020000

QuantumShift.

OuantumShift, Inc. 88 Rowland Way Novato, CA 94945

T. 415.893.7180 F. 415.893.0569 www.quantumshift.com

DEPOSIT

DATE

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JUL 23 2003

July 8, 2002

CK 024861 \$ 1250-8 2.50-I 9/8/02

Ms. Paula Isler State of Florida **Public Service Commission** 2650 Shumard Oak Boulevard Tallahassee, FL 32399-0850

TX372

RE:

RAFs for MVX Communications, LLC (TJ094)

RAF for QuantumShift Communications, Inc.

Dear Ms. Isler:

As mentioned in correspondence with you dated June 24, 2002, I submitted a check in the amount of \$217.50 for payment of RAFs for MVX Communications, LLC. At that time, I did not have the RAF reports signed. As such, please find the signed RAF reports for years 1998 through 2001.

In addition, I am enclosing a check in the amount of \$15.00 for a delinquent RAF for QuantumShift Communications, Inc. for filing year 1999.

If you require anything further to clear our account, please do not hesitate to OTH ATUNE contact me. Thank you for your assistance in this matter.

Sincerely,

Jenna Brown

Manager, Regulatory Affairs

Tennata our

415-209-7044

TX372 1:12.50 1:2.50

COM CTR

ECR

GCL OPC MMS

DOCUMENT NUMBER-DATE

07615 JUL 23 8

FPSC-COMMISSION CLERK

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

PSC/CMU-153 (Rev. 11/11/99)

Interexchange Company Regulatory Assessment Fee Return

TATUS: Florida Public Service Commissio			FOR PSC USE ONLY Check#	
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/1999 TO 12/31/1999	TJ094-99-0-R MVX Communications, LLC % Telecom Compliance Services, Inc. 6455 East Johns Crossing, Suite 285 Duluth, GA 30097-1568 CC: P. Isler		\$0603001 003001 \$P 0603001 004011 \$1 Postmark Date	
		Below If Official Mailing Address Has Changed	, ,	
(Name of Company)		(Address)	(City/State) (Zip)	
1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits S 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other (see "2. Fees" on back) 8. TOTAL REVENUES For Ref. P. Regulatory Assessment Fee D 10. Penalty for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE * These amounts must be intrastate on	ervices Telecommunications Computations Assessment Fee Calue (Mulipply Line 8 by 0.00 "3. Failure to File by Due I "3. Failure to File by Due I the Mulipply Line By Due I was and must be verifiable.	Date" on back)	s - 0 - = 8 - - 0 - s - 0 - s - 0 - - 0 - s - 0 - s - 3,00	
	, CU	RRENT COMPANY STATUS		
() Pacilities-Based Corner () Alternate-Operator Service	(X) Reseller () Robíller	() Call Aggregator () Other:		
Complete below if billing agent if other than		BILLING INFORMATION		
(Name) What is the total amount of customer deposit Amount S _ O _ for 19 98	its collected?	· · ·	(Telephone) is the total amount of bond held (if applicable)? ont: SExpires:	
Do you lease telecommunications' facilities if YES, who do you lease these facilities fro Address: 1, the undersigned owner/officer of the true and correct statement. I am aware that public sepand in the performance of higher Signature of Company of Preparer of Form - Pleas	above-named company, have pursuant to Section 837.06, duty shall be guilty of a multicial)	Florida Statutes, whoever knowingly makes a false	my knowledge and belief the above information is a statement in writing with the intent to mislead a 6-4-02 7044 Fax Number 45 899-8339	

TO AVOID PEPALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Interexchange Company Regulatory Assessment Fee Return

2000

STATUS:	Florida Public Service Commission (See Filling Instructions on Back of Form)		FOI Check#	FOR PSC USE ONLY Check#	
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2000 TO 12/31/2000 TJ094-00-0-R MVX Comma % Telecom Co 6455 East Joh Duluth, GA 3		oliance Services, Inc. Crossing, Suite 285	i I	\$0603001 \$P 0603001 004011 Postmark Date Initials of Preparer	
(Name of Company)	Please Complete Be	olow If Official Molling Address Has C	Changed (City/Sta		
(Majne of Company)		(Address)	(Cny/sta	te) (Zip)	
1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits S. 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other (see "2. Fees" on back) 8 TOTAL REVENUES For Reg 9. Regulatory Assessment Fee D 10. Penalty for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE • These amounts must be intrastate on AS PROVIDED () Facilities-Based Carrier () Alternate-Operator Service	Telecommunications Compulatory Assessment Fee Calcue (Multiply Line 8 by 0.001 "3. Failure to File by Due De 13 Failure to File by Due De 14 and must be verifiable. IN SECTION 364.336, CUR Reseller () Reseller	sulation 5) 22e" on back) 212.50 21e" on back) 47.00 FLORIDA STATUTES, THE MILE RENT COMPANY STATUS () Call Aggregator	\$ -0- -0- -0- -0- \$ -0- \$ -0- -0- -0- -0- -0- -0- -0- -0- -0- -0-	7)	
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Do you lease telecommunications' facilities? If YES, who do you lease these facilities fro. Address:	O () YES X) NO CO	OMPANY INFORMATION			
l, the undersened owner/officer of the a true and correct trustments. I am aware that public servant in the performance of his/her (Signature of Company	pursuant to Section 837.06, I duty shall be muitty of a miss ficial)	demeanor of the second degree.	tes a false statement in writing will act of the statement of writing will act of the statement of the state	h the jutent to mislead a	
PSC/CMU-153 (Rev. 11/31/99)				· · · · · · · · · · · · · · · · · · ·	

to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2002

Interexchange Company Regulatory Assessment Fee Return

PSC/CMU-153 (Rev. 11/11/99)



STATUS:		blic Service Commission	FOR PSC	USE ONLY
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2001 TO 06/19/2001	TJ094-01-0-R MVX Communications, LLC % Telecom Compliance Services, Inc. 6455 East Johns Crossing, Suite 285 Duluth, GA 30097-1568 CC: P. Isler		\$	0603001 003001 P 0603001 004011
	Please Complete Be	elow II Official Mailing Address Has C	hanged	•
(Name of Company)		(Address)	(City/State)	(Zip)
1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits S 5 Miscellaneous Services 6. TOTAL Telephone Services 7 LESS Amounts Paid to Othe (see "2. Fees" on back) 8. TOTAL REVENUES For Re 9. Regulatory Assessment Fee I 10. Penalty for Late Payment (see II). Interest for Late Payment (see II). TOTAL AMOUNT DUE * These amounts must be intrastate of	Services To Telecommunications Comp gulatory Assessment Fee Calc bue (Multiply Line 8 by 0.001 e "3. Failure to File by Due D e "3. Failure to File by Due D tly and must be verifiable. D IN SECTION 364.336,	FLORIDA STATUTES, THE MIN	\$ -0 - -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -	PENUE
() Facilities-Based Carrier () Alternate-Operator Service	Reseller () Rebiller	RENT COMPANY STATUS () Call Aggregator () Other:		
Complete below if billing agent if other that (Name) What is the total amount of customer depose for 19 10	n yourself	GAddress: City/State/Zip)	What is the total amount of bond held Amount: \$ Expire	
public servant in the performance of his/h	above-named company, have by suant to Section 837.06.1	read the foregoing and declare that to the Florida Statutes, whoever knowingly maked demeanor of the second degree.	es a false statement in writing with the i	nient to mislead a
(Preparer of Form - Pleas	e Print Name)	Telephone Number (415)	2 108 5	844-87