

030000-Pu

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*P. Isler
CCA*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

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

TJ608-03-0-R
Viva Telecom, L.L.C.
1844 South 3850 West
Salt Lake City, UT 84104-4905
DEPOSIT DATE
D 378 AUG 26 2003
cc: P. Isler

FOR PSC USE ONLY
Check# 1369
\$ 50.00 0603001
003001
\$ _____ P 0603001
004011
\$ _____ I
Postmark Date 8/22/03
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.	Long Distance Services	0	\$ 0 AUS
2.	Access Services		CAF
3.	Private Line Services		CMP
4.	Leased Facilities & Circuits Services		COM
5.	Miscellaneous Services		CTR
6.	TOTAL Telephone Services	0	\$ 0 ECR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		GCL
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		OPC
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		MMS
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		SEC
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		OTH
12.	TOTAL AMOUNT DUE		\$ 50.00

* 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: \$ _____ for 19 ____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ 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.

Deddie W. Ricks (Signature of Company Official) Owner/Manager (Title) 08/21/03 (Date)
 Mary Timmins (Preparer of Form - Please Print Name) Telephone Number (801) 990-0325 Fax Number ()
 F.E.I. No. 87-0658596 DOCUMENT NUMBER-DATE

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