

0x0628-1X

# Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

*P. Isler  
JCCA*

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

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
03/30/2001 TO 12/31/2001

**DEPOSIT**

**DATE**

cc: *P. Isler*

**D267**

**OCT 30 2002**

Please Complete Below If Official Mailing Address Has Changed

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

FOR PSC USE ONLY	
Check# <u>10375</u>	
\$ <u>50.00</u>	0603006
	003001
\$ _____	P
	0603006
	004011
\$ _____	I
Postmark Date <u>10/24/02</u>	
Initials of Preparer <u>MC</u>	

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

\* 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.

Facilities-Based Provider

CURRENT COMPANY STATUS  
 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 *Not yet in operation*

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.

*Todd L...*  
(Signature of Company Official) \_\_\_\_\_ *President* (Title) \_\_\_\_\_ *Oct 2002* (Date)

*Todd LSPK*  
(Preparer of Form - Please Print Name) \_\_\_\_\_ Telephone Number *(69) 364-4750* Fax Number *(69) 364-4710*