

Alternative Local Exchange Company Regulatory Assessment Fee Return

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

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*N. Grant
P. Isler
CEA*

TX428-02-0-R
FairPoint Communications Solutions Corp.
521 East Morehead Street, Suite 250
Charlotte, NC 28202-2695

030000-PU

FOR PSC USE ONLY	
Check#	
\$ <u>0</u>	0603006
	003001
\$ _____	P 0603006
	004011
\$ _____	I _____
Postmark Date	<u>1/22/03</u>
Initials of Preparer	<u>MC</u>

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

Please Complete Below If Official Mailing Address Has Changed

FairPoint Communications Solutions Corp., 908 West Frontview, Dodge City, KS 67801

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	\$ _____

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

** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return. Please cancel Alternative Local Exchange Certificate AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

- AUS _____
- CAF _____
- CEM _____
- COM _____
- OTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH Abonye _____

CURRENT COMPANY STATUS

() Reseller (x) Reseller
the Interexchange Company Regulatory Assess Fee Return

BILLING INFORMATION

Complete below if billing agent if other than yourself.

Abonye (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

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.

Lisa Hood Lisa R. Hood VP/Controller 1/6/03
(Signature of Company Official) (Title) (Date)

Kay King Telephone Number 620 227-4480 Fax Number _____ DOCUMENT NUMBER-DATE
(Preparer of Form - Please Print Name) F.E.I. No 00901 JAN 28 03