

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ522-01-0-R
 Telephone Associates, Inc.
 329 Grand Avenue
 Superior, WI 54880-1295

PERIOD COVERED:
07/30/2001 TO 12/31/2001

DEPOSIT

DATE: P. Isler

FOR PSC USE ONLY
Check# 030447

\$ 50.00 0603001
 003001
 \$ P 0603001
 004011
 \$ I

Postmark Date 5/28/02
 Initials of Preparer JJC

D221

JUN 05 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.	Long Distance Services	\$ 0	\$ 0
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		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
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		\$ 0

* 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
- Call Aggregator
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

JS _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 \F What is the total amount of customer deposits collected?
 AP Amount: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

COMPANY INFORMATION

TR _____
 Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 PC Address: _____
 MS _____
 EC 1
 TH _____

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.

Walter J. Falovich
(Signature of Company Official)

Vice President
(Title) _____ (Date)

JEANNE ALBERT
(Preparer of Form - Please Print Name)

Telephone Number 715 395-6153 Fax Number 715 394-8648

F.E.I. No. 5879 JUN-5 2002

FPSC-COMMISSION CLERK