

ORIGINAL

AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Competitive Local Exchange Company Regulatory Assessment Fee Return

TATUS:

- Actual Return
- Estimated Return
- Amended Return

ERIOD COVERED:

1/01/2003 TO 12/31/2003

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

TX353-03-0-R  
 TelSouth Communications, Inc.  
 P. O. Box 20038  
 Knoxville, TN 37940-1038

DEPOSIT DATE  
 Docket 030624-TX (Isler)

FOR PSC USE ONLY  
 Check# 0038910

\$ 50.00 063006  
 003001

063006  
 004011

Postmark Date 10/10/03  
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

FE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (Intra-LATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	\$ _____	\$ _____
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)	_____	_____
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 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)  
 Ron Hale  
 (Preparer of Form - Please Print Name)

CFD (Title) 10/13/03 (Date)

Telephone Number (605) 579-6969 Fax Number 800-579-5716

F.E.I. No. 57-0559592 09985 OCT 13 8