

ORIGINAL

030085-TI

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

IBN INTERTELECOM, INC

3. Name under which applicant will do business (fictitious name, etc.):

IBN INTERTELECOM

4. Official mailing address (including street name & number, post office box, city, state, zip code):

<u>PO Box 4100</u>	<u>10226 Blake Ln</u>
<u>Oakton, VA 22124</u>	<u>Oakton VA 22126</u>

5. Florida address (including street name & number, post office box, city, state, zip code):

103 N. Meridian St.
Tallahassee, FL 32301

Division of
Public Utilities
Department of
Transportation

Initials of person who prepared this document

03 JAN 28 AM 11:00

REGISTRATION CENTER DOCUMENT NUMBER-DATE

00882 JAN 28 83

FPSC-COMMISSION CLERK

030085-TI

1. This is an application for (check one):

- Original certificate** (new company).
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

IBN INTERTELECOM, INC

3. Name under which applicant will do business (fictitious name, etc.):

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4. Official mailing address (including street name & number, post office box, city, state, zip code):

<u>PO Box 4100</u>	<u>10226 Blake Ln</u>
<u>Oakton, VA 22124</u>	<u>Oakton VA 22126</u>

5. Florida address (including street name & number, post office box, city, state, zip code):

103 N. Meridian St,
Gallahassee, FL 32301

DOCUMENT NUMBER 030085-TI
00882 JAN 28 8
FPSC-COMMISSION CLERK

6. Select type of business your company will be conducting (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
- Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

8. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

9. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

10. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

FO3000000199

11. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) **The Florida Secretary of State fictitious name registration number:**

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** _____

13. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** _____

15. Provide **F.E.I. Number** (if applicable): _____

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes () No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

17. Who will receive the bills for your service?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Residential Customers | <input checked="" type="checkbox"/> Business Customers |
| <input type="checkbox"/> PATs providers | <input type="checkbox"/> PATs station end-users |
| <input checked="" type="checkbox"/> Hotels & motels | <input type="checkbox"/> Hotel & motel guests |
| <input checked="" type="checkbox"/> Universities | <input checked="" type="checkbox"/> Universities dormitory residents |
| <input type="checkbox"/> Other: (specify) _____. | |

18. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: MIHAIL BALASA

Title: VICE PRESIDENT

Address: 10226 BLAKE LN

City/State/Zip: OAKTON, VA 22124

Telephone No.: 703-255-3453 Fax No.: 703-242-7745

Internet E-Mail Address: mbalasa@ibntel.com

Internet Website Address: www.ibntel.com

(b) Official point of contact for the ongoing operations of the company:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

 CALIFORNIA, NEW YORK, VIRGINIA

(b) has applications pending to be certificated as an interexchange telecommunications company.

(c) is certificated to operate as an interexchange telecommunications company.

CALIFORNIA, NEW YORK, VIRGINIA

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

-

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

-

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

b. _____ **MTS with route specific rates per minute**

- _____ Method of access is FGA
- _____ Method of access is FGB
- ~~_____~~ Method of access is FGD
- ~~_____~~ Method of access is 800

c. **MTS with statewide flat rates per minute (not distance sensitive)**

Method of access is FGA

Method of access is FGB

Method of access is FGD

Method of access is 800

d. **MTS for pay telephone service providers**

e. **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. **800 service (toll free)**

g. **WATS type service (bulk or volume discount)**

Method of access is via dedicated facilities

Method of access is via switched facilities

h. **Private line services (Channel Services)**
(For ex. 1.544 mbs., DS-3, etc.)

i. **Travel service**

Method of access is 950

Method of access is 800

j. **900 service**

k. **Operator services**

Available to presubscribed customers

Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).

Available to inmates

1. **Services included are:**

- _____ Station assistance
- _____ Person-to-person assistance
- _____ Directory assistance
- _____ Operator verify and interrupt
- _____ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED

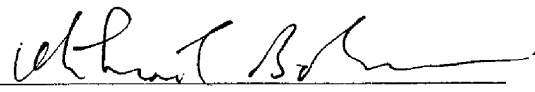
APPLICANT ACKNOWLEDGMENT STATEMENT

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.

- 2. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

MIHAIL BALASA
Print Name


Signature

VICE PRESIDENT
Title

11/20/03
Date

(703) 255 3453 (703) 242 7745
Telephone No. Fax No.

Address: 10226 BLAKE LN.
OAKTON, VA 22124

THIS PAGE MUST BE COMPLETED AND SIGNED

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- () The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

Mikhail Balasa
Print Name

VP
Title

(703) 255 3453
Telephone No.

Address: 10226 Blake Ln
Dalton VA 22124

[Signature]
Signature

1/29/03
Date

(703) 242 7745
Fax No.

