

Interexchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ283-02-0-R  
 Ozark Telecom, Inc.  
 1115 Mill Street  
 Camden, SC 29020-3743  
 030000-Pu  
 DS48  
 MAY 09 2003

FOR FSC USE ONLY	
Check# <u>2008</u>	
\$ <u>50.00</u>	0603001
\$ <u>7.50</u>	003001
\$ <u>1.50</u>	0603001
	004011
Postmark Date <u>5/6/03</u>	
Initials of Preparer <u>MC</u>	

PERIOD COVERED:  
01/01/2002 TO 11/26/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA 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)	_____	<u>9.00</u>	
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	_____	\$ <u>59.00</u>	

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

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

**CURRENT COMPANY STATUS**

Facilities-Based Carrier      ( ) Reseller      ( ) Call Aggregator  
 Alternate-Operator Service      ( ) Rebiller      ( ) Other

*Note: No Facilities in Florida*

**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: outside Florida

MAY - 8 2003

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.

Linda A. Walters      President      4-21-03  
 (Signature of Company Official)      (Title)      (Date)

Linda A. Walters  
 (Preparer of Form - Please Print Name)

Telephone Number (803) 425-4002 Fax Number ( )  
 F.E.I. No. 562127045

DOCUMENT NUMBER-DATE  
**04206 MAY-98**  
 FPSC-COMMISSION CLERK