

Interexchange Company Regulatory Assessment Fee Return

TOTAL \$ 106.00

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

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TI917-03-0-R TI 917
 One Call Communications, Inc. 2003
 801 Congressional Blvd.
 Carmel, IN 46032-5650

DEPOSIT DATE
 448 MAR 30 2004

FOR PSC USE ONLY

Check# 121834

\$ 50.00 0603001
 003001

\$ _____ P
 0603001
 004011

\$ _____ I

Postmark Date 3-24-04

Initials of Preparer RT

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

01/01/2004
 to
 12/31/2004
 Record 5

Please Complete Below If Official Mailing Address Has Changed

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

RECEIVED HPSC
 APR 30 AM 9:40
 COMMISSION
 CLERK

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Long Distance Services	\$ _____	\$ _____	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: NO OPERATIONS - PLEASE CANCEL AUTHORITY

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.

Ann C. Bernard General Counsel 3-17-04
 (Signature of Company Official) (Title) (Date)

Bob Young
 (Preparer of Form - Please Print Name)

Telephone Number 37,580-7207 DOCUMENT # 17P580A7351

F.E.I. No. Employee 04048 MAR 30 04

(see 03239-04)

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TI917-03-0-R
 One Call Communications, Inc.
 801 Congressional Blvd.
 Carmel, IN 46032-5650

DEPOSIT DATE
 448 MAR 30 2004

FOR PSC USE ONLY

Check# 121824

\$ 50.00 0603001
 003001

\$ 5.00 P 0603001
 004011

\$ 1.00 I

Postmark Date 3-24-04

Initials of Preparer RT

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

*Record 5-sec
 Attached*

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	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>56.00</u>

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 + \$6.00 late fee

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: NO OPERATIONS

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: \$ _____ 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.

Ann C. Bernard
 (Signature of Company Official)

General Counsel
 (Title)

3-17-04
 (Date)

Bob Young
 (Preparer of Form - Please Print Name)

Telephone Number 317, 580 7207 Fax Number 317, 580 7351

F.E.I. No. Employee



OCMC, INC.

801 CONGRESSIONAL BOULEVARD
CARMEL, IN 46032

March 17, 2004

Florida Public Service Commission
Attn: Valorie Moore
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: 2003 and 2004 Regulatory Assessment Fee Returns for T1917-03-0-R.

This is in response to your attached notice of non-filing letter sent February 20, 2004. Per our subsequent phone conversation, I am requesting cancellation of the operating authority of T1917-03-0-R.

Enclosed is a check in the amount of \$106.00 in payment of the 2003 and 2004 minimum regulatory assessment for this company which had no operations in 2003 or 2004. The payment also includes a \$6.00 late fee for 2003.

Also enclosed are the Interexchange Company Regulatory Assessment Fee Returns for 2003 and 2004.

If you have any questions, please call me on 317 580-7207.

Sincerely,

Robert Young
Director of Network and Regulatory Accounting