

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

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

STATUS:

- P. Isler*  
*PCA*
- Actual Return
  - Estimated Return
  - Amended Return

TX323-02-0-R  
DTK Telecommunications, LLC  
P. O. Box 2789  
Woodinville, WA 98072-2789  
cc: P. Isler **DS44** APR 30 2003

**FOR PSC USE ONLY**  
Check# 2663  
\$ 50.00 0603006  
003001  
\$ \_\_\_\_\_ P 0603006  
004011  
\$ \_\_\_\_\_  
Postmark Date 4/22/03  
Initials of Preparer ME

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

*DTK TELECOMMUNICATIONS LLC* Please Complete Below If Official Mailing Address Has Changed  
*P.O. Box 2789* *WOODINVILLE WA 98072*  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**	<u>0</u>	<u>0</u>
3.	Access Services	<u>0</u>	<u>0</u>
4.	Private Line Services	<u>0</u>	<u>0</u>
5.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
6.	Miscellaneous Services	<u>0</u>	<u>0</u>
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)	_____	_____
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)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	\$ _____	\$ _____

\* 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  
( ) Facilities-Based Provider  
( ) Reseller  
( ) Other: NOT OPEN FOR BUS YET

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 HOPEFULLY SOON!  
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.

CHARLES R. HOWARD (Signature of Company Official)  
CEO (Title)  
206 660 3865 Telephone Number ( ) 4/15/03 (Date)  
03928 APR 30 2003  
F.E.I. No. \_\_\_\_\_