

030000

Alternative Local Exchange 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)

ORIGINAL

TX686-02-0-R
www.netquincy.com
404 West Jefferson Street
Quincy, FL 32351-2328

CC: P. Isler

FOR PSC USE ONLY

Check# 80825

\$ 50.00 0603006
003001

\$ 7.50 P 0603006
004011

\$ 1.50 I

Postmark Date 4/23/03

Initials of Preparer MC

PERIOD COVERED:
11/04/2002 TO 12/31/2002

D342

APR 24 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	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**	0.00	0.00
3.	Access Services	0.00	0.00
4.	Private Line Services	0.00	0.00
5.	Leased Facilities & Circuits Services	0.00	0.00
6.	Miscellaneous Services	0.00	0.00
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0.00
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	90.00	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0.00	
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.

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

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 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.

Robert J. Ward
(Signature of Company Official)

TELECOMMUNICATIONS DIRECTOR (Title) 4-21-2003 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () 03779 APR 24 03

F.E.I. No. _____

FPSC-COMMISSION CLERK