

# Interexchange Company Regulatory Assessment Fee Return

**ORIGINAL**  
 Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

*N. Grant  
 P. Isler  
 ICA*

TJ703-02-0-R  
 Budget Phone, Inc. **DR 490** **MAY 15 2003**  
 6901 West 70th Street  
 Shreveport, LA 71129-2309  
**cc: P. Isler**

**FOR PSC USE ONLY**  
 Check# 59087  
 \$ 50.00 0603001  
 \$ 10.00 003001  
 \$ 2.00 0603001  
 004011  
 Postmark Date: 5/9/03  
 Initials of Preparer: MC

PERIOD COVERED:  
 10/04/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Budget Phone, Inc. (Name of Company) P.O. Box 19360 (Address) Shreveport, LA (City/State) 71149 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>-0-</u>	\$ <u>-0-</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	<b>TOTAL Telephone Services</b>	\$	\$
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		<u>50.00</u> (Min.)
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>	
12.	<b>TOTAL AMOUNT DUE</b>		\$ <u>62.00</u>

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

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

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: \$ N/A 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: \_\_\_\_\_

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.

Arthur Magee (Signature of Company Official) Controller (Title) 5.2.03 (Date)  
ARTHUR MAGEE (Preparer of Form - Please Print Name) Telephone Number 318 671-5000 Fax Number 318 671-5024  
 F.E.I. No. 72-1335380

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