TO AVOID PENALTY AND INTEREST CHARGES, THE RECT ATORY ASSESSMENT FEE RETURN MUST BE FILED ON OF RE 01/30/2002

Pay Telephone rvice Provider Regulatory Assessment Fee Return

			r	CINICALACTE
STATU	s: CCAler		rvice Commission	FOR PSC USE ONLY Check# 0638
	Actual Return Estimated Return Amended Return D COVERED: 2001 TO 12/31/2001 SIT DATE	TF834 Dial Network 1016 Hallwood Loop Brandon, FL 33511-7718	lag	\$ 50,00 0603002 003001 \$ 0603002 004011 \$ 1 Postmark Date 7/24/0/ Initials of Preparer MC
D 0 9	9 DUL 27200	Please Complete Below If Officia		Artiss: Each company shall pay are defined as revenues from
	(Name of Company)		Address)	(City/State) (Zip)
LINE		· ·		vose of tragged notally of
LINE NO.		ACCOUNT CLASSIFIC	ATION	AMOUNT
1.	Gross Operating Rev	venue (Florida)	6.4	\$ 198
2.	Gross Intrastate Rev			Activities of the Break of
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)			
4.	TOTAL REVENUE (Line 2 less Line 3)	ES for Regulatory Assessm	ent Fee Calculation	\$ <u>198</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)			
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)			
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			
8.	TOTAL AMOUNT DUE			rpolicable to additional arrows o
	AS PROVIDED	IN SECTION 364.336 FLORIDA		ANNUAL FEE IS \$50
ă	THIS FORM MUST BE CO	OMPLETED AND RETURNED RI	EGARDLESS OF THE AMOU	NT OF REVENUES REPORTED
9.	Number of pay telep by this Return	phones in operation at close	of period covered	
* These a	mounts must be intrastate only and m	nust be verifiable.		·
Mis a true and R a public so	d correct statement. I am aware the	at pursuant to Section 837.06, Florida Sta official duty shall be guilty of a misdeme: ny Official) a N e Print Name)	tutes, whoever knowingly makes a france of the second degree. (Title) Telephone Number (8/3) 225~ F.E.I. No.	DOCUMENT NUMBER - DATE
PSC/CMU-2	./. 16 (Rev.11/11/99)	A State		PPSC-COUNTY SUCH CLERK