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

		-	the second se
STAT	rus: R.J.Ser	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check# <u>57598</u>
12/1	Actual Return Estimated Return Amended Return OD COVERED: 1/2001 TO 12/31/2001	TG845-01-0-R Columbia County Board of County Commissioners P. O. Drawer 1529 Lake City, FL 32056-1529 ECC: P. Isler	$\frac{50.00}{12.50} = \frac{0603002}{003001}$ $\frac{5}{2.50} = \frac{9}{004011}$ $\frac{3.50}{1} = \frac{00000000}{004011}$ $\frac{3.50}{1} = \frac{1}{10000000000000000000000000000000000$
	20511 UA1 48∰ AUG 302		
	(Name of Company)	(Address)	(City/State) (Zip)
LINI <u>NO.</u>		ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)		\$
2.	Gross Intrastate Revenue		0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)		$\mathbf{s}_{\mathbf{u}_{1},\mathbf{v}_{2}}^{T} = \underbrace{\boldsymbol{\mathcal{O}}}_{\mathbf{u}_{1},\mathbf{v}_{2}}^{T} \underbrace{\boldsymbol{\mathcal{O}}}_{\mathbf{u}_{2},\mathbf{v}_{2}}^{T} \underbrace{\boldsymbol{\mathcal{O}}}_{\mathbf{u}_{2},\mathbf{v}_{2},\mathbf{v}_{2}}^{T} \underbrace{\boldsymbol{\mathcal{O}}}_{\mathbf{u}_{2},\mathbf{v}$
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)		50.02
6.	Penalty for Late Pay	12.50	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		3.50
8. _ AUS	TOTAL AMOUNT DUE		\$ 66.00
CAF CMP	AS PROVIDE	D IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM AN	NUAL FEE IS \$50
COM CTR ECR	THIS FORM MUST BE	COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT	OF REVENUES REPORTED
GGL OPC MMS	Number of pay tele	O	
SEC OTH These	HON9 amounts must be <u>intrastate only</u> and n NONNY	nust 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 hereform of a misdemeanor of the second degree.

<u>lele communications</u> Special (Title) 26/2002 ompany Official) Fax Number (386 758-2182 Telephone Number 386 758-1390 05 200 75 (Preparer of Form - Please Print Name) F.E.I. No. DOCUMENT NI MPER-PATE

09122 AUG 29 8

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FPSC-COMMISSION CLERK