

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**  
 Florida Public Service Commission  
 (See Filing Instructions on Back of Form)

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
 09/16/2002 TO 12/31/2002

DEPOSIT DATE  
 TX684-02-0-R  
 1 Com South, Inc.  
 310 South Street  
 Plainville, MA 02762-1547  
 CC: P. Isler

FOR PSC USE ONLY  
 Check# 9366  
 \$ 50.00  
 0603006  
 003001  
 P  
 0603006  
 004011  
 Postmark Date 6/24/03  
 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.	Basic Local Services	0		0	
2.	Long Distance Services (IntraLATA only)**	3741		1534	
3.	Access Services	0	AUS	0	
4.	Private Line Services	0	CAF	0	
5.	Leased Facilities & Circuits Services	0	CMP	0	
6.	Miscellaneous Services	0	COM	0	
7.	TOTAL REVENUES		CTR		
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		ECR	1534	
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		GCL		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		OPC	1534	
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		MMS		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		SEC	2.30	
13.	TOTAL AMOUNT DUE		OTH		
				50.00	

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS  
 Facilities-Based Provider  
 Reseller  
 Other:

BILLING INFORMATION  
 Complete below if billing agent if other than yourself.  
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION  
 Do you lease telecommunications' facilities? ( ) YES (X) 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: Harold P. Dunne (Title) PRESIDENT  
 Preparer of Form - Please Print Name: HAROLD P DUNNE Telephone Number ( ) Fax Number ( )  
 F.E.I. No. 04-3397802

DOCUMENT NUMBER 05796 JUN 30 2003  
 PSC-COM-THE-TECH-CLERK