

January 29, 1999

Florida Public Service Commission
Division of Administration
ATTN: Jackie Knight
2540 Shumard Oak Boulevard
Tallahassee FL 32399-0850

990000

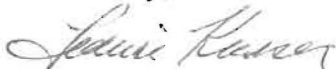
Dear Ms. Knight:

Attached are the returns for Fast Connections (TX073) and Sterling International Funding Inc. d/b/a Reconex (TX060).

As I indicated in our telephone conversation of January 28, I was put on medical leave on December 28 and have just returned to work half-time on January 25. I am enclosing copies of our correspondence to that time. Again, I am asking that penalties be waived as your answer to my original correspondence was not received before my leave and there was no one else to handle the issue.

I still have not received an answer to my original letter of December 18. Do you have any idea where in the process it might be? I look forward to hearing from you soon. If you have further questions, please call me at 503-982-5569. I am in from 8:00 a.m. to 12:00 p.m. M-F Pacific Time, until February 10, at which time I anticipate returning to my originally scheduled hours.

Sincerely,



Louise Kaiser
Tax Supervisor

ACK — cc: William E. Braun, General Counsel

AFA _____

APP _____

CAF _____

CMH *W. Isler*

CVE _____

DVS _____

EDG 1

SRV 1

NAS _____

JTH _____

RAR

DOCUMENT NUMBER-DATE

02243 FEB 19 99

FPSC-RECORDS/REPORTING

Alternative Local Exchange Company Regulatory Assessment Fee Return

\$106.00 - TX073

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 01/01/1998 TO
 08/04/1998

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TX060 99 FEB 18 AM 9:29
 Reconex MAIL ROOM
 P. O. Box 40
 Hubbard, OR 97033
DEPOSIT DATE
D089 FEB 19 1999

| FOR PSC USE ONLY | |
|----------------------|---------------|
| Check# | 10761 |
| \$ | 50.00 0603006 |
| | 003001 |
| \$ | 2.50 P |
| | 0603006 |
| \$ | .50 I |
| | 004011 |
| Postmark Date | 2/15/99 |
| Initials of Preparer | <i>RP</i> |

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|-------------------------|--------------------|
| 1. | Basic Local Services | \$ <u>SEE ATTACHED</u> | \$ _____ |
| 2. | Long Distance Services | _____ | _____ |
| 3. | Access Services | _____ | _____ |
| 4. | Private Line Services | _____ | _____ |
| 5. | Leased Facilities & Circuits Services | _____ | _____ |
| 6. | Miscellaneous Services | _____ | _____ |
| 7. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | \$ _____ |
| 8. | Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015) | | <u>50.00</u> |
| 9. | Penalty for Late Payment | | <u>2.50</u> |
| 10. | Interest for Late Payment | | <u>.50</u> |
| 11. | TOTAL AMOUNT DUE | | \$ <u>53.00</u> |

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

CURRENT COMPANY STATUS

() Facilities-Based Provider
 Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

RAR

1-800-RECONEX
Because Everybody Needs A Phone

TX073, TX066

GENERAL ACCOUNT
 P.O. BOX 40
 HUBBARD, OR 97032

BANK OF AMERICA
 24-7038/3230

10761

PAY *ONE HUNDRED SIX DOLLARS AND NO CENTS

DATE
 02/12/99

AMOUNT
 *****106.00*

TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMM
 2540 SHUMARD OAK BLVD
 TALLAHASSEE FL 32399-0850

REDACTED

TWO SIGNATURES REQUIRED
 IF OVER \$10,000

[Signature]

Alternative Local Exchange Company Regulatory Assessment Fee Return

\$106.00 - TX073

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TX060 99 FEB 18 AM 9:29
 Reconex MAIL ROOM
 P. O. Box 40
 Hubbard, OR 97039
DEPOSIT DATE
D089 FEB 19 1999

FOR PSC USE ONLY
 Check# 10761
 \$ 50.00 0603006
 003001
 \$ 2.50 P
 0603006
 004011
 \$.50 I
 Postmark Date 2/15/99
 Initials of Preparer [Signature]

PERIOD COVERED:
 01/01/1998 TO
 08/04/1998

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|-------------------------|--------------------|
| 1. | Basic Local Services | \$ SEE ATTACHED | \$ |
| 2. | Long Distance Services | | |
| 3. | Access Services | | |
| 4. | Private Line Services | | |
| 5. | Leased Facilities & Circuits Services | | |
| 6. | Miscellaneous Services | | |
| 7. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | \$ |
| 8. | Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015) | | 50.00 |
| 9. | Penalty for Late Payment | | 2.50 |
| 10. | Interest for Late Payment | | .50 |
| 11. | TOTAL AMOUNT DUE | | \$ 53.00 |

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

CURRENT COMPANY STATUS

() Facilities-Based Provider
 Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone) RAR

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.

[Signature]
 (Signature of Company Official)

SECRETARY
 (Title)

1/29/99
 (Date)

WILLIAM E. BRAUN
 (Please Print Name)

Telephone Number (503) 982-9000 Fax Number ()

F.E.I. No. 88-0350631

Alternative Local Exchange Company Regulatory Assessment Fee Return

106.00 - TX060

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 01/01/1998 TO
 12/31/1998

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX073
 Fascon, Inc.
 % Reconex
 P. O. Box 40
 Hubbard, OR 97032

99 FEB 18 AM 9:29
 MAIL ROOM
 DEPOSIT DATE
 0089 FEB 19 1999

FOR PSC USE ONLY
 Check# 10761

\$ 50.00 0603006
 003001
 \$ 2.50 P
 0603006
 004011
 \$.50 I

Postmark Date 2/15/99
 Initials of Preparer RP

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
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| 4. | Private Line Services | | |
| 5. | Leased Facilities & Circuits Services | | |
| 6. | Miscellaneous Services | | |
| 7. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | \$ |
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| 11. | TOTAL AMOUNT DUE | | \$ 53.00 |

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CURRENT COMPANY STATUS

() Facilities-Based Provider
 Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

RAR

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.

William E. Braun
 (Signature of Company Official)

SECRETARY
 (Title) _____ (Date)

WILLIAM E BRAUN
 (Please Print Name)

Telephone Number (503) 982-9000 Fax Number ()

F.E.I. No. 75-2658009

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



STEVE TRIBBLE, DIRECTOR
DIVISION OF ADMINISTRATION
(850) 413-6330

Public Service Commission

December 28, 1998

Louise Kaiser
2500 Industrial Avenue
Hubbard, Oregon 97032

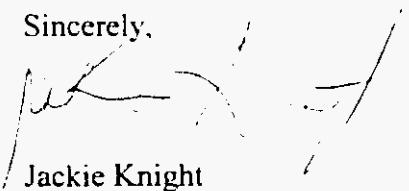
Dear Ms. Kaiser:

This is in response your letter dated December 18, 1998. Your letter has been forwarded to the Division of Communications here at the Commission for further handling. In the meantime, to avoid penalties and interest, you should pay at least the \$50.00 minimum for TX060 and TX073 before February 1, 1999.

If you wish to request a 15 or 30 day extension, you may do so by filing the Extension Request at least two weeks before the due date.

Please call me at (850) 413-6267 if you have further questions.

Sincerely,


Jackie Knight
(Professional Accountant)

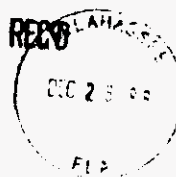
CC: Rick Moses (Communications)
Paula Isler (Communications)

RAR

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

DEC 31 REC'D



Louise Kaiser
2500 Industrial Avenue
Hubbard, Oregon 97032

97032/9336

