

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCCA
N. Grant*

TI469-01-0-R **DEPOSIT** **DATE**
 Long Distance Billing **0271** **NOV 13 2002**
 Building 7, Suite 709
 One Technology Drive
 Irvine, CA 92618-2339
Docket # 020673-T1 (P. Isler)

FOR PSC USE ONLY
 Check# 567
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 5.00 0603001
 004011
 Postmark Date 11/7/02
 Initials of Preparer MIC

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

Please Complete Below If Official Mailing Address Has Changed

GAI, Inc. P.O. Box 898 Justin, CA 92781
 dba Long Distance Billing (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Long Distance Services	\$ _____	\$ _____	AUS _____
2.	Access Services	_____	_____	CAF _____
3.	Private Line Services	_____	_____	CMP _____
4.	Leased Facilities & Circuits Services	_____	_____	COM _____
5.	Miscellaneous Services	_____	_____	CTR _____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ _____	ECR _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)	GCL _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	<u>50.00</u>	_____	OPC _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<u>12.50</u>	_____	MMS _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.00</u>	_____	SEC <u>I</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	\$ <u>0</u>	OTH <u>Handy</u>
12.	TOTAL AMOUNT DUE	_____	_____	

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$ 67.50

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.

Maria Wiegand Secretary 11-5-02
 (Signature of Company Official) (Title) (Date)
Maria Wiegand Telephone Number 949-789-8982 Fax Number 714-997-9770
 (Preparer of Form - Please Print Name) F.E.I. No. 41-1709144

DOCUMENT NUMBER DATE

12357 NOV 12 02

QAI, Inc.
10622 Villa Del Cerro
Santa Ana, CA 92705
Telephone (877) 318-1501 Fax (714) 997-9770

BY OVERNIGHT DELIVERY

November 6, 2002

Ms. Blanca Bayo
Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

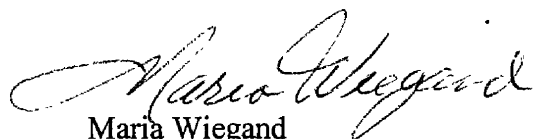
**RE: Docket No. 020673-TI
Request to keep QAI, Inc. d/b/a Long Distance Billing Certification Active**

As the secretary and officer of QAI, Inc. d/b/a Long Distance Billing I would like to request that our certification remain active and is proposing a settlement of \$500.00 to resolve Docket No. 020673-TI. Our company is operating at a minimum level and has gone through some personnel changes. I am currently handling all regulatory and have implemented new procedural controls to ensure future Regulatory Assessment Fee Returns are filed in a complete, accurate and timely manner.

I have enclosed Form PSC/CMU-153 "Interexchange Company Regulatory Assessment Fee Return" as well as payment for the assessment fee, penalty and interest.

Thank you for your consideration. Please call me at (714) 651-4547 if you have any questions.

Sincerely,



Maria Wiegand
Secretary for QAI, Inc. d/b/a Long Distance Billing