

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

020430-TP

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
Vice A  
Nanye*

TI382-02-0-R  
Cellular Long Distance  
% CoreComm Ltd.  
10 South Riverside Plaza, Suite 2000  
Chicago, IL 60606-3801

cc: P. Isler

**FOR PSC USE ONLY**  
Check# 72109  
\$ 50.00 0603001  
003001  
\$ \_\_\_\_\_ P 0603001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 5/29/02  
Initials of Preparer MC

PERIOD COVERED:  
DEPOSIT TO 12/31/2002 DATE

D219 MAY 31 2002

Please Complete Below If Official Mailing Address Has Changed

CORE COMM NENCO, INC (Name of Company) 70 W. HUBBARD, STE 410 (Address) CHICAGO IL (City/State) 60616 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
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>50</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ <u>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
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- 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: \$ \_\_\_\_\_ for 19\_\_\_\_\_  
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: \_\_\_\_\_

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)

REG AFFAIRS ATTY. (Title) 5/29/02 (Date)

SCOTT KELLOGG  
(Preparer of Form - Please Print Name)

Telephone Number (312) 445-1162 Fax Number (312) 445-1232

FSC Form 153 (Rev. 11/11/99)

F.E.I. No. 13-3999233

DOCUMENT NUMBER - DATE  
15749 MAY 31 02  
FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

020430-TP

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CCA  
Name*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ420-02-0-R  
CoreComm Florida, Inc.  
225 West Ohio Street, 2nd Floor  
Chicago, IL 60610-4198

FOR PSC USE ONLY	
Check#	72108
\$	50.00
	0603001
	003001
	P
	0603001
	004011
	I
Postmark Date	5/29/02
Initials of Preparer	MR

PERIOD COVERED:

01/01/2002 TO 12/31/2002

DEPOSIT

DATE cc: P. Isler

D219

MAY 31 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

70 W. HUBBARD, STE. 410

(Address)

CHICAGO, IL

(City/State)

60616

(Zip)

LINE NO. ACCOUNT CLASSIFICATION

FLORIDA

GROSS OPERATING REVENUE

INTRASTATE REVENUE

- 1. Long Distance Services
- 2. Access Services
- 3. Private Line Services
- 4. Leased Facilities & Circuits Services
- 5. Miscellaneous Services

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. TOTAL Telephone Services

\$ 0

\$ 0

7. LESS: Amounts Paid to Other Telecommunications Companies\* (see "2. Fees" on back)

( )

( )

8. TOTAL REVENUES For Regulatory Assessment Fee Calculation

( )

0

9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)

( )

50

10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)

( )

( )

11. Interest for Late Payment (see "3. Failure to File by Due Date" on back)

( )

( )

12. TOTAL AMOUNT DUE

( )

\$ 50

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

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)	REG AFFAIRS ATTORNEY (Title)	5/29/02 (Date)
SCOTT KELLOGG (Preparer of Form - Please Print Name)	Telephone Number (312) 445-1162	Fax Number (312) 445-1232
	F.E.I. No. 13-4025785	

020430-TP

# Alternative Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
leca  
make*

TX411-02-0-R  
 CoreComm Florida, Inc.  
 225 West Ohio Street, 2nd Floor  
 Chicago, IL 60610-4198

FOR PSC USE ONLY	
Check#	72/10
\$ 50.00	0603006
	003001
\$	P
	0603006
\$	004011
	I
Postmark Date	5/29/02
Initials of Preparer	MC

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

DEPOSIT

DATE cc: P. Isler

D219

MAY 31 2002

Please Complete Below If Official Mailing Address Has Changed

TO WEST HUBBARD STE. 410 CHICAGO, IL 60610  
 (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		\$ 0
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)		\$ 50
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		\$ 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

### CURRENT COMPANY STATUS

- ( ) Facilities-Based Provider
- 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.

*Scott Kellogg*  
 (Signature of Company Official) REG. AFFAIRS ATTORNEY (Title) 5/29/02 (Date)  
 (Preparer of Form - Please Print Name) Telephone Number (312) 445-1162 Fax Number (312) 445-1232  
 F.E.I. No. 13-4025785



020430-TP

May 29, 2002

Florida Public Service Commission  
ATTN: Fiscal Services  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-850

**RE: CoreComm Florida, Inc. – Certificate Nos. 7386 and 7590  
CoreComm Newco, Inc. – Certificate No. 4047**

Dear Sir or Madam:


By letter dated April 11, 2002 CoreComm Limited (“CCL”) previously requested that the Florida Public Service Commission (“Commission”) cancel the above-captioned certificates issued to CCL’s subsidiaries.

Subsequently, CCL was advised that even though the subsidiaries have not been providing service during calendar year 2002, the subsidiaries would have to file Regulatory Assessment Fee (“RAF”) Returns that year in order to permit the certificates to be cancelled. Thereafter, by letter dated May 6, 2002, CCL committed to make such necessary filings on or before May 31, 2002. Accordingly, enclosed for filing with the Commission are the necessary RAF Returns and three checks payable to the Commission in the amount of \$50.00 each.

Also enclosed is a duplicate of this advice letter and a self-addressed, stamped envelope. Please stamp the duplicate letter “received” and return it to my attention using that envelope.

If you have any questions concerning this matter, please contact me at 312/445-1162.

Sincerely,



Scott Kellogg  
Regulatory Affairs

