

**ORIGINAL**

**Interexchange Company Regulatory Assessment Fee Return**

STATUS:  
 \_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return  
 \_\_\_\_\_ Amended Return

*P. Isler  
 CCA*

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

TJ520-02-0-R 030000-PU  
 1-800-RECONEX, Inc.  
 P. O. Box 40  
 Hubbard, OR 97032-0040  
 CC: P. Isler D337 APR 09 2003

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

FOR PSC USE ONLY	
Check# <u>51566</u>	
\$ <u>50.00</u>	0603001
\$ <u>7.50</u>	003001
\$ <u>1.50</u>	0603001
	004011
Postmark Date <u>4/7/03</u>	
Initials of Preparer <u>MC</u>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE		INTRASTATE REVENUE	
		\$		\$	
1.	Long Distance Services	\$ 0		\$ 0	
2.	Access Services	0		0	
3.	Private Line Services	0		0	
4.	Leased Facilities & Circuits Services	0		0	
5.	Miscellaneous Services	0		0	
6.	TOTAL Telephone Services	\$ 0		\$ 0	
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )		( 0 )	
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation				
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		7.50		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		1.50		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				
12.	TOTAL AMOUNT DUE			\$ 59.00	

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC I
- OTH \_\_\_\_\_

\* 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		
<input checked="" type="checkbox"/> Facilities-Based Carrier	<input checked="" type="checkbox"/> Reseller	<input type="checkbox"/> Call Aggregator
<input type="checkbox"/> Alternate-Operator Service	<input type="checkbox"/> Rebiller	<input type="checkbox"/> 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: \$ _____ for 19 _____		What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION	
Do you lease telecommunications facilities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NO NOT for interexchange service
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.

Anne Lynch  
 (Signature of Company Official)  
 (Preparer of Form - Please Print Name)

Corporate Secretary 4/1/03  
 (Title) (Date)  
 Telephone Number 503 982 5572 Fax Number 503 982 6077  
 F.E.I. No. 93-124203 B

DOCUMENT NUMBER DATE  
 03343 APR 10 8  
 FPSC-COMMISSION CLERK

# Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX216-02-0-R 1-800-RECONEX, INC. d/b/a  
 USTEL  
 P. O. Box 40 DEPOSIT DATE  
 Hubbard, OR 97032-0040 D291 JAN 22 2003  
 cc: P. Isler

**FOR PSC USE ONLY**  
 Check# ~~50339~~ 50339  
 \$ 479.61 0603006  
 003001  
 \$ \_\_\_\_\_ P 0603006  
 004011  
 \$ \_\_\_\_\_  
 Postmark Date 1/13/03  
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 633,182.79	\$ 633,182.79
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 633,182.79
8.	LBSS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(313,443.95)
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		319,738.84
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		479.61
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		\$ 479.61

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

Facilities-Based Provider  
 CURRENT COMPANY STATUS  
 Reseller  
 Other:

BILLING INFORMATION  
 Complete below if billing agent if other than yourself.  
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION  
 Do you lease telecommunications' facilities?  YES  
 IF YES, who do you lease these facilities from? Name: Verizon, BellSouth  
 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.

Anne Lynch (Signature of Company Official) Corporate Secretary (Title) 3/31/03 (Date)  
 (Preparer of Form - Please Print Name) Telephone Number 503 982-5572 Fax Number 503 982-6077  
 F.E.I. No. 93-1242033

# **1-800-RECONEX**

Because Everybody Needs A Phone™

April 1, 2003

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

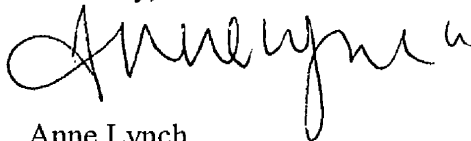
Re: Regulatory Assessment Fees and Reports

Dear Fiscal Services:

Enclosed please find the Interexchange Company Regulatory Assessment Fee Return ("IXC Return") and the Alternative Local Exchange Company Regulatory Assessment Fee Return ("ALEC Return") for 1-800-RECONEX, Inc. d/b/a USTel ("the Company"). The IXC Return, filed by the Company, on 1/13/03 was incorrect – it reflected the information that should have been filed on the ALEC Return. Therefore the enclosed IXC Return is an amended return. The filing fee, \$479.61, filed with the IXC Return (certificate TJ520) should be applied to the ALEC Return (certificate TX216). Enclosed is a check in the amount of \$59.00 representing the filing fee, penalties, and late fees for the IXC Return.

I apologize for any inconvenience or misunderstanding these filings may have caused. If you have any questions or need any further information, please do not hesitate to contact me at 503-982-5572 or [anne.lynch@reconex.com](mailto:anne.lynch@reconex.com).

Sincerely,



Anne Lynch  
Regulatory Manager