

Pay Telephone Service Provider Regulatory Assessment Fee Return

**ORIGINAL**

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG780-02-0-R *\* Change \* address*  
 SkyTalkwest Telecom, LLC  
 P. O. Box 782  
 Lincoln, CA 95648-0782 *2009 SW 43rd Ave*  
 Fort Lauderdale FL *33317*

FOR PSC USE ONLY	
Check# <u>1869</u>	
\$ <u>50.00</u>	0603002 003001
\$ _____	P 0603002 004011
\$ _____	
Postmark Date <u>1/30/03</u>	
Initials of Preparer <u>MC</u>	

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

DEPOSIT DATE  
**0306 FEB 07 2003**

Please Complete Below if Official Mailing Address Has Changed

Skytalkwest Telecom LLC 2009 SW 43rd Ave Fort Lauderdale FL 33317  
 (Name of Company) (Address) (City/State) (Zip)

030140-TC

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>1449.09</u>
2.	Gross Intrastate Revenue	<u>251.42</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 0 )</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>251.42</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>0.38</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9.1 Number of pay telephones in operation at close of period covered by this Return 0  
*Honey*

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

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 official duty shall be guilty of a misdemeanor of the second degree.

Diana L. Mathison  
 (Signature of Company Official)  
Diana L. Mathison  
 (Preparer of Form - Please Print Name)

Owner 1/29/03  
 (Title) (Date)  
 Telephone Number 954 792 9777 Fax Number 954 316 6060  
 F.E.I. No 92-0167139

DOCUMENT NUMBER-DATE  
**01301 FEB-7 03**  
 FPSC-COMMISSION CLERK



The Traveler's Friend

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Phone: 954-792-9777  
Fax: 954-316-6060

SkyTalkwest Telecom, LLC  
2009 SW 43<sup>rd</sup> Avenue  
Fort Lauderdale, FL 33317

To: Florida Public Service Commission

Re: Account # TG780-02-0-R

Our business closed in Florida in August 2002. Please close our account and consider this as our final return.

Thank you,

A handwritten signature in cursive script that reads "Diana L Mathison".

Diana Mathison, Owner

1/29/03