

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

CK Amt \$100.00

STATUS:

P. Isler
JCCA

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX480-01-0-R
 Everest Connections Corporation
 4740 Grand Avenue, Suite 200
 Kansas City, MO 64112-2254

cc: P. Isler

FOR PSC USE ONLY

Check# 10005

\$ 50.00 0603006 003001

\$ P 0603006 004011

\$ I

Postmark Date 5/8/02

Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

D213c

MAY 14 2002

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-
- 2. Long Distance Services (IntraLATA only)**
- 3. Access Services
- 4. Private Line Services
- 5. Leased Facilities & Circuits Services
- 6. Miscellaneous Services
- 7. TOTAL REVENUES
- 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)
- 10. Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)
- 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

\$ -0-
 \$ 50

* 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

Facilities-Based Provider in KS and MO

CURRENT COMPANY STATUS

- () Reseller
- () Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

AUS _____
 GAF _____
 CMP _____ (Name)
 COM _____ (Address: City/State/Zip)
 CTR _____ (Telephone)

COMPANY INFORMATION

- Do you lease telecommunications' facilities? () YES (X) NO
- If YES, who do you lease these facilities from? Name: _____
- MMS address: _____
- SEC _____
- OTH _____

DOCUMENT NUMBER 05154
 DATE MAY 14 2002
 FPSC-COMMISSION CLERK

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.

Rachel Arpman Keuter
 (Signature of Company Official)

Vice President of Regulatory and Government Affairs
 (Title) 5/06/02
 (Date)

(Preparer of Form - Please Print Name)

Telephone Number (816) 714-2972 Fax Number (816) 714-2995

F.E.I. No. _____

STATUS:

*P. Isler
JCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2002 TO 12/31/2002

DEPOSIT

DATE CC: *P. Isler*

D2130

MAY 14 2002

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 10005

\$ 50.00 0603006
003001

\$ _____ P. 0603006
004011

\$ _____ I

Postmark Date 5/8/02

Initials of Preparer PK

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

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|---------------------------------|--------------------|
| 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 | _____ | _____ |
| 7. | TOTAL REVENUES | _____ | \$ _____ |
| 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) | _____ | _____ |
| 10. | Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015) | _____ | _____ |
| 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 | _____ | \$ <u>50</u> |

* 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

Facilities-Based Provider *in KS and MO*

CURRENT COMPANY STATUS
 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.

Rachel Sherman Leiber
(Signature of Company Official)

Vice President of Regulatory & Government Affairs *5/06/02*
(Date)

Telephone Number *(816) 714-2972* Fax Number *(816) 714-2995*

(Preparer of Form - Please Print Name) _____ F.E.I. No. _____

EVEREST CONNECTIONS™

4740 Grand Avenue, Suite 200, Kansas City, Missouri 64112 • 816-714-2900 • www.everestgt.com

2002 MAY 13 PM 12:01
DIVISION OF
COMPETITIVE SERVICES

Ms. Paula J. Isler
Research Assistant
Bureau of Service Quality
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

May 7, 2002

Dear Ms. Isler:

In response to your letter dated April 18, 2002, Everest Connections Corporation submits a check in the amount of \$100 to cover the annual regulatory fee of \$50 for the years 2001 and 2002. With payment of these fees, Everest requests that your staff recommend a voluntary cancellation of our alternate local exchange carrier certificate.

As I previously stated in my letter dated April 11, 2002, Everest wishes to cancel its certificate because it has not provided, does not currently provide, nor does it anticipate providing service in Florida in the foreseeable future. Because we have never had any customers, there is no issue of customer deposits, final bills or notice of discontinuation of service. We are requesting that the Commission waive the penalty and interest on the 2001 regulatory fee.

Should you have any question, please don't hesitate to call me at 816.714.2972 or you can e-mail me at rreiber@everestgt.com.

Thank you for your attention to this matter.

Sincerely,



Rachel Lipman Reiber
Vice President of Regulatory and Government Affairs

2002 MAY 13 AM 10:32
DIVISION OF
COMPETITIVE SERVICES