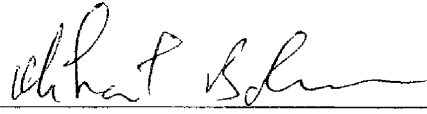
THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide interexchange telecommunications service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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 official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

<u>MIHAIL BALASA</u>	<u></u>
Print Name	Signature
<u>VA</u>	<u>1/20/03</u>
Title	Date
<u>703 255 3453</u>	<u>(703) 242 7745</u>
Telephone No.	Fax No.
Address: <u>10226 Blehl Ln.</u>	
<u>Dorton VA 22124</u>	

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** (✓) or **has not** () previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

International Calling Cards Feb 2002

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

MIHAIL BACASA
Print Name

Mihail Bacasa
Signature

VP
Title

1/20/03
Date

703 255 3453
Telephone No.

(703) 242 7745
Fax No.

Address: 10226 Bleche Ln.
Dorton, VA 22124

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) MIHAIL BALASA,

(Title) VP of IBX INTERTELECOM (Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

MIHAIL BALASA

Print Name

Michael Bolon

Signature

VP

Title

1/20/03

Date

(703) 255-3453

Telephone No.

(703) 242-7775

Fax No.

Address: 10226 Blake Ln.
Dorton VA 22124

January 26, 2003

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

To Whom It May Concern:

Attached you will find the income tax returns for IBN InterTelecom for the past 3 years as we do not have audited financial statements. As you can see from our tax returns, IBN InterTelecom has the financial capability to provide telecommunication services in the state of Florida.

A resume is also attached which will show that we have the sufficient managerial and technical capability to provide these services.

Respectfully,

A handwritten signature in black ink, appearing to read "Mihail Balasa", with a long horizontal flourish extending to the right.

Mihail Balasa
VP
IBN InterTelecom
MB

COPY

Form 1120 U.S. Corporation Income Tax Return 1999

Department of the Treasury Internal Revenue Service

Instructions are separate. See instructions for Paperwork Reduction Act Notice.

IPS use only - Do not write or staple in this space

For calendar year 1999 or tax year beginning 1999, ending

OMB No 1545-0123

A Check if a: 1 Consolidated return (attach Form 851) 2 Personal holding company (attach Schedule PH) 3 Personal service corp (as defined in Temp Regs Section 1.441-4T - see instructions) Use IRS label. Otherwise, please print or type. Name: IBN INTERTELECOM INC Number, Street, and Room or Suite Number (If a P.O. box, see instructions): 2103 GATES AVE City or Town: RIDGEWOOD State: NY ZIP Code: 11385 B Employer Identification Number: 11-3424467 C Date Incorporated: 01/23/98 D Total Assets (see instructions)

E Check applicable boxes (1) Initial return (2) Final return (3) Change of address \$ 0.

INCOME Table with columns 1a-11 and 1c-11. 1a Gross receipts or sales: 565,446. 1c Balance: 565,446. 11 Total income: 565,446.

DEDUCTIONS Table with columns 12-29 and 21b-29c. 20 Depreciation: 5,000. 21a Less depreciation: 5,000. 27 Total deductions: 563,507. 28 Taxable income before net operating loss deduction: 1,939.

TAX AND PAYMENTS Table with columns 30-36. 30 Taxable income: 1,939. 31 Total tax: 291. 32a 1998 overpayment credited to 1999. 32b 1999 estimated tax payments. 32c Less 1999 refund. 32d Balance. 34 Tax due: 291.

Sign Here: Signature of Officer: 08/30/00, Title: PRESIDENT. Paid Preparer's Use Only: Firm's Name: Self Prepared, EIN, ZIP Code.

Form **1120** U.S. Corporation Income Tax Return **2000**

Department of the Treasury Internal Revenue Service

Instructions are separate. See instructions for Paperwork Reduction Act Notice.

IRS use only — Do not write or staple in this space

For calendar year **2000** or tax year beginning , **2000**, ending , **20** OMB No 1545-0123

A Check if <input type="checkbox"/> 1 Consolidated return (attach Form 951) <input type="checkbox"/> 2 Personal holding company (attach Schedule PH) <input type="checkbox"/> 3 Personal service corp (as defined in Temp Regs Section 1.441-4T — see instructions)	Use IRS label. Otherwise, please print or type.	Name IBN INTERTELECOM INC	B Employer Identification Number 11-3424467
		Number, Street, and Room or Suite Number (if a P.O. box, see instructions) 2103 GATES AVE	C Date Incorporated 01/23/98
		City or Town State ZIP Code RIDGEWOOD NY 11385	D Total Assets (see instructions)

E Check applicable boxes. (1) Initial return (2) Final return (3) Change of address \$ **4,350.**

