

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ438-01-0-R  
 DanCris Telecom, L.L.C.  
 6900 East Camelback Road, Suite 1003  
 Scottsdale, AZ 85251-2444  
 DEPOSIT DATE  
 JUN 10 2002  
 CC: P. Isler

FOR PSC USE ONLY  
 Check# 15307  
 \$ 50.00 0603001  
 003001  
 \$ \_\_\_\_\_ P. 0603001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 6/3/02  
 Initials of Preparer MK

Please Complete Below If Official Mailing Address Has Changed

N/A (Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ 6,000.00
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ 6,000.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( 0.00 )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	6,000.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	9.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	1.80
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	.36
12.	TOTAL AMOUNT DUE	_____	\$ 50.00

\* 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.

N/A (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: N/A \_\_\_\_\_

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.

AF \_\_\_\_\_  
 MF \_\_\_\_\_  
 OM \_\_\_\_\_  
 TR \_\_\_\_\_  
 CR \_\_\_\_\_  
 iCL \_\_\_\_\_  
 IPC \_\_\_\_\_  
 IMS \_\_\_\_\_  
 EC I \_\_\_\_\_  
 ITH \_\_\_\_\_

Signature of Company Official: P. Johnson  
 Title: Controller  
 Date: 6/29/02  
 Telephone Number: 480 874-2700 Fax Number: 480 465-9786  
 F.E.I. No. 86-0797070

DOCUMENT NUMBER-DATE

05994 JUN 10 02