

Interexchange Company Regulatory Assessment Fee Return **ORIGINAL**

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
CCA*

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

TJ398-01-0-R
First Communications, LLC
3340 West Market Street
Akron, OH 44333-3306
cc: P. Isler

FOR PSC USE ONLY	
Check#	199579
\$	182.62
\$	45.66
\$	9.13
Postmark Date	6/7/02
Initials of Preparer	MIC

PERIOD COVERED:
01/01/2001 TO 12/31/2001

DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D223 JUN 12 2002
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1,050,070	\$ 455,143
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 1,050,070	\$ 455,143
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(470,721)	(333,399)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		121,744
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	45.66	182.62
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)	9.13	
12.	TOTAL AMOUNT DUE		\$ 237.41

* 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.

Marvin E. Sharpless
COM (Signature of Company Official)
CTR *Marvin E. Sharpless*
EOR (Preparer of Form - Please Print Name)
GCL
MMS
SEC 1
OTH

Treasurer + CCF, O. 6/3/02
(Title) (Date)
Telephone Number (330) 762-4900 Fax Number (330) 835-2655
F.E.I. No. 34-1870807

DOCUMENT NUMBER DATE

06107 JUN 12 02