I N C O M E	1a Gross receipts or sales 800,034.	b Less returns & allowances	c Balance	1c	800,034.	
	2 Cost of goods sold (Schedule A, line 8)			2		
	3 Gross profit Subtract line 2 from line 1c			3	800,034.	
	4 Dividends (Schedule C, line 19)			4		
	5 Interest			5		
	6 Gross rents			6		
	7 Gross royalties			7		
	8 Capital gain net income (attach Schedule D (Form 1120))			8		
	9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)			9		
	10 Other income (see instructions — attach schedule)			10		
	11 Total income. Add lines 3 through 10			11	800,034.	
D E D U C T I O N S	12 Compensation of officers (Schedule E, line 4)			12		
	13 Salaries and wages (less employment credits)			13	73,782.	
	14 Repairs and maintenance			14		
	15 Bad debts			15	26,969.	
	16 Rents			16	18,127.	
	17 Taxes and licenses			17		
	18 Interest			18		
	19 Charitable contributions (see instructions for 10% limitation)			19		
	20 Depreciation (attach Form 4562)		20			
	21 Less depreciation claimed on Schedule A and elsewhere on return		21 a	21 b		
	22 Depletion			22		
23 Advertising			23	37,910.		
24 Pension, profit-sharing, etc. plans			24			
25 Employee benefit programs			25			
26 Other deductions (attach schedule) See Other Deductions Statement			26	638,896.		
27 Total deductions. Add lines 12 through 26			27	795,684.		
28 Taxable income before net operating loss deduction and special deductions Subtract line 27 from line 11			28	4,350.		
29 Less: a Net operating loss (NOL) deduction (see instructions)		29 a				
b Special deductions (Schedule C, line 20)		29 b	29 c			
T A X A N D P A Y M E N T S	30 Taxable income. Subtract line 29c from line 28			30	4,350.	
	31 Total tax (Schedule J, line 11)			31	653.	
	32 Payments: a 1999 overpayment credited to 2000	32 a				
	b 2000 estimated tax payments	32 b				
	c Less 2000 refund applied for on Form 4466	32 c		d Bal	32 d	
	e Tax deposited with Form 7004				32 e	
	f Credit for tax paid on undistributed capital gains (attach Form 2439)				32 f	
	g Credit for federal tax on fuels (attach Form 4136) See instructions				32 g	
	33 Estimated tax penalty (see instructions) Check if Form 2220 is attached <input checked="" type="checkbox"/>				33	35.
	34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed				34	688.
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				35		
36 Enter amount of line 35 you want. Credited to 2001 estimated tax Refunded				36		

Sign Here Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer **J. Panich** Date **03/01/01** Title

Paid Preparer's Use Only

Preparer's Signature **J. Panich** Date **03/01/01** Check if self-employed Preparer's SSN or PTIN

Firm's Name (or yours if self-employed), Address, and ZIP Code **B. PANICH TAX SERVICE** EIN **11-3411562**

68-32 FOREST AVE Phone No

RIDGEWOOD NY 11385

Form **1120** U.S. Corporation Income Tax Return **2001**
 Department of the Treasury Internal Revenue Service
 Instructions are separate. See instructions for Paperwork Reduction Act Notice.

IRS use only — Do not write or staple in this space.

For calendar year 2001 or tax year beginning , 2001, ending , 20 OMB No. 1545-0123

A Check if a: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding company (attach Schedule PH) <input type="checkbox"/> 3 Personal service corp (as defined in Temp Regs Section 1.441-4T — see instructions) <input type="checkbox"/>	Use IRS label. Otherwise, print or type.	Name IBN INTERTELECOM INC		B Employer Identification Number 11-3424467
		Number Street and Room or Suite Number (if a P O box, see instructions) 2103 GATES AVE		C Date Incorporated 01/23/98
		City or Town RIDGEWOOD	State ZIP Code NY 11385	D Total Assets (see instructions)

E Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change **\$** 4,350.

