,256	\$ 332,136
2.	Access Services	3,872,072	1,680,557
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	3,315,582	1,439,029
6.	TOTAL Telephone Services	\$ 7,952,910	\$ 3,451,722
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(2,743,102)	(2,743,102)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		708,620
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		1,062.93
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		\$ 1,062.93

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? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ 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) Vice President 1/30/01

 (Preparer of Form - Please Print Name) (Title) (Date)
 Telephone Number 303 992-6617 Fax Number _____
 F.E.I. No. _____

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

07/01/2000 TO
12/31/2000

TI215
 Qwest Communications Corporation
 1801 California Street, #4900
 Denver, CO 80202-2613

JUN 1 - 2001

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
003001

\$ _____ P
0603001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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	\$ 9,313,660	\$ 7,612,577
2.	Access Services	407,502	148,285
3.	Private Line Services	5,038,316	1,833,387
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	756,451	275,264
6.	TOTAL Telephone Services	\$ 15,515,929	\$ 9,869,514
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(7,843,357)	(7,843,357)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		2,026,157
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		3,039.24
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		\$ 3,039.24

* 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? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ 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) Vice President (Title) 1/30/01 (Date)
 David LeNard, Sr. Financial Analyst
 (Preparer of Form - Please Print Name) Telephone Number (303) 926-617 Fax Number ()
 F.E.I. No. _____

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

07/01/2000 TO
12/31/2000

01890
Qwest Communications Services
1801 California Street, #4900
Denver, CO 80202-2613

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
003001
\$ _____ P
0603001
004011
\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 5,161,342	\$ 2,405,999
2.	Access Services	2,773,178	1,064,342
3.	Private Line Services	224,296	86,085
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	416,364	159,800
6.	TOTAL Telephone Services	\$ 8,575,181	\$ 3,716,226
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(2,953,305)	(2,953,305)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		762,921
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		1,144.38
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		\$ 1,144.38

* 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) Vice President (Title) 1/30/01 (Date)

David LeNard
(Preparer of Form - Please Print Name)

Telephone Number (303) 992-6617 Fax Number ()

F.E.I. No. _____



QWEST
555 17TH STREET
DENVER, CO 80202

Date	Invoice No.	Description	Amount
01/26/2001	012601CK	EXT 6617	315.53
01/26/2001	012601CK	EXT 6617	
<i>For LCI Local</i>			

Vendor: FLORIDA PUBLIC SERVICE COMM.

Vendor ID: FLPUB

Total: ****\$315.53****

Check No.: 02008228

Date: 01/29/2001

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW



QWEST
555 17TH STREET
DENVER, CO 80202

BANK OF AMERICA
BANK OF AMERICA NA
ATLANTA, GEORGIA

CHECK NO.: 02008228

DATE: 01/29/2001

64-1278
611

PAY: THREE HUNDRED FIFTEEN AND 53/100 DOLLARS

****\$315.53****

To The
Order
Of

FLORIDA PUBLIC SERVICE COMM.
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 323990850



[Signature]
Authorized Signature



QWEST
555 17TH STREET
DENVER, CO 80202

Date	Invoice No.	Description	Amount
01/26/2001 01/26/2001	012601CK 012601CK	EXT 6617 EXT 6617 <i>For Phoenix</i>	89.23

Vendor: FLORIDA PUBLIC SERVICE COMM.

Total: ****\$89.23****

Vendor ID: FLPUB

Check No.: 02008229

Date: 01/29/2001

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW



QWEST
555 17TH STREET
DENVER, CO 80202

BANK OF AMERICA
BANK OF AMERICA NA
ATLANTA, GEORGIA

CHECK NO.: 02008229

DATE: 01/29/2001

64-1278
611

PAY: EIGHTY NINE AND 23/100 DOLLARS

****\$89.23****

To The
Order
Of

FLORIDA PUBLIC SERVICE COMM.
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 323990850



[Signature]
Authorized Signature



QWEST
555 17TH STREET
DENVER, CO 80202

Date	Invoice No.	Description	Amount
01/26/2001	012601CK	EXT 6617	1062.93
01/26/2001	012601CK	EXT 6617 <i>For USLD</i>	

Vendor: FLORIDA PUBLIC SERVICE COMM.

Vendor ID: FLPUB

Total: ****\$1,062.93****

Check No.: 02008227

Date: 01/29/2001

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW



QWEST
555 17TH STREET
DENVER, CO 80202

BANK OF AMERICA
BANK OF AMERICA NA
ATLANTA, GEORGIA

CHECK NO.: 02008227

DATE: 01/29/2001

64-1278
611

PAY: ONE THOUSAND SIXTY TWO AND 93/100 DOLLARS

****\$1,062.93****

To The
Order
Of

FLORIDA PUBLIC SERVICE COMM.
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 323990850



[Signature]
Authorized Signature



QWEST
555 17TH STREET
DENVER, CO 80202

Date	Invoice No.	Description	Amount
01/26/2001	012601CK	EXT 6617	3039.24
01/26/2001	012601CK	EXT 6617	
<i>For Qwest</i>			

Vendor: FLORIDA PUBLIC SERVICE COMM.

