

020000

**ORIGINAL**

QuantumShift, Inc.  
88 Rowland Way  
Novato, CA 94945

T. 415.893.7180  
F. 415.893.0569  
www.quantumshift.com



QuantumShift.

CK 024861

\$12.50-P

2.50-I

7/8/02

MC

P. Isler  
/CCA

**DEPOSIT**  
D234

**DATE**  
JUL 23 2002

July 8, 2002

TX372

Ms. Paula Isler  
State of Florida  
Public Service Commission  
2650 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RE: RAFs for MVX Communications, LLC (TJ094)  
RAF for QuantumShift Communications, Inc.

Dear Ms. Isler:

As mentioned in correspondence with you dated June 24, 2002, I submitted a check in the amount of \$217.50 for payment of RAFs for MVX Communications, LLC. At that time, I did not have the RAF reports signed. As such, please find the signed RAF reports for years 1998 through 2001.

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC   I
- OTH   None    
  Hong

In addition, I am enclosing a check in the amount of \$15.00 for a delinquent RAF for QuantumShift Communications, Inc. for filing year 1999.

If you require anything further to clear our account, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

*Jenna Brown*

Jenna Brown  
Manager, Regulatory Affairs  
415-209-7044

1999

TX372

P = 12.50  
I = 2.50

DOCUMENT NUMBER-DATE

07615 JUL 23 02

FPSC-COMMISSION CLERK

1999

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ094-99-0-R  
 MVX Communications, LLC  
 % Telecom Compliance Services, Inc.  
 6455 East Johns Crossing, Suite 285  
 Duluth, GA 30097-1568  
 CC: P. Isler

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

PERIOD COVERED:  
 01/01/1999 TO 12/31/1999

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	-0-	-0-
3.	Private Line Services	-0-	-0-
4.	Leased Facilities & Circuits Services	-0-	-0-
5.	Miscellaneous Services	-0-	-0-
6.	<b>TOTAL Telephone Services</b>	\$ -0-	\$ -0-
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( -0- )	( -0- )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	2.50	-0-
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		-0-
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	-50	
12.	<b>TOTAL AMOUNT DUE</b>		\$ 3.00

\* 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
- 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: \$ -0- for 19 98

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.

\_\_\_\_\_  
 (Signature of Company Official)

Jenna Brown  
 (Preparer of Form - Please Print Name)

\_\_\_\_\_  
 (Title) Secretary

\_\_\_\_\_  
 (Date) 6-4-02

Telephone Number 415 209 7044 Fax Number 415 899-8339

F.E.I. No. 68-0426815

2000

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ094-00-0-R  
 MVX Communications, LLC  
 % Telecom Compliance Services, Inc.  
 6455 East Johns Crossing, Suite 285  
 Duluth, GA 30097-1568  
 cc: P. Isler

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
 003001

\$ \_\_\_\_\_ P  
 0603001  
 004011

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

PERIOD COVERED:  
 01/01/2000 TO 12/31/2000

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	-0-	-0-
3.	Private Line Services	-0-	-0-
4.	Leased Facilities & Circuits Services	-0-	-0-
5.	Miscellaneous Services	-0-	-0-
6.	TOTAL Telephone Services	\$ -0-	\$ -0-
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(-0-)	(-0-)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	-0-
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)	9.00	
12.	TOTAL AMOUNT DUE		\$ 71.50

\* 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 is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

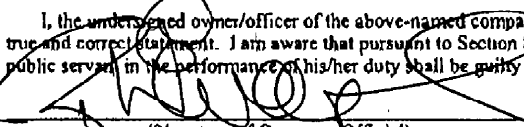
What is the total amount of customer deposits collected?  
 Amount: \$ -0- for \$ 2000

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.

  
 (Signature of Company Official)

Jenna Brown  
 (Preparer of Form - Please Print Name)

Secretary (Title) 6-4-02 (Date)  
 Telephone Number 415 209 7044 Fax Number 415 899 8339  
 F.E.I. No. 68-0426815

2001

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2001 TO 06/19/2001

TJ094-01-0-R  
MVX Communications, LLC  
% Telecom Compliance Services, Inc.  
6455 East Johns Crossing, Suite 285  
Duluth, GA 30097-1568  
CC: P. Isler

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
003001

\$ \_\_\_\_\_ P  
0603001  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

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	-0-	-0-
3.	Private Line Services	-0-	-0-
4.	Leased Facilities & Circuits Services	-0-	-0-
5.	Miscellaneous Services	-0-	-0-
6.	TOTAL Telephone Services	\$ -0-	\$ -0-
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(-0-)	(-0-)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	-0-
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	2.50	-0-
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 65.00

\* 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
- Call Aggregator
- 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: \$ -0- for 1/2001

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 337.06, 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.

(Signature of Company Official)  
Jenna Brown  
(Preparer of Form - Please Print Name)

Secretary  
(Title)  
6-4-02  
(Date)  
Telephone Number 415, 209-7044 Fax Number 415 899-8339  
F.E.I. No. 68-0426815