

Interexchange Company Regulatory Assessment Fee Return

020000

ORIGINAL

STATUS:
 Actual Return
 Estimated Return
 Amended Return

P. Isler
 CCA

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

TJ581-01-0-R
 Power-Finder West Communications, LLC
 9250 Gaither Road
 Gaithersburg, MD 20877-1420

FOR PSC USE ONLY
 Check# 957
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 5.00 0603001
 004011
 Postmark Date 11/8/02
 Initials of Preparer MC

PERIOD COVERED:
 12/11/2001 TO 12/31/2001

DATE CC: P. Isler

DEPOSIT

Please Complete Below If Official Mailing Address Has Changed

D271

NOV 13 2002

(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	\$ - 0 -	\$ - 0 -	ECR _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)	GCL _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	- 0 -	- 0 -	OPC _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	50.00		MMS _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50		SEC _____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	5.00		OTH _____
12.	TOTAL AMOUNT DUE		\$ 67.50	

* 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 (X) Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller () 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 (X) 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.

Robert A. Katzen
 (Signature of Company Official)

COO/CFO
 (Title)

11/4/02
 (Date)

ROBERT A. KATZEN
 (Preparer of Form - Please Print Name)

Telephone Number (301) 948-6620 Fax Number (301) 948-6576

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

12385 NOV 12 2002

FPSC-COMMISSION CLERK