Total: **\$3,039.24**

Vendor ID: FLPUB

Check No.: 02008225

Date: 01/29/2001

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW



QWEST
555 17TH STREET
DENVER, CO 80202

BANK OF AMERICA
BANK OF AMERICA NA
ATLANTA, GEORGIA

CHECK NO.: 02008225

DATE: 01/29/2001

64-1278
811

PAY: THREE THOUSAND THIRTY NINE AND 24/100 DOLLARS

****\$3,039.24****

To The
Order
Of

FLORIDA PUBLIC SERVICE COMM.
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 323990850



[Signature]
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND

⑈0002008225⑈ ⑆06111288⑆329999L808⑈



QWEST
555 17TH STREET
DENVER, CO 80202

Date	Invoice No.	Description	Amount
01/26/2001	012601CK	EXT 6617	4429.96
01/26/2001	012601CK	EXT 6617	
<i>For LCI IXC</i>			

Vendor: FLORIDA PUBLIC SERVICE COMM.

Vendor ID: FLPUB

Total: ****\$4,429.96****

Check No.: 02008226

Date: 01/29/2001

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK PATTERN ON THE BACK - HOLD AT ANGLE TO VIEW



QWEST
555 17TH STREET
DENVER, CO 80202

BANK OF AMERICA
BANK OF AMERICA NA
ATLANTA, GEORGIA

CHECK NO.: 02008226

DATE: 01/29/2001

64-1278
611

PAY: FOUR THOUSAND FOUR HUNDRED TWENTY NINE AND 96/100 DOLLARS

****\$4,429.96****

To The
Order
Of

FLORIDA PUBLIC SERVICE COMM.
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 323990850



[Signature]
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND

⑈000 2008 2 26⑈ ⑆06 1 1 1 2788⑆ 3 299996808⑈

PLEASE FOLD THIS SHIPPING DOCUMENT IN HALF AND PLACE IT IN A WAYBILL POUCH AFFIXED TO YOUR SHIPMENT SO THAT THE BAR-CODE PORTION OF THE LABEL CAN BE READ AND SCANNED.
***WARNING: USE ONLY THE PRINTED ORIGINAL LABEL FOR SHIPPING. USING A PHOTOCOPY OF THIS LABEL FOR SHIPPING PURPOSES IS FRAUDULENT AND COULD RESULT IN ADDITIONAL BILLING CHARGES, ALONG WITH THE CANCELLATION OF YOUR FEDEX ACCOUNT NUMBER.

FROM: David LeNard (303)992-6617

1670 Broadway
26th Floor
Denver, CO 80202



TO: Jackie Knight (850)413-6267
Florida Public Service Commissio
2540 Shumard Oak Blvd.
Fiscal Services

SHIP DATE: 30JAN01
MAN-WGT: 1 LBS

REF: Tallahassee, FL 32399-10158



DELIVERY ADDRESS BARCODE (FEDEX-EDR)

CAD # 3911187

STANDARD OVERNIGHT

WED
AA

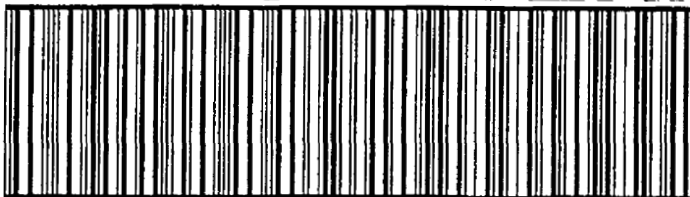
TRK # 7923 9491 2846 FORM 0201

TLH

Deliver By:
31JAN01

32399-FL-US
DROP OFF

XB TLHA





VIA Overnight Mail

March 13, 2001

Florida Public Service Commission
Fiscal Services
Attn. Jackie Knight
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-850

Re: Regulatory Assessment Fee Returns

Dear Ms. Knight,

Please find enclosed Qwest Communications Corp., and USLD Communications, Inc.,
Alternative Local Exchange Company Regulatory Assessment Fee Return's.

Qwest apologizes for the delay in submitting these reports.

If you have any questions regarding this matter, please contact me at 303-992-6617 or via email
at david.lenard@qwest.com

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "David Lenard".

David Lenard
Sr. Financial Analyst
Facilities Cost
Regulatory Reporting

Enclosures

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX 090

USLD Communications, Inc.

1801 California, #4900
Denver, CO 80202

PERIOD COVERED:

1/1/00 - 12/31/00

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
003001

\$ _____ P
0603006
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 0

* 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.

(Signature of Company Official) Vice President (Date)

David LeNard, 303-992-6617
(Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX 273
 Qwest Communications Corp.
 1801 California, #4900
 Denver, CO 80202

PERIOD COVERED:

1/1/00 - 12/31/00

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
 _____ 003001

\$ _____ P
 _____ 0603006
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (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)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 0

* 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

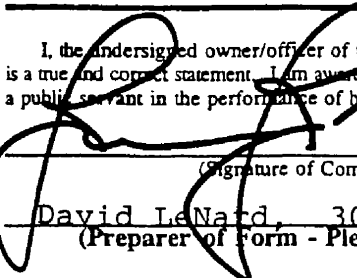
Complete below if billing agent if other than yourself.

 (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.

 _____
 (Signature of Company Official) Vice President (Title) _____ (Date) _____

David LeNard, 303-992-6617
 (Preparer of Form - Please Print Name) Telephone Number () _____ Fax Number () _____

F.E.I. No. _____