

020000 - P4

Interexchange Company Regulatory Assessment Fee Return **ORIGINA**

STATUS:

*P. Isler
CEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check #	10/2
\$ 50.00	0603001 003001
\$ 12.50	P 0603001 004011
\$ 5.00	
Postmark Date	11/12/02
Initials of Preparer	W/C

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED

Jan. 1, 2001 -
 Dec. 31, 2001

TJ-602
Resort Network Services LLC
484 S.W. Borland Road DEPOSIT
West Linn, OR 97068 LATE
D2728 NOV 18 2002

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	\$ 0.00	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid To Other Telecommunications Companies* (see "2. Fees" on back)	()	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ 50.00
10.	Penalty for Late Payment (see "3. Failure to file by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to file by Due Date" on back)		5.00
12.	TOTAL AMOUNT DUE		\$ 67.50

*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
 () Alternative-Operator Service (X) Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name)	(Address: City/State/Zip)	(Telephone)
What is the total amount of customer deposits collected? Amount \$ _____ for 2001	What is the total amount of bond held (if applicable)? Amount \$ _____ Expires: _____	

COMPANY INFORMATION

Do you lease telecommunications facilities? (X) YES () NO
 If YES, who do you lease facilities from: Name: MCI/WorldCom
 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.

Jessica Williams
 (Signature of Company Official)
 Jessica Williams
 (Preparer of Form-Please Print Name)

Tax Manager _____
 (Title) **11-8-02**
 (Date)

Telephone Number: 866-777-8321 Fax Number 503-638-8022

F.E.I.No. 93-1320199

DOCUMENT NUMBER DATE

12515 NOV 15 02

FPSC-COMMISSION CLERK

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