

CCA Official Filing:

3/19/02\*\*\*\*\* 9:36 AM\*\*\*\*\*Linda Williams\*\*\*\*\*1

Linda Williams

020250-TC

To: Paula Isler  
Subject: RE: TG843

Thanks Paula.

-----Original Message-----

From: Paula Isler  
Sent: Tuesday, March 19, 2002 9:28 AM  
To: Linda Williams  
Subject: RE: TG843

Good morning, Linda. This will confirm our telephone conversation. I printed the document and saw that this WAS payment for the 2002 RAF. Therefore, it is OK to open the docket for a voluntary cancellation, with an effective date of March 15, 2002 (CCA received this Friday the 15th). Thanks.

-----Original Message-----

From: Linda Williams  
Sent: Monday, March 18, 2002 9:33 AM  
To: Paula Isler  
Subject: RE: TG843

The DN is 03017-02. Thanks Paula.

-----Original Message-----

From: Paula Isler  
Sent: Monday, March 18, 2002 8:17 AM  
To: Linda Williams  
Subject: RE: TG843

Linda, I can't figure out why I didn't respond to this Friday. No, do not open a docket. They need to either pay 2002 or provide a date certain it will be paid. Let me know the document number and I'll contact them for collection.

-----Original Message-----

From: Linda Williams  
Sent: Friday, March 15, 2002 11:58 AM  
To: Paula Isler  
Subject: TG843

Hi Paula. We have a RAF payment from CMI and they have written across the form "CANCEL." IS IT OK?

020250-TC

# 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 32428-0037

**DEPOSIT**      **DATE**  
MAR 15 2002

C: P. Isler      D1808

**FOR PSC USE ONLY**

Check# 2002743

\$ 50.00      0603002  
003001

\$      0603002  
004011

Postmark Date 3/13/02

Initials of Preparer *MC*

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.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (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.	<b>TOTAL AMOUNT DUE</b>	\$ _____

*Handwritten:* CANCEL

**DATE** 3-11-02

**JOB #** 0120

**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 \_\_\_\_\_

CAE \_\_\_\_\_

GMP \_\_\_\_\_

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 02

FPSC-COMMISSION CLERK