

Interexchange Company Regulatory Assessment Fee Return

STATUS:

P. Isler  
CEA

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
11/21/2001 TO 12/31/2001

TJ563-01-0-R  
 MYCO Telecommunications, Inc.  
 2500 West 31st Street, Suite G1  
 Lawrence, KS 66047-30 **DEPOSIT** **DATE**  
 cc: P. Isler **D223** **JUN 12 2002**

FOR PSC USE ONLY  
 Check# 1988  
 \$ 50.00 0603001  
 003001  
 \$ \_\_\_\_\_ P 0603001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 6/7/02  
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

MYCO TELECOMMUNICATIONS, INC. (Name of Company) 2500 West 31st Street, Suite G1 (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	\$ <u>0</u>	\$ <u>0</u>
3.	Private Line Services	\$ <u>0</u>	\$ <u>0</u>
4.	Leased Facilities & Circuits Services	\$ <u>0</u>	\$ <u>0</u>
5.	Miscellaneous Services	\$ <u>0</u>	\$ <u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <u>0</u> )	( <u>0</u> )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ <u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
12.	TOTAL AMOUNT DUE		\$ <u>0</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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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.

LEONARD D. LEONARD (Signature of Company Official) CEO / PRESIDENT (Title) 3 Jun 02 (Date)  
 Telephone Number (855) 830 0500 Fax Number (877) 299 9223

Preparer of Form - Please Print Name: \_\_\_\_\_ F.E.I. No. 48-1215885

DOCUMENT NUMBER-DATE

06100 JUN 12 02