INCOME	1 a Gross receipts or sales	1,041,007.	b Less returns & allowances		c Balance	1c	1,041,007.
	2 Cost of goods sold (Schedule A, line 8)					2	0.
	3 Gross profit. Subtract line 2 from line 1c					3	1,041,007.
	4 Dividends (Schedule C, line 19)					4	
	5 Interest					5	
	6 Gross rents					6	
	7 Gross royalties					7	
	8 Capital gain net income (attach Schedule D (Form 1120))					8	
	9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)					9	
	10 Other income (see instructions — attach schedule)					10	
	11 Total income. Add lines 3 through 10					11	1,041,007.
DEDUCTIONS	12 Compensation of officers (Schedule E, line 4)					12	
	13 Salaries and wages (less employment credits)					13	190,132.
	14 Repairs and maintenance					14	
	15 Bad debts					15	39,471.
	16 Rents					16	24,600.
	17 Taxes and licenses					17	
	18 Interest					18	
	19 Charitable contributions (see instructions for 10% limitation)					19	
	20 Depreciation (attach Form 4562)					20	
	21 Less depreciation claimed on Schedule A and elsewhere on return					21 a	21 b
	22 Depletion					22	
	23 Advertising					23	32,635.
	24 Pension, profit-sharing, etc, plans					24	
	25 Employee benefit programs					25	
26 Other deductions (attach schedule) See Other Deductions Statement					26	768,045.	
27 Total deductions. Add lines 12 through 26					27	1,054,883.	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11					28	-13,876.	
29 Less: a Net operating loss (NOL) deduction (see instructions)			29 a		29 b	29 c	
b Special deductions (Schedule C, line 20)							
30 Taxable income. Subtract line 29c from line 28					30	-13,876.	
31 Total tax (Schedule J, line 11)					31	0.	
32 Payments: a 2000 overpayment credited to 2001	32 a						
b 2001 estimated tax payments	32 b						
c Less 2001 refund applied for on Form 4466	32 c						
d Bal			32 d				
e Tax deposited with Form 7004			32 e				
f Credit for tax paid on undistributed capital gains (attach Form 2439)			32 f				
g Credit for federal tax on fuels (attach Form 4136). See instructions			32 g		32 h		
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>					33		
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					34		
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					35	0.	
36 Enter amount of line 35 you want: Credited to 2002 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>					36		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer: *John B...* Date: 3-9-02 Title: President

May the IRS discuss this return with the preparer shown below? (see inst) Yes No

Paid Preparer's Use Only

Preparer's Signature: *J. Parich* Date: 03/08/02 Check if self-employed Preparer's SSN or PTIN: P25031948

Firm's Name (or yours if self-employed), Address, and ZIP Code: G Parich Tax Service, 68-32 Forest Avenue, Ridgewood, NY 11385

EIN: 11-3411562 Phone No: (718) 497-3400

Mihail Balasa

10226 Blake Ln.

Oakton, Va 22124

Tel: (703) 255-3453 (W)

e-mail: mbalasa@ibntel.com

Work Experience:

Vice President – Information Technology (1999-Present)

IBN INTERTELECOM (Telecommunications)

Oakton, VA

- Develop new business strategies that take into account current market conditions and implement new technologies to maintain the appropriate technical capabilities to match the business development plans
- Implemented an innovative marketing campaign that was primarily responsible for 100% growth of the client base in 2000 and 2001 and which continues to return very high growth percentages
- Manage the activities and projects of the IT and customer service departments
- Responsible for compliance and regulatory filings with the state and federal regulatory commissions
- Oversaw the development and implementation from start to finish of a new PC Based switching platform for Feature Group D and calling card applications

Pension Calculations Manager - Senior Programmer Analyst (1995-1999)

WELLSPRING RESOURCES (Employee Benefits Outsourcing)

Bethesda, MD

- Manage the development of the pension calculation system for Fortune 100 clients
- Provide project and technical guidance and leadership for assigned area
- Develop business requirements, functional and technical specifications for various system components (such as the pension calculator, GUI screens, event processing, data loads and document/report preparation)
- Participate in peer reviews of business requirements and functional specifications to ensure usability for technical specifications and systems development and to ensure consistency with product capabilities
- Assist developers with use of technical specifications
- Conduct/participate in peer reviews of technical specifications and developed source code
- Design and implement pension calculation system according to client operational requirements using Access Basic and Visual Basic
- Participate in cross training of peers
- Perform systems and integration testing of benefits outsourcing software for large scale client/server multi-platform (NT, DB2, Access) system
- Create and define process improvements
- Separate project activities into definable tasks
- Maintain frequent client contact through client visits, telephone conversations and e-mails/letters

Actuarial/Operations Analyst (1993 - 1995)

KWASHA LIPTON (Employee Benefits Consultants)

Fort Lee, NJ

- Oversee and assist in the Defined Benefit and Cash Balance recordkeeping and actuarial valuation process for Fortune 500 clients.
- Conduct periodic data analysis and preparation prior to running actuarial valuations.
- Prepare actuarial valuation s, F.A.S. and S.S.A. reports for Defined Benefit and Cash Balance pension plans.
- Assist Fortune 500 companies in the cost analysis and business administration of their pension and retirement plans.

- Complete and file government forms which are necessary for pension plans to maintain their qualified status. (i.e. Form 5500, Schedule A, Schedule B ...)
- Established a more efficient process for producing benefit statements, Defined Benefit and Cash Balance pension calculations using Microsoft Access, Microsoft Excel macros and Microsoft Word document merges.
- Design and develop PC based benefit calculation application programs for in-house and client use, using Microsoft Access and Microsoft Excel..
- Provide client support and training for the pension calculation applications which are developed to the specifications of the client.
- Apply good organizational and communication (oral and written) skills as a tool to effectively analyze and solve problems and answer client questions.
- Solid working knowledge of several Windows based applications (Word, Excel, Access, Powerpoint, Freelance Graphics, Lotus for Windows) along with Mainframe (JCL, FORTRAN) and programming language (Access Basic, Visual Basic, Word Basic) experience.
- Maintain frequent client contact through letters and telephone conversations.

