

# Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*P. Isler*  
*CCA*

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

TX547-02-0-R  
VIVO-FLA, LLC 030000-Pu  
600 South Adams, Suite 210  
Birmingham, MI 48009-6863  
D846 MAY 07 2003  
CC: P. Isler

**FOR PSC USE ONLY**

Check# 1790

\$ 50.00 0603006  
\$ 7.50 P 003001  
\$ 1.50 I 0603006  
004011

Postmark Date 5/1/03  
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		INTRASTATE REVENUE	
		GROSS OPERATING 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			\$	<u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				<u>0</u>
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)				<u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)				<u>0</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>7.50</u>		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>1.50</u>		
13.	TOTAL AMOUNT DUE			\$	<u>59.00</u>

\* 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: \_\_\_\_\_

**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 (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.

\_\_\_\_\_  
(Signature of Company Official) (Date) 4/30/03  
\_\_\_\_\_  
(Preparer of Form - Please Print Name) Telephone Number (248) 723-5458 DOCUMENT NUMBER-DATE  
F.E.I. No \_\_\_\_\_ Fax Number ( ) MAY -7 03