

*★ PD \$500.00 Fine for Pocket 001312-TI*

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

Interexchange Company Regulatory Assessment Fee Return

**ORIGINAL**

*clx Amt \$575.50*

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. T. Peter  
LEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ190 020000-PU  
 Special Accounts Billing Group, Inc.  
 % Early Lennon Peters & Crocker, PLC  
 900 Comerica Building  
 Kalamazoo, MI 49007-4752  
**DEPOSIT DATE**  
**D199 APR 01 2002**

**FOR PSC USE ONLY**  
 Check# 6923  
 \$ 50.00 0603001  
 \$ 12.50 003001  
 P 0603001  
 \$ 13.00 004011  
 I  
 Postmark Date 3/23/02  
 Initials of Preparer MC

PERIOD COVERED:

*1/1/99 TO  
12/31/99*

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	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	<b>TOTAL Telephone Services</b>	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )	( 0 )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		<u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>12.50</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>13.00</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	<b>TOTAL AMOUNT DUE</b>		\$ <u>75.50</u>

\* 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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: \$ 0 for 19 99  
 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: \_\_\_\_\_

JS  
AF  
AP  
JM  
JR  
JR  
DL  
PC  
MS  
IC  
H

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)*  
**PATRICK A CROCKER**  
(Preparer of Form - Please Print Name)

*ATTORNEY* 3/22/02  
(Title) (Date)

Telephone Number 616, 381-8844 **DOCUMENT NUMBER DATE**

F.E.I. No. 38-3510555 **03669 APR-18**