

020106-71

ORIGINAL

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:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CCA*

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

TJ546  
Intelligent Switching & Software, LLC  
1720 Windward Concourse, Suite 250, Alpharetta,  
GA 30005  
**DEPOSIT LATE**  
**D2589 OCT 01 2002**

FOR PSC USE ONLY	
Check# <u>5752</u>	
\$ <u>50.00</u>	0603001
\$ <u>12.50</u>	003001
\$ <u>4.00</u>	P
	0603001
	004011
Postmark Date <u>9/27/02</u>	
Initials of Preparer <u>MTC</u>	

PERIOD COVERED:  
01/01/2001 TO  
12/31/2001

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	\$ 0.00	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		3.50
12.	TOTAL AMOUNT DUE		\$ 66.00

\* 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
- Rebiller
- Call Aggregator
- 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: \$ \_\_\_\_\_ for 19 \_\_\_\_\_

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)

Kimberly Massey  
(Preparer of Form - Please Print Name)

Kimberly Massey 9/11/02  
(Title) (Date)

Telephone Number 678 775-2244 Fax Number 678 775-2254

F.E.I. No. 65-1072134

US  
AF  
MP  
OM  
TR  
CR  
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PC  
MS  
EC  
TH

*Handwritten notes:*  
None

DOCUMENT NUMBER DATE

10534 OCT-1 02

FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

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- Actual Return
- Estimated Return
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*P. 5/5/01  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ546-01-0-R  
 Intelligent Switching & Software, LLC  
 1720 Windward Concourse, Suite 250, Alpharetta,  
 GA 30005  
**DEPOSIT DATE**  
**D2588 OCT 01 2002**

FOR PSC USE ONLY

Check# 5758  
 \$ 50.00 0603001  
 \$ 12.50 003001  
 \$ 4.00 <sup>3.50</sup> P  
 0603001  
 004011  
 Postmark Date 9/27/02  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2001 TO  
 12/31/2001

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(Signature of Company Official) Kimberly Massey (Title) Manager (Date) 9/11/02  
 Telephone Number 678 775-2244 Fax Number 678 775-2254  
 (Preparer of Form Please Print Name)

F.E.I. No. 65-1072134

*PAGE 2  
CORRECTED*

*10534-02*