to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2003 Alternative Local Exchange Company Regulatory Assessment Fee Return

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	Florida Public Ser	vice ConRei GINA	FOR PSC USE ONLY
STATUS:	e/(See Filing Instruction		Check#
Actual Return	TX428-02-0-R		s O 0603006
Estimated Return		as Solutions Com	003001
Amended Return	FairPoint Communication	1	\$P
	521 East Morehead Stree	·	0603006 004011
PERIOD COVERED:	Charlotte, NC 28202-269	95	\$, I
01/01/2002 TO 12/31/2002			Postmark Date 1/22/03
0110112002 10 12/51/2002		03000-PU	Initials of Preparer MC
	L		
	Please Complete Below If Of	ficial Mailing Address Has Changed	<ul> <li>A strangeness of the strangeness of th</li></ul>
FairPoint Communication	us Solutions Corp., 908	B West Frontview, Dodge (	City, KS 67801
(Name of Company)	(Address		y/State) (Zip)
	·	FLORIDA	
LINE NO. ACCOUNT CLA 1. Basic Local Services	ASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
Long Distance Services (IntraL/	ATA only)**	\$	\$ (
3. Access Services	ATA OLEY).		
4. Private Line Services			
5. Leased Facilities & Circuits Ser	rvices		
6. Miscellaneous Services			an ball and a
			(1998)24 5 (1
7. TOTAL REVENUES			S - Altrendinger a
8. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)			a trace and the
9. Net Intrastate Operating Revenue	ue for Regulatory Assessment Fee Calculation	tion (Line 7 less Line 8)	the standard and sales
10. Regulatory Assessment Fee Due	e (Multiply Line 9 by 0.0015)		
11. Penalty for Late Payment (see "	3. Failure to File by Due Date" on back)		
	3. Failure to File by Due Date" on back)		
13. TOTAL AMOUNT DUE			\$
<ul> <li>These amounts must be <u>intrastate only</u></li> <li>** Other long distance revenue must be list</li> </ul>	and must be venilable. sted on the Interexchange Regulatory Asse	essment Fee Return Please cance	1 Alternative Local Exchange
AUS			
			Certificate
	D IN SECTION 364.336, FLORID	A STATUTES, THE MINIMUM AN	Certificate NUAL FEE IS \$50
CAF AS PROVIDE			Certificate NUAL FEE IS \$50
CAF AS PROVIDE CMP COM	CURRENT C	A STATUTES, THE MINIMUM AN	Certificate NUAL FEE IS \$50
CAF AS PROVIDE COM COT Painties-Based Provider		COMPANY STATUS	NUAL FEE IS \$50
CAF AS PROVIDE COM CTPInities-Based Provider ECR	CURRENT C (x) Reseller	COMPANY STATUS	NUAL FEE IS \$50 y Regulatory Assess Fee Ketu
CAF AS PROVIDE CMP COM OT Polities-Based Provider ECR GCL	CURRENT C (x) Reseiler	COMPANY STATUS the Interexchange Compan INFORMATION	NUAL FEE IS \$50
CAF AS PROVIDE CMP COM CTPILITIES-Based Provider ECR GCL OPC CMWSe below If billing agent if other that	CURRENT C (x) Reseiler	COMPANY STATUS	NUAL FEE IS \$50 y Regulatory Assess Fee Ketu
CAF AS PROVIDE CMP COM CTPlities-Based Provider ECR GCL OPC GPC CMWSe below if billing agent if other that SEC	CURRENT C (x) Reseiler	COMPANY STATUS the Interexchange Compan INFORMATION	NUAL FEE IS \$50
CAF AS PROVIDE CMP COM CTAPINIES-Based Provider ECR GCL OPC GRWISE below if billing agent if other that SEC T OTH Aboave (Name)	CURRENT C (x) Reseiler	COMPANY STATUS the Interexchange Compan INFORMATION	NUAL FEE IS \$50 y Regulatory Assess Fee Ketu
CAF AS PROVIDE CMP COM OTRINIES-Based Provider ECR GCL OPC OPC OPC OPC SEC	CURRENT C (x) Reseiler (*) Suite BILLING n yourself.	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip)	NUAL FEE IS \$50
CAF AS PROVIDE CMP COM COM CTREINTIES-Based Provider ECR GCL OPC GRIMGE below if billing agent if other that SEC OTH ADDAYC (Name)	CURRENT C (x) Reseiler (*) Suite BILLING n yourself.	COMPANY STATUS the Interexchange Compan INFORMATION	NUAL FEE IS \$50
CAFAS PROVIDE CMP COM OTAPINIES-Based Provider ECR GCL OPC OPC OPC OPC (Name) DO you lease telecommunications' facilities	CURRENT C (x) Reseiler (*) Sunt: BILLING n yourself. COMPAN S? () YES () NO	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip)	NUAL FEE IS \$50
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CAF AS PROVIDE CMP COM CTRPLINIES-Based Provider ECR GCL OPC OTH ADDAYC (Name) Do you lease telecommunications' facilities from Address:	CURRENT C (x) Reseller BILLING n yourself. COMPAN s? () YES () NO om? Name:	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip) Y INFORMATION	v     Regulatory     Assess     Fee     Return       ()     ()       (Telephone)
CAF AS PROVIDE CMP COM CTFRInties-Based Provider ECR GCL OPC OTH Appaye (Name) Do you lease telecommunications' facilities from Address: L the up designed super(officer of the	CURRENT C (x) Reseller BILLING n yourself. COMPAN s? () YES () NO om? Name:	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip) Y INFORMATION	v       Regulatory       Assess       Fee       Ketu         ()       (Telephone)
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AS PROVIDE     DO     AS PROVIDE     As provider     ECH     COM     GOM	CURRENT C (x) Reseller BILLING n yourself. COMPAN s? () YES () NO om? Name:	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip) Y INFORMATION egoing and declare that to the best of my know ites, whoever knowingly makes a false statement the second degree.	NUAL FEE IS \$50         y       Regulatory Assess Fee Returns         (
CAF AS PROVIDE COM COM COM COM COM COM GCL OPC OPC OPC OPC OPC OPC OPC OPC OPC OTH HODY (Name) Do you lease telecommunications' facilities If YES, who do you lease these facilities from Address: I, the undersigned owner/officer of the true and correct statement. I am aware that public servant in the performance of his/he Lisa Hood	CURRENT C (x) Reseller BILLING n yourself. COMPAN S? () YES () NO om? Name: s above-named company, have read the for t pursuant to Section 837.06, Florida Statu er duty shall be guilty of a misdemeanor of	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip) Y INFORMATION egoing and declare that to the best of my known ites, whoever knowingly makes a false statement	v       Regulatory Assess Fee Return         ()       (Telephone)         (Telephone)       (Telephone)         vledge and belief the above information is a ent in writing with the intent to mislead a       1/6/03         (Date)       (Date)
AS PROVIDE     DO     AS PROVIDE     DO	CURRENT C (x) Reseller BILLING n yourself. COMPAN S? () YES () NO om? Name: s above-named company, have read the for t pursuant to Section 837.06, Florida Statu er duty shall be guilty of a misdemeanor of	COMPANY STATUS the Interexchange Compan INFORMATION (Address: City/State/Zip) Y INFORMATION egoing and declare that to the best of my know ites, whoever knowingly makes a false statement the second degree. VP/Controller (Title)	NUAL FEE IS \$50         y       Regulatory         Assess       Fee         ()         (Telephone)
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