

# Interexchange Company Regulatory Assessment Fee Return

020000-P4  
**ORIGINAL**

STATUS:

- ☒ Actual Return  
☐ Estimated Return  
☐ Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**PERIOD COVERED**

Jan. 1, 2001 -  
Dec. 31, 2001

TJ-602

Resort Network Services LLC

484 S.W. Borland Road

West Linn, OR 97068

DEPOSIT

DATE

D2728

NOV 15 2002

**FOR PSC USE ONLY**

Check #

10/2

\$ 50.00

0603001  
003001

\$ 12.50

0603001  
004011

\$ 5.00

Postmark Date 11/12/02

Initials of Preparer WKC

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) Rebillor ( ) 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.

US  
AE  
CA  
CR  
SCL  
PC  
MS  
EC  
OTH  
Signature of Company Official  
Jessica Williams

Tax Manager

(Title)

(Date)

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

F.E.I.No. 93-1320199

DOCUMENT NUMBER DATE

12515 NOV 15 2002

FPSC-COMMISSION CLERK