



ORIGINAL

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January 17, 2003

010650-TX

VIA OVERNIGHT MAIL

Florida Public Service Commission
Fiscal Services
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

DISTRIBUTION CENTER
03 JAN 21 AM 10:00

RE: Semi-Annual Report and Payment of ALEC Regulatory Assessment Fees
And Annual Report and Payment of IXC Regulatory Assessment Fees For
Level 3 Communications, LLC

Ladies and Gentlemen:

Please find enclosed two checks made payable to the Florida Public Service Commission ("Commission") in the amounts of \$14,309.66 and \$189.75. These payments represent Level 3 Communications, LLC's ("Level 3") semi-annual ALEC Regulatory Assessment Fee ("RAF") payment and the annual IXC RAF payment respectively for 2002. Please note that in making this semi-annual ALEC RAF payment, Level 3 is paying \$1,836.08 of the total amount submitted under protest. The \$1,836.08 that is being paid under protest is the amount of the RAF that is associated with the revenues Level 3 has received from its collocation services in Florida for the second half of 2002. Also enclosed are the completed and signed ALEC and IXC RAF return forms.

Level 3 has actively disputed ALEC RAF assessments on its collocation revenues in the past. This dispute has included a request for a declaratory statement from the Commission (*See* Docket No. 010650-TX) and an appeal of the Commission's decision in that case to the Florida Supreme Court. Oral arguments were presented by Level 3 and the Commission on May 8, 2002. A decision from the Florida Supreme Court is pending. Thus, while Level 3 continues to dispute the legal authority of the Commission to impose RAFs on its collocation revenues, Level 3 is submitting payment based upon the Commission's decision in Order No. PSC-01-1662-DS-TX. Should the Florida Supreme

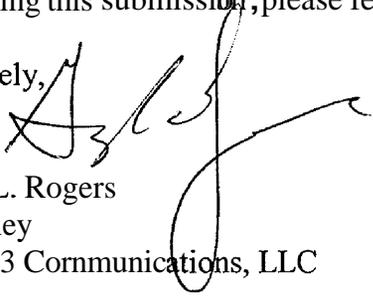
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Court overturn the Commission's decision in this matter, Level 3 expects a full refund of all previously submitted payments based upon collocation services revenue.

Thank you for your assistance with this filing. Should you have any questions regarding this submission, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Greg L. Rogers', written over the word 'Sincerely,'.

Greg L. Rogers
Attorney
Level 3 Communications, LLC

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*M. Brown-GCL
C. Banks-CMP
CCA*

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

TJ154-02-0-R
Level 3 Communications, LLC
1025 Eldorado Blvd.
Broomfield, CO, 80021-8869

D291 **JAN 22 2003**

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# <u>3112773</u>	
\$ <u>189.75</u>	060300i 003001
\$ _____	P 0603001 004011
\$ _____	I
Postmark Date <u>1/20/03</u>	
Initials of Preparer <u>JMC</u>	

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

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>1,467,657</u>	\$ <u>126,500</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>1,467,657</u>	\$ <u>126,500</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>126,500</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>189.75</u>
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)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>189.75</u>

* 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 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ N/A 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.

Wm. P. Hart III Vice President, Public Policy 1/16/03
(Signature of Company Official) (Title) (Date)

Mike Ardia
(Preparer of Form - Please Print Name)

Telephone Number (720) 988-8255 Fax Number (720) 988-5134

F.E.I. No. 47-0807040