Death Benefits Examiner-Full Time Consultant (1993)

NEW YORK CITY TEACHERS' RETIREMENT SYSTEM (TRS)

New York, NY

- Examined individual cases and calculated employee Death Benefits for active and retired teachers according to the laws and policies governing the TRS
- Determined the applicable death benefits according to the Fixed Income, Variable and Tax Deferred Annuity investment options of the TRS pension plan.
- Responsible for performing actuarial calculations in preparation for the final certified Death Benefits to be paid by the TRS.

Education:

MUHLENBERG COLLEGE, Allentown PA

- January 1993: *Bachelors of Arts - Finance*,
- May 1993: *Bachelors of Arts - Accounting*

Achievements:

- Member of Omicron Delta Epsilon (International Honor Society of Economics).
- Member of Muhlenberg College Finance Committee.
- Silver Medallist in the Greater New York Math Fair.
- Able to fluently speak and write the Romanian language.

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by IBN INTERTELECOM, INC., a New York corporation, authorized to transact business within the State of Florida on January 14, 2003 as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H03000019277. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is F03000000199.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fifteenth day of January, 2003

Authentication Code: 703A00002001-011503-F03000000199-1/1



CR2EO22 (1-99)

Ken Detzner
Ken Detzner
Secretary of State

TITLE SHEET

FLORIDA TELECOMMUNICATIONS TARIFF

This tariff contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for telecommunications services provided by IBN InterTelecom, Inc., with principal offices at 103 N. Meridian Street, Tallahassee, FL 32301. This tariff applies for services furnished within the state of Florida. This tariff is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ISSUED: January 23, 2003

EFFECTIVE: _____

By:

Mihail Balasa, Vice President
103 N. Meridian Street
Tallahassee, FL 32301

CHECK SHEET

The sheets listed below, which are inclusive of this tariff, are effective as of the date shown at the bottom of the respective sheet(s). Original and revised sheets as named below comprise all changes from the original tariff and are currently in effect as of the date of the bottom of this page.

SHEET	REVISION
1	Original
2	Original
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original
13	Original
14	Original
15	Original
16	Original
17	Original
18	Original

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EFFECTIVE: _____

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SYMBOLS SHEET

- D - Delete Or Discontinue
- I - Change Resulting In An Increase To A Customer's Bill
- M - Moved From Another Tariff Location
- N - New
- R - Change Resulting In A Reduction To A Customer's Bill
- T - Change in Text Or Regulation But No Change In Rate Or Charge

ISSUED: January 23, 2003

EFFECTIVE: _____

By:

Mihail Balasa, Vice President
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TARIFF FORMAT SHEETS

A. Sheet Numbering - Sheet numbers appear in the upper right corner of the page. Sheets are numbered sequentially. However, new sheets are occasionally added to the tariff. When a new sheet is added between sheets already in effect, a decimal is added. For example, a new sheet added between sheets 14 and 15 would be 14.1.

B. Sheet Revision Numbers - Revision numbers also appear in the upper right corner of each page. These numbers are used to determine the most current sheet version on file with the FPSC. For example, the 4th revised Sheet 14 cancels the 3rd revised Sheet 14. Because of various suspension periods, deferrals, etc, the FPSC follows in their tariff approval process, the most current sheet number on file with the Commission is not always the tariff page in effect. Consult the Check Sheet for the sheet currently in effect.

C. Paragraph Numbering Sequence - There are nine levels of paragraph coding. Each level of coding is subservient to its next higher level:

2.
2.1.
2.1.1.
2.1.1.A.
2.1.1.A.1.
2.1.1.A.1.(a).
2.1.1.A.1.(a).I.
2.1.1.A.1.(a).I.(i).
2.1.1.A.1.(a).I.(i).(1).

D. Check Sheets - When a tariff filing is made with the FPSC, an updated check sheet accompanies the tariff filing. The check sheet lists the sheets contained in the tariff, with a cross reference to the current revision number. When new pages are added, the check sheet is changed to reflect the revision. All revisions made in a given filing are designated by an asterisk (*). There will be no other symbols used on this page if these are the only changes made to it (i.e., the format, etc. remains the same, just revised revision levels on some pages). The tariff user should refer to the latest check sheet to find out if a particular sheet is the most current on file with the FPSC.

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SECTION 1 - TECHNICAL TERMS AND ABBREVIATIONS

Access Line - An arrangement which connects the customer's location to the Company's network switching center.

Authorization Code - A numerical code, one or more of which are available to a customer to enable him/her to access the carrier, and which are used by the carrier both to prevent unauthorized access to its facilities and to identify the customer for billing purposes.

Company or Carrier - IBN InterTelecom, Inc.

