

Competitive Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

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

TX534-02-0-R  
Delta Phones, Inc.  
P. O. Box 784 D 370 JUL 31 2003  
Delhi, LA 71232-0784  
CC: Docket # 030629-TX (Isler)

FOR FSC USE ONLY  
Check# 020118  
\$ 607.97 0603006  
\$ 151.99 P 003001  
\$ 36.04 I 0603006 004011  
Postmark Date 7/29/03  
Initials of Preparer MK

Please Complete Below If Official Mailing Address Has Changed  
Delta Phones, Inc (Name of Company) P.O. Box 127 (Address) Delhi, LA (City/State) 71232 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 405,314	\$
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 405,314
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)		405,314
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		608.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	152.00	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	36.00	
13.	TOTAL AMOUNT DUE		\$ 796.00

\* 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

( ) Facilities-Based Provider  
CURRENT COMPANY STATUS  
 Reseller  
( ) Other:

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

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.  
Rhonda Walters (Preparer of Form - Please Print Name) Resident (Title) 07-29-03 (Date)  
Telephone Number 888-220-9138 Fax Number 888-220-1200  
F.E.I. No 72-1143910

AUS  
CAF  
CMP  
COM  
CTR  
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