TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002 Pay Telephone Service Provider Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission STATUS: 1509 (See Filing Instructions on Back of Form) 0603002 TG304-01-0-R Actual Return 003001 Estimated Return U.S. Paytel Optima, L.L.C. Amended Return 8247 Hascall 0603002 004011 Omaha, NE 68124-3233 PERIOD COVERED: 01/01/2001 TO 12/31/200 Initials of Preparer DEPOSIT Please Complete Below If Official Mailing Address Has Changed JUN 2 8 2002 (Name of Company) (Address) (City/State) (Zip) LINE NO. ACCOUNT CLASSIFICATION AMOUNT Gross Operating Revenue (Florida) 1. 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) **TOTAL REVENUES for Regulatory Assessment Fee Calculation** 4. (Line 2 less Line 3) 5. Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015) 6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) Interest for Late Payment (see "3. Failure to File by Due Date" on back) 313. ES TOTAL AMOUNT DUE CMP COM CTR AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 ECR THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED GCL OPC MMS 220 Number of pay telephones in operation at close of period covered **SEC** by this Return These amounts must be intrastate only and must be verifiable. 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 official duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) 0.770 (Preparer of Form - Please Print Name) DOCUMENT NUMBER-DATE

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