

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

020703-77

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

P. Isler
LEA
NonNYC

- Actual Return
- Estimated Return
- Amended Return

FIELD(1) **TJ362-01-0-R**
 FairPoint Communications Solutions Corp.
 908 W. Frontview
 P.O. Box 199
 Dodge City, **DEPOSIT**-0199 **DATE**
D278 **DEC 09 2002**

FOR PSC USE ONLY
 Check# **1006018769**
 \$ **607.73** 0603001
 \$ **122.41** 003001
 \$ **53.86** 0603001
 004011
 Postmark Date **12/5/02**
 Initials of Preparer **TK**

PERIOD COVERED:

FIELD(3)

1/1/01 - 12/31/01

Please Complete Below If Official Mailing Address Has Changed

FairPoint Communications Solutions Corp 908 W. Frontview Dodge City, Ks 67801-01
 (Name of Company) (Address) P.O. BOX 199 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 485,253	\$ 332,272
2.	Access Services		
3.	Private Line Services	289,695	289,695
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	35,200	3,971
6.	TOTAL Telephone Services	\$ 810,148	\$ 625,938
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(299,527)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		326,411
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		490
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		245
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		49
12.	TOTAL AMOUNT DUE		\$ 784

• 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 () 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: \$ 0 for 12/31/01
 What is the total amount of bond held (if applicable)? Amount: \$ 0 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.

[Signature] Vice President/Controller
 (Signature of Company Official) (Title) (Date)

Telephone Number (620) 227-4400 Fax Number (620) 227-8576

(Preparer of Form - Please Print Name)

F.E.I. No. 62-1729497 DOCUMENT NUMBER-DATE

13396 DEC-9 2002

FPSC-COMMISSION CLERK

AUG
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CTR
ECR
GCL
OPC
MMS
SEC
OTH

NonNYC

FairPoint Comm Solutions Corp.

INVOICE DATE	INVOICE NO	DESCRIPTION	INVOICE AMOUNT	NET PAYABLE
11/25/02	11/25/02	PENALTY	500.00	500.00
		TJ362 Docket 020703-TI		
		DEPOSIT		
		D278		
		DATE		
		DEC 09 2002		
			TOTAL	
			500.00	500.00

P. Isler
CCA

CK 1006018470
500.00
MC

CHECK NO. 1006018470
CHECK DATE 12/05/02

Detach Before Depositing

Bank of America Customer Connection
Bank of America, N.A.
Atlanta, DeLuth County, Georgia

FairPoint Comm Solutions Corp.
PO BOX 199
DODGE CITY KS 67801
(620) 227-4400

CUSTOMER NO. FLOR04
CHECK NUMBER 1006018470
DATE 12/05/02
AMOUNT \$ *****500.00

PAY FIVE HUNDRED AND 00/100-----

TO THE
ORDER OF: FLORIDA PUBLIC SERVICE
COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE FL 32399-0850

Lisa R. Hood

AUTHORIZED SIGNATURE

