

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

2000 & 2001 P&I and 2002 RAF

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler  
CCA

PERIOD COVERED:

01/01/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ121-02-0-R 030525-TI  
 Nextel Long Distance  
 2001 Edmund Halley Drive  
 Reston, VA 20191-3421  
**DEPOSIT DATE**  
 CC: P. Isler 351 MAY 23 2003

FOR PSC USE ONLY  
 Check# 9263703  
 \$ 50.00 0603001  
 \$ 30.02 003001  
 \$ 5.99 0603001 004011  
 Postmark Date 5/22/03  
 Initials of Preparer: [Signature]

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	\$ _____	\$ _____
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)	30.01	50.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	6.00	86.01
12.	TOTAL AMOUNT DUE	_____	_____

\* 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    ( ) Reseller    ( ) Other: \_\_\_\_\_

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.

X B.D. (Signature of Company Official)    Tax-VP (Title)    5/28/03 (Date)

Miray Lowe (Preparer of Form - Please Print Name)    Telephone Number (703) 448-4488    Fax Number (703) 443-4488