

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

ORIGINAL

030000-Pu

Interexchange Company Regulatory Assessment Fee Return

2000 P+I, 2001 P+I and 2002 RAF, P+I.

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# 6051323

\$ 50.00 0603001

\$ 17.50 003001

\$ 4.00 0603001

004011

Postmark Date 7/22/03

Initials of Preparer MC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

FIELD(1) TJ290
 TON SERVICES, INC.
 4185 HARRISON BLVD., #301
 OGDEN, UTAH 84403

DEPOSIT COVERED DATE

0369 JUL 29 2003

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	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	0	0
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	0	0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
12.	TOTAL AMOUNT DUE	\$ 0	\$ 0

* 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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.

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH _____

NEIL VOS
 (Signature of Company Official)

CFO
 (Title)

7/14/03
 (Date)

Telephone Number (801) 624-4542 Fax Number (801) 624-4530

(Preparer of Form - Please Print Name)

F.E.I. No. 87-0498174

PSC/CMU-153 (Rev. 11/11/99)

DOCUMENT NUMBER DATE

06798 JUL 28 8

FPSC-COMMISSION CLERK

7150