

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

CK Amt #100.00

STATUS:

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

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

TJ024-02-0-R
 ST Long Distance, Inc. 030345-TI
 PO Box 199
 Dodge City, KS 67801
 DEPOSIT DATE
 D389 APR 15 2003
 cc: P. Isler

FOR PSC USE ONLY
 Check # 1160000832
 \$ 50.00 0603001
 \$ 003001
 \$ 0603001
 \$ 004011
 Postmark Date 4/7/03
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE | CAUS |
|----------|--|-------------------------|--------------------|------|
| 1. | Long Distance Services | \$ | \$ | CAF |
| 2. | Access Services | \$ | \$ | AMP |
| 3. | Private Line Services | \$ | \$ | COM |
| 4. | Leased Facilities & Circuits Services | \$ | \$ | CLR |
| 5. | Miscellaneous Services | \$ | \$ | ECR |
| 6. | TOTAL Telephone Services | \$ | \$ | GCL |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | () | () | OPC |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | | MMS |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | | SEC |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | | OTH |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | | | |
| 12. | TOTAL AMOUNT DUE | | \$ 0 | |

* 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

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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? 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
(Signature of Company Official)

Lisa Hood

Vice President/Controller

3-24-03

Kay King

(Preparer of Form - Please Print Name)

(Title) (Date)
Telephone Number 620 227-4400 620-227-8576
DOCUMENT NUMBER DATE

F.E.I. No. 65-0702267

03444 APR 15 8

Interexchange Company Regulatory Assessment Fee Return

ck Amt \$100.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2003 TO 12/31/2003

P. Isler
CEA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ024-03-0-R
 ST Long Distance, Inc.
 PO Box 199
 Dodge City, KS 67801
 DEPOSIT DATE
 APR 15 2003
 cc: P. Isler

FOR PSC USE ONLY
 Check# 1160000832
 \$ 50.00
 0603001
 003001
 0603001
 004011
 Postmark Date 4/7/03
 Initials of Preparer ME

Please Complete Below If Official Mailing Address Has Changed

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

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

* 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

() Facilities-Based Carrier (X) Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller () 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? () YES (X) 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 Hood Vice President/Controller 3-24-03
 (Signature of Company Official) (Title) (Date)

Kay King
 (Preparer of Form - Please Print Name)

Telephone Number 620, 227-4400 Fax Number 620-227-8576
 F.E.I. No. 65-0702267

ST LONG DISTANCE COMPANY

P.O. Box 199 • Dodge City, Kansas 67801 • 1-800-414-1572

April 7, 2003

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee FL 32399-0850

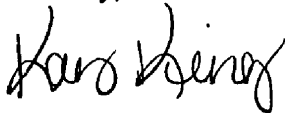
Dear Ms. Isler,

ST Long Distance, TJ024-02-0-D, has not been doing business in the state of Florida since January 1, 1999. We request that you cancel our certificate.

I have enclosed the Interexchange Company Regulatory Assessment Fee Returns for the years 2002 and 2003. There is also enclosed a check for \$100.00 to cover those fees. We are requesting the certificate cancellation because we have not done business in the state of Florida since January 1, 1999. We are a wholeseller and therefore do not have customer deposits or final bills. There will be no discontinuance of service to the customers.

If additional information is needed, I can be contacted at (620) 227-4400.

Sincerely,



Kay King
Accountant