Customer - the person, firm, corporation or other entity which orders service and is responsible for payment of charges due and compliance with the Company's tariff regulations.

Day - From 8:00 AM up to but not including 5:00 PM local time Sunday through Friday.

Evening - From 5:00 PM up to but not including 11:00 PM local time Sunday through Friday.

Holidays - The Company's recognized holidays are New Year's Day, July 4th, Thanksgiving Day, Christmas Day.

Night/Weekend - From 11:00 PM up to but not including 8:00 AM Sunday through Friday, and 8:00 AM Saturday up to but not including 5:00 PM Sunday.

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SECTION 2 - RULES AND REGULATIONS

2.1 Undertaking of the Company

The Company's services and facilities are furnished for communications originating at specified points within the state of Florida under terms of this tariff.

The Company installs, operates, and maintains the communications services provided herein in accordance with the terms and conditions set forth under this tariff. It may act as the customer's agent for ordering access connection facilities provided by other carriers or entities when authorized by the customer, to allow connection of a customer's location to the Company's network. The customer shall be responsible for all charges due for such service arrangement.

The Company's services and facilities are provided on a monthly basis unless ordered on a longer term basis, and are available twenty-four hours per day, seven days per week.

2.2 Limitations

2.2.1 Service is offered subject to the availability of facilities and provisions of this tariff.

2.2.2 The Company reserves the right to discontinue furnishing service, or limit the use of service necessitated by conditions beyond its control: or when the customer is using service in violation of the law or the provisions of this tariff.

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SECTION 2 - RULES AND REGULATIONS continued

2.2 Limitations (Cont.)

- 2.2.3 All facilities provided under this tariff are directly controlled by the Company and the customer may not transfer or assign the use of service or facilities, except with the express written consent of the Company. Such transfer or assignment shall only apply where there is no interruption of the use or location of the service or facilities.
- 2.2.4 All regulations and conditions contained in this tariff shall apply to all such permitted assignees or transferees, as well as all conditions for service.
- 2.2.5 Customers reselling or rebilling services must have a Certificate of Public Convenience and Necessity as an interexchange carrier from the Florida Public Service Commission.

2.3 Liabilities of the Company

- 2.3.1 The Company's liability arising out of mistakes, interruptions, omissions, delays, errors, or defects in the transmission occurring in the course of furnishing service or facilities, and not caused by the negligence of its employees or its agents, in no event shall exceed an amount equivalent to the proportionate charge to the customer for the period during which the aforementioned faults in transmission occur, unless ordered by the Commission.
- 2.3.2 The Company shall be indemnified and held harmless by the customer against:
 - (A) Claims for libel, slander, or infringement of copyright arising out of the material, data, information, or other content transmitted over the Company's facilities.
 - (B) All other claims arising out of any act or omission of the customer in connection with any service or facility provided by the Company.

ISSUED: January 23, 2003

EFFECTIVE: _____

By:

Mihail Balasa, Vice President
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Tallahassee, FL 32301

SECTION 2 - RULES AND REGULATIONS continued

2.4 Interruption of Service

2.4.1 Credit allowance for the interruption of service which is not due to the Company's testing or adjusting, negligence of the customer, or due to the failure of channels or equipment provided by the customer, are subject to the general liability provisions set forth in Subsection 2.3.1. It shall be the customer's obligation to notify the Company immediately of any service interruption for which a credit allowance is desired. Before giving such notice, the customer shall ascertain that the trouble is not being caused by any action or omission by the customer within his control, or equipment, if any, furnished by the customer and connected to the Company's facilities. No refund or credit will be made for the time that the Company stands ready to repair the service and the subscriber does not provide access to the Company for such restoration work.

2.4.2 No credit shall be allowed for an interruption of a continuous duration of less than twenty-four hours after the subscriber notifies the Company.

2.4.3 The customer shall be credited for an interruption of more than twenty-four hours as follows:

Credit Formula:

$$\text{Credit} = A/720 \times C$$

"A" - outage time in hours

"B" - each month is considered to have 720 hours

"C" - total monthly charge for affected facility

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SECTION 2 - RULES AND REGULATIONS continued

2.5 Disconnection of Service by Carrier

The company (carrier), upon 5 working days written notice to the customer or a voice recording in case of non payment as described in 2.5.1 below, may discontinue service or cancel an application for service without incurring any liability for any of the following reasons:

- 2.5.1 Non-payment of any sum due to carrier for regulated service for more than thirty days beyond the date of rendition of the bill for such service.
- 2.5.2 A violation of any regulation governing the service under this tariff.
- 2.5.3 A violation of any law, rule, or regulation of any government authority having jurisdiction over such service.
- 2.5.4 The company has given the customer notice and has allowed a reasonable time to comply with any rule, or remedy, and deficiency as stated in Rule 25-4.113, F.A.C., Refusal or Discontinuance of Service by Company.
- 2.5.5 Service may be disconnected without notice for tampering with company equipment, for interfering with the service to other customers, for fraud, or in the event of a hazardous condition.

