Pay Telephone Service Provider Regulatory Assessment Fee Return

Iskr
Records

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

STATUS:

✓ Actual Return
___ Estimated Return
___ Amended Return

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

TG661-02-0-R
R Network
2540 Fortune Way
Vista, CA 92083-8441

031008

CC: P. Isler

Total CK $ 150.00

FOR PSC USE ONLY	
Check# 18782	
$ 50.00	0603002
	003001
$ 12.50	P
	0603002
	004011
$ 12.50	I
Postmark Date 11-12-03	
Initials of Preparer RT	

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION		AMOUNT
1.	Gross Operating Revenue (Florida)		$ 12,000
2.	Gross Intrastate Revenue		8,000
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		(0)
4.	**TOTAL REVENUES for Regulatory Assessment Fee Calculation** (Line 2 less Line 3)	AUS ___ CAF ___ CMP ___ COM ___	$ 8,000
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	CTR ___ ECR ___ GCL ___	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	OPC ___ MMS ___	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC I OTH ___	12.50
8.	**TOTAL AMOUNT DUE**		$ 75.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS $50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9.	Number of pay telephones in operation at close of period covered by this Return	47

* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

_____
(Signature of Company Official)

Leigh Althen
(Preparer of Form - Please Print Name)

Vice President   11-11-03
(Title)   (Date)

Telephone Number (760) 599-1920 Fax Number (760) 599-1930

F.E.I. No. 33-0744597

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PSC/CMU-26 (Rev.11/11/99)   FPSC-COMMISSION CLERK