

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000.

001809-10

# Interexchange Company Regulatory Assessment Fee Return

FLORIDA PUBLIC SERVICE COMMISSION

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**

Check# 042798

\$ 50.00 0603001

\$ 12.50 003001

\$ 4.00 0603001

004011

Postmark Date 9/25/00

Initials of Preparer MC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. T. Isler  
ROR*

TJ149  
CommuniGroup, Inc. MAIL ROOM  
PO Box 940  
Jackson, MS 39205-0940  
DATE  
**D 3 6 8 SEP 2 8 2000**

PERIOD COVERED:

01/01/99 TO 12/31/99

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	\$
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	( 0 )	( )
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)	4.00	
12.	TOTAL AMOUNT DUE		\$

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

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

66.50

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

**CURRENT COMPANY STATUS**

Facilities-Based Carrier       Reseller  
 Alternate-Operator Service       Rebiller  
 Call Aggregator  
 Other:

Complete below if billing agent if other than yourself.

### BILLING INFORMATION

(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: \_\_\_\_\_

**CommuniGroup**  
communications made easy.  
Accounts Payable Clearing  
P.O. Box 940  
Jackson, MS 39205

**AmSouth** 85-115  
NEWHEBRON, MS 653

042798

CHECK DATE	CONTROL NUMBER	AMOUNT
09/22/2000	042798	\$ *****66.50

PAY Sixty-Six and 50/100 ----- Dollars

VOID AFTER 180 DAYS

TO THE ORDER OF Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

DOCUMENT NUMBER-DATE  
12259 SEP 27 8

*James G. C. Moffatt*  
AUTHORIZED SIGNATURE

⑈042798⑈

R+R



September 21, 2000

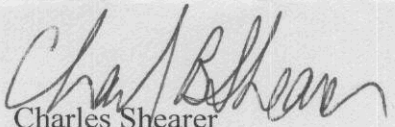
Ms. Blanca Bayo, Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Dear Ms. Bayo,

Enclosed is our 1999 RAF return and our check for \$66.50. This was an oversight on our part and we have put measures in place to keep this from happening next year end. We possibly will be having revenue in Florida by year end, so we would know that some fees were owed. Florida is the only state we are certified in that requires a minimum fee that I know of.

As related to Docket # 001309-TI, CommuniGroup proposes an offer of a fine of \$66.50, which is 100% of what we owed for our fee, penalty & interest. We ask that consideration be given concerning our lack of revenue in Florida and the fact that we are new to the state.

Sincerely,

  
Charles Shearer