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SECTION 2 - RULES AND REGULATIONS continued

2.6 Deposits

The Company does not require a deposit from the customer.

2.7 Advance Payments

For customers whom the Company feels an advance payment is necessary, the Company reserves the right to collect an amount not to exceed one (1) month's estimated charges as an advance payment for service. This will be applied against the next month's charges and if necessary a new advance payment will be collected for the next month.

2.8 Taxes

All state and local taxes (i.e., gross receipts tax, sales tax, municipal utilities tax) are listed on customer bills as separate line items and are not included in the quoted rates.

2.9 Billing of Calls

All charges due by the subscriber are payable at any agency duly authorized to receive such payments. Any objection to billed charges should be promptly reported to the Company. Adjustments to customers' bills shall be made to the extent that records are available and/or circumstances exist which reasonably indicate that such charges are not in accordance with approved rates or that an adjustment may otherwise be appropriate.

SECTION 3 - DESCRIPTION OF SERVICE

ISSUED: January 23, 2003

EFFECTIVE: _____

By:

Mihail Balasa, Vice President
103 N. Meridian Street
Tallahassee, FL 32301

3.1 Timing of Calls

3.1.1 When Billing Charges Begin and End For Phone Calls

The customer's long distance usage charge is based on the actual usage of the Company's network. Usage begins when the called party picks up the receiver, (i.e. when 2 way communication, often referred to as "conversation time" is possible.). When the called party picks up is determined by hardware answer supervision in which the local telephone company sends a signal to the switch or the software utilizing audio tone detection. When software answer supervision is employed, up to 45 seconds of ringing is allowed before it is billed as usage of the network. A call is terminated when the calling or called party hangs up.

3.1.2 Billing Increments

The minimum call duration for billing purposes is 30 seconds for a connected call and calls beyond 30 seconds are billed in 6 second increments.

3.1.3 Per Call Billing Charges

Billing will be rounded up to the nearest penny for each call.

3.1.4 Uncompleted Calls

There shall be no charges for uncompleted calls.

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SECTION 3 - DESCRIPTION OF SERVICE continued

3.2 Calculation of Distance

Usage charges for all mileage sensitive products are based on the airline distance between rate centers associated with the originating and terminating points of the call.

The airline mileage between rate centers is determined by applying the formula below to the vertical and horizontal coordinates associated with the rate centers involved. The Company uses the rate centers that are produced by Bell Communications Research in the NPA-NXX V & H Coordinates Tape and Bell's NECA Tariff No. 4.

FORMULA:

The square
root of:
$$\frac{(V1 - V2)^2 + (H1 - H2)^2}{10}$$

3.3 Minimum Call Completion Rate

A customer can expect a call completion rate (number of calls completed / number of calls attempted) of not less than 90% during peak use periods for domestic calls using Feature Group D services ("1+" dialing).

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SECTION 3 - DESCRIPTION OF SERVICE continued

3.4 Service Offerings

3.4.1 IBN InterTelecom, Inc. Long Distance Service

IBN InterTelecom, Inc. Long Distance Service is offered to residential and business customers. The service permits direct dialed outbound calling at a single per minute rate.

Service is provided from presubscribed, dedicated or shared use access lines. Calls are billed in six second increments, with a thirty second minimum call duration. No monthly recurring charges or minimum monthly billing requirements apply. A billing fee might apply in any month that the service is used.

3.4.2 IBN InterTelecom, Inc. 800/888 (Inbound) Long Distance Service

IBN InterTelecom, Inc. 800/888 (Inbound) Long Distance Service is offered to residential and business customers. The service permits inbound 800/888 calling at a single per minute rate.

Service is provided from presubscribed, dedicated or shared use access lines. Calls are billed in six second increments, with a thirty second minimum call duration. No monthly recurring charges or minimum monthly billing requirements apply. A billing fee might apply in any month that the service is used.

3.4.3 IBN InterTelecom, Inc. Calling Card Service

IBN InterTelecom, Inc. Calling Card Service is a calling card service offered to residential and business customers. Customers using the Carrier's calling card service access the service by dialing a 1-800 number followed by an account identification number and the number being called. This service permits subscribers utilizing the Carrier's calling card to make calls at a single per minute rate. Calls are billed in six second increments, with a thirty second minimum call duration. No monthly recurring charges or minimum monthly billing requirements apply. A billing fee might apply in any month that the service is used.

