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		24 Harrison A	venue	0603006 004011		
	1	Panama City,	FL 32401-2744	s 7.50 1000011		
PERIOD COVERED: 01/01/2000 TO		DEPOSIT	DATE	1/2/02		
				Postmark Date 9/3/02		
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	(Name of Company)		(Address)	(City/State) > (Zip)		
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INE NO.	ACCOUNT CI	LASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENU		
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2.	Long Distance Services (Intr Access Services	aLAIA OHY)**		 A second sec second second sec		
3.				and the second		
4.	Private Line Services	o ·				
5.	Leased Facilities & Circuits	Services	•	Section 18 March 1		
6.	Miscellaneous Services		•	1 - 3 - 3 - 4 - 3 - 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5		
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7.	TOTAL REVENUES	at motor to the				
8.	,		s Companies* (see "2. Fees" on back)			
9. 10	• •	• •	ssessment Fee Calculation (Line 7 less Line 8)	an a		
10.	Regulatory Assessment Fee	, – .				
11.	Penalty for Late Payment (s			······		
12. 13.	Interest for Late Payment (s TOTAL AMOUNT DUE	ee 5. railule to file	by Due Date on Dack)	7000		
15.	IOTAL AMOUNT DUE			Antiver all		
These ar	mounts must be intrastate only	y and must be verifiab!	e.	and the second secon		
			ange Regulatory Assessment Fee Return.	a san din Albertan San San		
	' AS BROWDED D	N SECTION 3(4.22	6, FLORIDA STATUTES, THE MINIMUM AN	া হৈছে বহুত দুৰ্ব্বে হেইটাৰ হেইটা হয়। তেওঁ বিষয়ে মহাৰ হয় বহুত হয়। বিষয় মহাৰ হয় বহুত হয়।		
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) Facilit	ties-Based Provider		() Reseller	- LUSSEN THE SEATS STATES WE REPORT		
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	(Signature of Company Official)	
IANE	FAIRCIOTH of Form - Please Print Name)	
(Preparer	of Form - Please Print Name)	I

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to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2002. Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS: R. J.C.A	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TX017-01-0-R Teleco Communications, Ltd. 475 Harrison Avenue, Suite 203-D	s 50.00 s 7.50 p 0603006
PERIOD COVERED: 01/01/2001 TO 02/12/2001	Panama City, FL 32401-2781 DEPOSIT DATE D 2 0 3 APK 0 9 2002	$\frac{1.50}{\text{Postmark Date}} \frac{\frac{9}{3}}{202}$ Initials of Preparer $\frac{300}{100}$

Please Complete Below If Official Mailing Address Has Changed

	(Name of Company)	(Address)	(City	/State)	(Zip)
			FLORIDA		
INE NO.			ERATING REVENUE	INTRASTA	<u>LE REVENUE</u>
1.	Basic Local Services	\$	······	\$	
2.	Long Distance Services (IntraLATA only)**	·			
3.	Access Services				
4.	Private Line Services	······································			······································
5.	Leased Facilities & Circuits Services				
6.	Miscellaneous Services			<u> </u>	
_		•			0
7.	TOTAL REVENUES		• •	\$	<u> </u>
8.	LESS: Amounts Paid to Other Telecommunicat				
9.	Net Intrastate Operating Revenue for Regulatory		less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line			<u> </u>	
11.	Penalty for Late Payment (see "3. Failure to File				
12.	Interest for Late Payment (see "3. Failure to File TOTAL AMOUNT DUE	by Due Date" on back)			7.00
13. These	amounts must be intrastate only and must be ver	ifiable.		°	
	long distance revenue must be listed on the Inter		e Return.		
() Facili	ities-Based Provider	CURRENT COMPANY () Reseller () Other:	STATUS		
Complete	below if billing agent if other than yourself.	BILLING INFORM	ATION		
	(Name)	(Addre	ess: City/State/Zip)		() (Telephone)
		COMPANY INFORM	IATION		
•	ease telecommunications' facilities? () YES who do you lease these facilities from? Name:	() NO	£		
Addı	ress:				
					المحالية عام ومربع ومالية معالية
true and	e undersigned owner/officer of the above-named correct statement. I am aware that pursuant to se rvant in the performance of his/her days shall be	ction 837.06, Florida Statutes, whoev	er knowingly makes a false stat	knowledge and belie tement in writing wi	f the above information th the intent to mislead a
		Dr	SINPAIT		4-2-02
	(Signature of Company Official)		···(Title)	<u> </u>	<u>4-2-02</u> (Date)
٨,	(ingliance of company official)		OLD THE AIL	- •	
DIK	WE HHIRCIOT	Telephone	Number (850 249 · 1/15	Fax Number (850	167-1151
	(Preparer of Form - Please Print Nat	ne) F.E.I. No			