

020715

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
NCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ385-01-0-R
 Natel, L.L.C.
 525 Central Park Drive, Suite 105
 Oklahoma City, OK 73105-1717

CC: P. Isler

FOR PSC USE ONLY

Check# 3043
 \$ 981.53 0603001
 \$ 39.72 003001
 \$ _____ P 0603001
 \$ _____ I 004011
 Postmark Date 7/16/02
 Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D2350

JUL 24 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	<u>2,816,715</u>	<u>654,350</u>
6.	TOTAL Telephone Services	\$ <u>2,816,715</u>	\$ <u>654,350</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(1,837,455)</u>	<u>(0)</u>
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>654,350</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>981.53</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3310</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.62</u>	
12.	TOTAL AMOUNT DUE		\$ <u>1021.25</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
- 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 2001
 What is the total amount of bond held (if applicable)? Amount: \$ 0 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] (Signature of Company Official) C.O.O. (Title) 7-15-02 (Date)

Lynn Merritt (Preparer of Form - Please Print Name) Telephone Number (405) 557-0001 Fax Number (405) 515-8368

F.E.I. No. 73-152-4622 07693 JUL 24 02

FPSC-COMMISSION CLERK