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Mihail Balasa, Vice President
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SECTION 3 - DESCRIPTION OF SERVICE continued**3.4.4 Operator Services**

The Company's operator services are provided to residential and business customers who "presubscribe" to this service for intrastate calling. Operator services include the completion of collect, station-to-station, person-to-person, third party billing and credit card calls with the assistance of a Carrier operator. Each completed operator assisted call consists of two charge elements (except as otherwise indicated herein): (i) a fixed operator charge, which will be dependent on the type of billing selected (e.g., calling card, collect or other) and/or the completion restriction selected (e.g., station-to-station or person-to-person); and (ii) a measured usage charge dependent upon the duration, distance and/or time of day of the call.

3.4.4.A Operator Dialed Surcharge

This surcharge applies to calls when the customer has the capability of dialing all the digits necessary to complete a call, but elects to dial only the appropriate operator code and requests the operator to dial the called station. The surcharge does not apply to:

- 1) Calls where a customer cannot otherwise dial the call due to defective equipment or trouble on the IBN InterTelecom, Inc. network; and
- 2) Calls in which a Company operator places a call for a calling party who is identified as being handicapped and unable to dial the call because of his/her handicap.

The Operator Dialed Surcharge applies in addition to any other applicable operator charges.

NOTE: Operator service from payphones or all aggregator locations must comply with the rate caps in sections 25-24.630 and 25-24.516, F.A.C for nonprescribed customers.

ISSUED: January 23, 2003

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SECTION 4 - RATES

4.1 IBN InterTelecom, Inc. Long Distance Service

Rate per minute - \$0.089.
Plan is billed in six second increments, with a thirty second minimum call duration.

4.2 IBN InterTelecom, Inc. 800/888 (Inbound) Long Distance Service

Rate per minute - \$0.089.
Plan is billed in six second increments, with a thirty second minimum call duration.

4.3 IBN InterTelecom, Inc. Calling Card Service

Rate per minute - \$0.089.
Plan is billed in six second increments, with a thirty second minimum call duration.

4.4 Operator Services (For presubscribed customers)

4.4.1 Usage Rates: The appropriate rate found under 4.1 or 4.3 shall apply.

4.4.2 Operator Charges:

Collect Station-to-Station	\$1.00
Collect Person-to-Person	\$3.25
Person-to-Person	\$3.25
Station-to-Station	\$1.00
Customer Dialed Calling Card	\$1.00
Operator Dialed Calling Card	\$1.75
Operator Dialed Surcharge	\$0.75

SECTION 4 - RATES continued

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103 N. Meridian Street
Tallahassee, FL 32301

4.5 Determining Applicable Rate in Effect

For the initial minute, the rate applicable at the start of chargeable time at the calling station applies. For additional minutes, the rate applicable is that rate which is in effect at the calling station when the additional minute(s) begin. That is, if chargeable time begins during the Day Period, the Day Rate applies to the initial minute and to any additional minutes that the call continues during the rate period. If the call continues into a different rate period, the appropriate rates from that period apply to any additional minutes occurring in that rate period. If an additional minute is split between two rate periods, the rate period applicable at the start of the minute applies to the entire minute.

4.6 Payment of Calls**4.6.1 Late Payment Charges**

A late payment Charge of 1.5% per month will be assessed on all unpaid balances more than thirty days old.

4.6.2 Return Check Charges

A return check charge of \$25.00 will be assessed for checks returned for insufficient funds if the face value does not exceed \$50.00, \$30.00 if the face value does exceed \$50.00 but does not exceed \$300.00, \$40.00 if the face value exceeds \$300.00 or 5% of the value of the check, which ever is greater.

4.7 Restoration of Service

A reconnection fee of \$25.00 per occurrence is charged when service is re-established for customers who had been disconnected for non-payment.

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SECTION 4 - RATES continued

IF YOU WANT TO OFFER SPECIAL PROMOTIONS YOU WILL HAVE TO PUT IN A SECTION EQUIVALENT TO THE ONE BELOW. PLEASE REFER TO RULE NUMBER (25-24.485(1)(i)).

4.8 Special Promotions

The company will, from time to time, offer special promotions to its customers waiving certain charges. These promotions will be approved by the FPSC with specific starting and ending dates, and be made part of this tariff.

4.9 Special Rates For The Handicapped

4.9.1. Directory Assistance

There shall be no charge for up to five calls per billing cycle from lines or trunks serving individuals with disabilities. The Company shall charge the prevailing tariff rates for every call in excess of 5 within a billing cycle.

4.9.2. Hearing and Speech Impaired Persons

Intrastate toll message rates for TDD users shall be evening rates for daytime calls and night rates for evening and night calls.

4.9.3. Telecommunications Relay Service

For intrastate toll calls received from the relay service, the Company will when billing relay calls discount relay service calls by 50 percent off of the otherwise applicable rate for a voice nonrelay call except that where either the calling or called party indicates that either party is both hearing and visually impaired, the call shall be discounted 60 percent off of the otherwise applicable rate for a voice nonrelay call. The above discounts apply only to time-sensitive elements of a charge for the call and shall not apply to per call charges such as a credit card surcharge.

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