

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Alternative Local Exchange 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)

TX508-01-0-R
Eureka Telecom, L.L.C.
270 Madison Avenue, 6th Floor
New York, NY 10016-0601
LATE DOCKET # 020601-TX (P. Isler)

FOR PSC USE ONLY
Check# 369813
\$ 50.00 0603006
\$ 12.50 003001
\$ 5.00 0603006 004011
Postmark Date 10/30/02 No
Initials of Preparer MC

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

DEPOSIT

D268 NOV 01 2002

Please Complete Below if Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Basic Local Services, Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL REVENUES, EBSS, Net Intrastate Operating Revenue, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, TOTAL AMOUNT DUE.

* 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:

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.
Signature of Company Official: Norman H. Horton Jr.
Title: Counsel
Date: 10/29/02
Telephone Number: 800 222 0720 Fax Number: 850 224 4359
F.E.I. No. 11988 NOV-1 02

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCA*

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 270 Madison Avenue, 6th Floor
 New York, NY 10016-0601

FOR PSC USE ONLY

Check# 369813

\$ 50.00 0603006
 003001

\$ _____ P 0603006
 004011

\$ _____ 1 No

Postmark Date 10/30/02 *postmark*

Initials of Preparer MC

PERIOD COVERED:
01/01/2002 TO 12/31/2002

DEPOSIT

DATE NOV 01 2002 Docket No. 020601-TX (P. Isler)

Please Complete Below If Official Mailing Address Has Changed

D268

NOV 01 2002

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

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

* 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: Not providing service

BILLING INFORMATION

Complete below if billing agent if other than yourself.

Name: N/A (Address: City/State/Zip) _____ (Telephone) _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO

If YES, who do you lease these facilities from? Name: N/A

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.

Norman H. Horton Jr. (Signature of Company Official) Counsel (Title) _____ (Date) _____

Norman H. Horton Jr. (Preparer of Form - Please Print Name) Telephone Number 850 2220700 Fax Number 850 2244359

ORIGINAL

LAW OFFICES
Messer, Caparello & Self
A Professional Association

Post Office Box 1876
Tallahassee, Florida 32302-1876
Internet: www.lawfla.com

October 30, 2002

RECEIVED
CLERK
OCT 30 PM 3:10

BY HAND DELIVERY

Ms. Blanca Bayó, Director
The Commission Clerk and Administrative Services
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

RECEIVED WITH CHECK FROM [unclear]
[unclear]
[unclear]
[unclear]

Re: Docket No. 020601-TX

Dear Ms. Bayó:

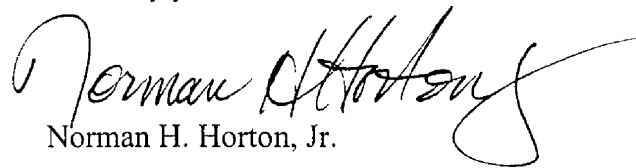
Enclosed for filing on behalf of Eureka Telecom, L.L.C. are an original and fifteen copies of Eureka's Protest/Offer of Settlement of Proposed Agency Action.

Also enclosed is the Regulatory Assessment Fee form for 2001 and 2002 along with a check in the amount of \$117.50 representing the payment of the Regulatory Assessment Fee plus penalty and interest for 2001 and the fee for 2002. The forms have been signed by the undersigned with the authority of the company.

Please acknowledge receipt of this letter by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing. If you have any questions, please do not hesitate to contact me.

Sincerely yours,


Norman H. Horton, Jr.

NHH/amb
Enclosure

cc: Charles Kallenbach, Esq.
Ms. Paula Isler
Wayne Knight, Esq.

RECEIVED
