

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

*P. Isler  
CCA*

TJ528-02-0-R  
 Fast Phones, Inc. of Alabama *030000-Pu*  
 P. O. Box 20877  
 Montgomery, AL 36120-0877  
**DEPOSIT DATE**  
*CC: P. Isler D 355 JUN 06 2003*

**FOR PSC USE ONLY**  
 Check# 12360  
 \$ 50.00 0603001  
 \$ 7.50 P 003001  
 \$ 1.50 I 0603001  
 004011  
 Postmark Date 6/3/03  
 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	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services		AUS
3.	Private Line Services		CAF
4.	Leased Facilities & Circuits Services		CMP
5.	Miscellaneous Services		COM
6.	<b>TOTAL Telephone Services</b>	\$	CTR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	ECR
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		BCL
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		OPC
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		MMS
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		SEC <u>I</u>
12.	<b>TOTAL AMOUNT DUE</b>		\$ <u>59.00</u> OTH

\* 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: \$ \_\_\_\_\_ 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)    V.P. (Title)    6-3-03 (Date)  
Ashley P. Allen (Preparer of Form - Please Print Name)  
 Telephone Number 304 2811199 Fax Number 334 6130004  
 F.E.I. No. 63-1205856

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