

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/2002 TO 12/31/2002

TJ366-02-0-R
 USCarrier Telecom, LLC
 180 Interstate North Parkway #200
 Atlanta, GA 30339

DEPOSIT DATE
 cc: P. Isler ^{D 350} MAY 20 2003

FOR PSC USE ONLY
 Check# 7943
 \$ 482.77 0603001
 \$ 91.08 P 003001
 \$ 18.22 I 0603001
 004011
 Postmark Date 5/14/03
 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 GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|---------|--|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ _____ | \$ _____ |
| 2. | Access Services | _____ | _____ |
| 3. | Private Line Services | <u>303,604</u> | <u>303,604</u> |
| 4. | Leased Facilities & Circuits Services | _____ | _____ |
| 5. | Miscellaneous Services | _____ | _____ |
| 6. | TOTAL Telephone Services | \$ <u>303,604</u> | \$ <u>303,604</u> |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (_____) | (_____) |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | _____ | <u>303,604</u> |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | _____ | <u>455.4</u> |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | <u>113,86</u> | _____ |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | <u>22,30</u> | _____ |
| 12. | TOTAL AMOUNT DUE | _____ | \$ <u>592,07</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 () Rebillor () 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: \$ _____ 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.

[Signature]
 (Signature of Company Official)

 (Preparer of Form - Please Print Name)

Director of Finance Dept. 5/7/03
 (Title) (Date)
 Telephone Number 678 454-1400 Fax Number 678 454-1429
 F.E.I. No. 58-2325043

34512 MAY 20 2003