

# Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# <u>2140</u>	
\$ <u>50.00</u>	0603006
\$ <u>12.50</u>	003001
\$ <u>4.00</u>	0603006
	004011
Postmark Date <u>9/3/02</u>	
Initials of Preparer <u>JMC</u>	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
PLA*

TX620-01-0-R  
Midstate Telecommunications  
P. O. Box 706  
Madison, TN 37116-0706

**ORIGINAL**

*cc: P. Isler*

PERIOD COVERED:  
12/11/2001 TO 12/31/2001

DEPOSIT

LATE

Please Complete Below If Official Mailing Address Has Changed

D251

SEP 06 2002

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Basic Local Services	\$ 0	\$ 0	AUS
2.	Long Distance Services (IntraLATA only)**	0	0	CAF
3.	Access Services	0	0	CMP
4.	Private Line Services	0	0	COM
5.	Leased Facilities & Circuits Services	0	0	CTR
6.	Miscellaneous Services	0	0	ECR
				GCL
7.	TOTAL REVENUES		\$ 0	OPC
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0	MMS
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0	SEC
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0.00	OTH
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	50.00	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.00		
13.	TOTAL AMOUNT DUE		\$ 66.50	

\* These amounts must be intrastate only and must be verifiable.  
\*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

( ) Facilities-Based Provider

Reseller

( ) Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
(Name)

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

\_\_\_\_\_  
(Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOCUMENT NUMBER - DATE  
09393 SEP-5 02  
FPC-COMMISSION CLK

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)

Donald Estep  
(Preparer of Form - Please Print Name)

General Manager  
(Title)

8-31-02  
(Date)

Telephone Number 615 868-5727 Fax Number 615 868-5727