## ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

	Interexo	,		cc axotain
STATUS:	2/2/		ida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check# 5759
<u> </u>	Estimated Return Amended Return Amended Return		s 50.00 00 s 12.50 p	
PERIOD COVERED:		GABEROSIT	oncourse, Suite 250, Alpharetta,	s 4,00 00
01/01/2	2001 TO 2001	D258	OCT 01 2002	Postmark Date
		Please Complete Belo	ow If Official Mailing Address Has Changed	
	(Name of Company)		(Address)	(City/State) a company
LINE NO.	ACCOUNT	CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	intrastate rev
1. 2. 3. 4.	Long Distance Services Access Services Private Line Services	Country	SS	s_ 0.00
5. 6.	Leased Facilities & Circuits Miscellaneous Services TOTAL Telephone Service	·a	s 0.00	s 0.00
7. 8. 9.	LESS: Amounts Paid to Off (see "2. Fees" on back) TOTAL REVENUES For E	her Telecommunications Con Regulatory Assessment Fee C	rpanies* (	0.00
10. 11. 12.	Regulatory Assessment Fee Penalty for Late Payment (s Interest for Late Payment (s TOTAL AMOUNT DUE	50,00 12,50 3,50 \$ 66,00		
	ies-Based Carrier ale-Operator Service		RENT COMPANY STATUS  ( ) Call Aggregator ( ) Other:	MANORII XEE IS 450
Complete be	low if billing agent if other	BII than yourself.	LLING INFORMATION	
What is the	(Name)			
Amount:	total amount of customer de			(Telephone) e total amount of bond held (if applicat  S Expires:
Amount:  Do you leas	total amount of customer de	COI	What is the	e total amount of bond held (if applicat
Amount:  Do you leas	total amount of customer de for  the telecommunications' facilities  do do you lease these facilities	COI	What is the Amount:  MPANY INFORMATION	e total amount of bond held (if applicat
Amount:  Do you less If YES, who Address:  I, the unformation is	total amount of customer de for for for the telecommunications' facilities of do you lease these facilities and existence of the telecommunications and the facilities of the	the above-named company,  I am aware that pursuant the performance of his/her descriptions.	have read the foregoing and declare that to the so Section 837.06, Florida Statutes, whoever know duty shall be guilty of a misdemeanor of the secon	best of my knowledge and belief the ingly makes a false statement in writing ad degree.
Amount:  Do you leas If YES, wh  Address:  I, the timformation is the intent to	total amount of customer de;  for  the telecommunications' facilities of the telecommunications' facilities	the above-named company,  I am aware that pursuant the performance of his/her deficials  Officials	have read the foregoing and declare that to the to Section 837.06, Florida Statutes, whoever know that shall be guilty of a misdemeanor of the secon (Tide)  Telephone Number (678 7.75-22)	best of my knowledge and belief the ingly makes a false statement in writing ad degree.
Do you leas If YES, who Address:  I, the uniformation is the intent to	total amount of customer de s for	the above-named company,  I am aware that pursuant the performance of his/her deficials  Officials	have read the foregoing and declare that to the to Section 837.06, Florida Statutes, whoever know duty shall be guilty of a misdemeanor of the secon (Title)	best of my knowledge and belief the ingly makes a false statement in writing ad degree.
Do you leas If YES, who Address:  I, the uniformation is the intent to	total amount of customer de s for	the above-named company,  I am aware that pursuant the performance of his/her deficials  Officials	What is the Amount:  MPANY INFORMATION  NO  have read the foregoing and declare that to the to Section 837.06, Florida Statutes, whoever know that shall be guilty of a misdemeanor of the secon (Title)  Telephone Number (678 7.75-22)  F.E.I. No. 65-1072134	best of my knowledge and belief the ingly makes a false statement in writing ad degree.

FPSC-COLLAPSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

## Interexchange Company Regulatory Assessment Fee Return

STATUS	0.72 A	Florid	a Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check# 5259
×	(, VC.	TJ546 - 01 - 0 -		S 50.00 0603001
	Actual Return C	Intelligent Switchin	a & Software LLC	S 32 00 0603001 003001
	Amended Return	1	_	S 12.50 P 0603001
	•	1720 Windward Co	ncourse, Suite 250, Alpharetta,	004011
PERIOD	COVERED:	GADEPOSIT	LATE	s
	2001 TO		0.000	Postmark Date 9/22/02
12/31/		D258	OCT 01 2002	Initials of Preparer
		Please Complete Below	If Official Mailing Address Has Changed	
	(Name of Company)		(Address)	(City/State) (Zip)
			FLORIDA	
LINE NO.	ACCOUNT	CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services		S 0.00	s 0.00
2.	Access Services			
3. 4.	Private Line Services  Leased Facilities & Circuits	Services		
5.	Miscellaneous Services			
6.	TOTAL Telephone Service		ş 0.00	s_ 0.00
7.	LESS: Amounts Paid to Otl (see "2. Fees" on back)	her Telecommunications Compa	anies*	) (
8.	TOTAL REVENUES For R	legulatory Assessment Fee Cal	culation	0.00
9. 10.	Regulatory Assessment Fee Penalty for Late Payment (s	Due (Multiply Line 8 by 0.00 see "3. Failure to File by Due	(15) Date" on back)	
11.	Interest for Late Payment (s	see "3. Faihure to File by Due		3.50
12.	TOTAL AMOUNT DUE			\$ 66.00
* These	amounts must be intrasta	te only and must be verifi	able.	
	AS PROVIDED I	N SECTION 364.336, FL	ORIDA STATUTES, THE MINIMUM	ANNUAL FEE IS \$50
		CURRE	NT COMPANY STATUS	
	ties-Based Carrier	(X) Reseller	( ) Call Aggregator	
· Alten	nate-Operator Service	( ) Rebiller	( ) Other:	
		BILI	LING INFORMATION	
Complete be	elow if billing agent if other t	han yourself.		
	(37)		(All Charles Prince Pri	
	(Name) t total amount of customer dep :: \$ for			(Telephone) he total amount of bond held (if applicable)?  Expires:
	<del></del>	СОМ	PANY INFORMATION	
Do you lea	se telecommunications' facilitie		NO	
If YES, wh	no do you lease these facilities	from? Name:		
Address	s:			
				,
				e best of my knowledge and belief the above wingly makes a false statement in writing with
			y shall be guilty of a misdemeanor of the sec	
	1 //		I MODIAWAYI)IN	-U00000 S/11/00)
	(Signature of Company O	fficial)	(Title)	O (Date)
	ly Massey /	/	Telephone Number 678 775-2	244 Fax Number ( 678 ) 775-2254
(Pr	eparer of Form 2 Pleas	se Frint Name)	<sub>F.E.I. No.</sub> 65-1072134	1 - 4 W
	ARA CR. ALLIANO	Ü		
PSC/CMU-	153 (Rev. 11/11/99)			

PAGE 2 CORRECTED

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