

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG843-02-0-R
 CMI
 P. O. Box 1037
 Chipley, FL 32428-0103
 DEPOSIT DATE
 C: P. Isler D1898 MAR 15 2002

FOR PSC USE ONLY
 Check# 2002743
 \$ 50.00
 0603002
 003001
 0603002
 004011
 Postmark Date 3/13/02
 Initials of Preparer me

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

1. Gross Operating Revenue (Florida) \$
2. Gross Intrastate Revenue
3. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)
4. **TOTAL REVENUES for Regulatory Assessment Fee Calculation** (Line 2 less Line 3)
5. Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)
6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)
7. Interest for Late Payment (see "3. Failure to File by Due Date" on back)
8. **TOTAL AMOUNT DUE** \$

DATE 3-11-02
 JOB # 0170
 APPROVED [Signature]
 PAYMENT [Signature]

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return

* These amounts must be intrastate only and must be verifiable.

AUS _____
 CAF _____
 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 official duty shall be guilty of a misdemeanor of the second degree.
 CTR _____
 EGR _____
 GCL _____
 OPC _____
 MMS (Preparer of Form - Please Print Name)
 SEC
 OTH _____

(Signature of Company Official) _____ (Title) _____ (Date) _____
 Telephone Number () _____ Fax Number () _____
 F.E.I. No. _____

DOCUMENT NUMBER DATE

03017 MAR 15 2002

FPSC-COMMISSION CLERK