

ORIGINAL

See TX547
CK Amt \$59.00

Interexchange Company Regulatory Assessment Fee Return

2001 P+I and 2002 RAF

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
ICA

TJ495-02-0-R 030000-Pu
 VIVO-FLA, LLC
 600 South Adams, Suite 2100
 Birmingham, MI 48009-6863
 DEPOSIT DATE
 CC: P. Isler D358 JUN 20 2003

FOR PSC USE ONLY
 Check# 1802
 \$ 50.00 0603001
 \$ 2.50 003001
 \$.50 0603001
 004011
 Postmark Date 6/16/03
 Initials of Preparer MC

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

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	\$ 0	\$ 0	
2.	Access Services			
3.	Private Line Services			
4.	Leased Facilities & Circuits Services			
5.	Miscellaneous Services			
6.	TOTAL Telephone Services	\$ 0	\$ 0	
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)			
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	\$ 0	\$ 0	

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1 _____
- 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: \$ 0 for 19 _____
 What is the total amount of bond held (if applicable)?
 Amount: \$ 0 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 of Company Official) Vice President 5-3-03

 (Preparer of Form - Please Print Name) Telephone Number 248 723-5428 Fax Number ()
 F.E.I. No. _____

DOCUMENT NUMBER 05491 JUN 19 8 FPSC-COMMISSION CLERK

2001 P+I and 2002 P+I

P. Isler
CA

CK 1804

\$5.00-P

1.00-I

6/16/03

MC

DEPOSIT DATE

D 358 JUN 20 2003

TX547

*CK Amt \$59.00
See TJ495

INVIVO

600 SOUTH ADAMS

SUITE 210

BIRMINGHAM, MI 48009

(248) 723-5458

FRANKLIN BANK, N.A.

SOUTHFIELD, MI 48034

74-7183-2724

1804

PAY TO THE
ORDER OF

Florida Public Service Commission

Fifty-Nine and 00/100

\$ 59.00

Florida Public Service Commission

DOLLARS

MEMO