DOSTE Therexchange Compa	ny Regulatory Assessm	ent Fee Return ORIGINA!	
am a marka	Florida Public Service Commission		
Actual Return TJ379-01-0-R	g Instructions on Back of Form)	s 96.47 0603001	
Estimated Return Amended Return Business Savings		\$P	
Irvine, CA 92612	an Avenue, Suite 900 -1018 DEPOSIT	DATE 5.22 004011	
PERIOD COVERED: 01/01/2001 TO 12/31/2001		Postmark Date 5/30/02 Initials of Preparer	
NORTH CHMUNICATIONS BOW	low If Official Mailing Address Has Cl	langed IPHINE (A 9612)	
(Name of Company)	(Address)	(City/State) (Zip)	
LINE NO. ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING R	EVENUE INTRASTATE REVENUE	
1. Long Distance Services	s -O		
 Access Services Private Line Services Leased Facilities & Circuits Services 			
5. Miscellaneous Services	**************************************		
 TOTAL Telephone Services LESS: Amounts Paid to Other Telecommunications Compa 	\$anies*	\$	
(see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Calc	(
 Regulatory Assessment Fee Due (Multiply Line 8 by 0.001 Penalty for Late Payment (see "3. Failure to File by Due De 	5) ate" on back)	6	
11. Interest for Late Payment (see "3. Failure to File by Due Da12. TOTAL AMOUNT DUE	ate" on back)	\$	
* These amounts must be <u>intrastate only</u> and must be verifiable.	en e	No. of the Secretarion and American Secretarion and American	
AS PROVIDED IN SECTION 364.336,	FLORIDA STATUTES, THE MIN	IIMUM'ANNUAL TEE IS 550	
CUR	RENT COMPANY STATUS		
() Facilities-Based Carrier () Reseller () Alternate-Operator Service () Rebiller	() Call Aggregator () Other:	· .	
		· · · · · · · · · · · · · · · · · · ·	
Complete below if billing afternt if other than yourself.	BILLING INFORMATION	225, 525	
NORSTAN (AMMERITANI /820		[MINE (A 1861) 1989-507-1890	
(Name) What is the total amount of customer deposits collected? Amount: \$for9	(Address: City/State/Zip)	What is the total amount of bond held (if applicable)? Amount: \$Expires:	
// / / / /	OMPANY INFORMATION		
Do you lease telecommunications' facilities? () YES (NO If YES, who do you lease these facilities from? Name:			
Address:			
Address.	•		
IS I, the undersigned owner/officer of the above-named company, have	road the foregoing and dealers that to the	hast of my knowledge and balief the shave information is a	
true and correct statement. I am aware that pursuant to Section 837.06, I be built of a mission of the performance of his/her duty shall be guilty of a mission.	Florida Statutes, whoever knowingly make	es a false statement in writing with the intent to mislead a	
M MC	demonstration of the second degree.	(-1802	
R (Signature of Company Official)	(Ti	(Date)	
CL ///W/ ELLY C (Preparer of Form - Please Print Name)	Telephone Number	56 H 80 Fax Number (19) 16 7881	
MS	F.E.I No	MYGN DOCUMENT NUMBER-DATE	
TH cy to Norm		U5876 JUN-5≌	

Norstar Communications, Inc. d/b/a Business Savings Plan Inc. Certificate No. 7486, Effective 07/18/00

Year	Fee	Penalty	Interest	Notes
2000	\$46.47	\$12.50	\$3.22	Payment was due 01/30/01. The company's partial payment for the RAF was postmarked 12/27/00, leaving a balance of \$62.19.
2001				Payment was due 01/30/02. Our records do not show record of payment. NOTE: I did not include the amount due for the 2001 RAF since the amount is based on a company's total intrastate revenues. The RAF is .0015% of a company's revenues or \$50.00, whichever is greater. In addition, statutory penalty and interest charges are applicable.
Total	\$46.47	\$12.50	\$3.22	Total: \$62.19