

020734

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
PCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ469-01-0-R
Summit Telco, L.L.C.
2646 South Loop West, Suite 660
Houston, TX 77054-2600
DEPOSIT **LATE**
D 2 6 9 **NOV 0 6 2002**

FOR PSC USE ONLY

Check# 1446

\$ 50.00 0603001

\$ 12.50 P 003001

\$ 4.50 I 0603001

004011

Postmark Date 10/29/02

Initials of Preparer MC

PERIOD COVERED:
02/05/2001 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	\$ 2,181.03	\$ 644.42
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 2,181.03	\$ 644.42
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 644.42
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	\$ 12.50	Minimum \$ 50.00 (97)
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 4.50	
12.	TOTAL AMOUNT DUE		\$ 67.00

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC 1
- OTH *None*

* 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 is other than yourself.

Billing Concepts Inc. 7411 John Smith Dr. Ste 200 San Antonio, TX 78229-4898 210-949-7000
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ - 0 - for 19 _____
What is the total amount of bond held (if applicable)? Amount: \$ - 0 - Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
If YES, who do you lease these facilities from? Name: Car

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.

Arthur W. Jones
(Signature of Company Official)

President
(Title)

10/29/02
(Date)

Arthur W. Jones
(Preparer of Form - Please Print Name)

Telephone Number (713) 838.7100 Fax Number (713) 838.7152

F.E.I. No. 76-0564921 DOCUMENT NUMBER-DATE