

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

*P. Isler  
CCA*

- Actual Return
- Estimated Return
- Amended Return

TX573-02-0-R  
Fast Phones, Inc. of Alabama  
P. O. Box 20877  
Montgomery, AL 36120-0877

*030000-Pu*

FOR PSC USE ONLY

Check# 11912  
\$ 50.00 0603006  
\$ 7.50 003001  
\$ 1.50 0603006  
004011  
Postmark Date 4/14/03  
Initials of Preparer MC

PERIOD COVERED:

01/01/2002 TO 12/31/2002

DEPOSIT

DATE CC: P. Isler

DS41

APR 17 2003

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

\$ 0

\$ 0

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)

\$ 50.00

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)

7.50

12. Interest for Late Payment (see "3. Failure to File by Due Date" on back)

1.50

13. TOTAL AMOUNT DUE

\$ 59.00

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

\*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

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

CURRENT COMPANY STATUS

( ) Facilities-Based Provider

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 ( ) 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.

(Signature of Company Official)

Ashley R. Allan  
(Preparer of Form - Please Print Name)

(Title)

Vice President

(Date)

4-14-03

Telephone Number 334 281-1194 Fax Number 206 613 0004

F.E.I. No. 63 1203896

DOCUMENT NUMBER - DATE

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