

TO AVOID PENALTY AND INTEREST CHARGES, THIS REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Alternative Local Exchange Company Regulatory Assessment Fee Return

030000-Pu

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. I. S. L. C. A.

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

TX142-02-0-R  
 Florida City-Link Communications, Inc.  
 15715 Parrish Road  
 Berthoud, CO 80513-8713 **DATE**  
 D362 JUL 07 2003

FOR PFC USE ONLY  
 Check# 7325  
 \$ 50.00 0603006 003001  
 \$ \_\_\_\_\_ P 0603006 004011  
 \$ \_\_\_\_\_  
 Postmark Date 6/30/03  
 Initials of Preparer PC

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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	\$ <u>9572.17</u>	\$ <u>9572.17</u>
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuit Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>9572.17</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	<u>14.36</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	\$ _____

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

AS PROVIDED IN SECTION 364.334, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

( ) Facilitator-Based Provider  
 CURRENT COMPANY STATUS  
 Reseller  
 Other: \_\_\_\_\_

Complete below if billing agent if other than yourself.  
 BILLING INFORMATION  
 \_\_\_\_\_  
 (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 also agree that pursuant to Section 337.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to withhold a public service in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

X Eric Williams (Signature of Company Official)      President (Title)      6/27/03 (Date)  
 \_\_\_\_\_  
 ERIC WILLIAMS  
 (Preparer of Form - Please Print Name)  
 Telephone Number (801) 544-9621 Fax Number (801) 544-0659  
 F.E.I. No. \_\_\_\_\_

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

DOCUMENT NUMBER DATE  
 05962 JUL-78  
 FPSC-COMMISSION CLERK