# COMPETITIVE TELECOMMUNICATION SERVICE PROVIDERS

For the provision of (check all that apply):					
INTEREXCHANGE CARRIER		COMPETITIVE ACCESS			
ALTERNATIVE OPERATOR SERVICE PROVIDER		COMPETITIVE LOCAL EXCHANGE CARRIERS OTHER (Describe):			

### ANNUAL REPORT

OF

Digital Connections Inc. dba Digital Connections of Ohio Inc

(Exact legal name of respondent)

PUC Cert # 90-9273

If name was changed during year, show also the previous name and date of change.

www.digitalconnections.net Website URL

P.O Box 270MorgantownMonongahliaWV26507AddressCityCountyStateZip Code

(304) 284-0779 Phone: (Area Code) Number

P.O. Box 270 Morgantown, WV 26507 (Address of principal business office at end of year)

### TO THE

### PUBLIC UTILITIES COMMISSION OF OHIO



2009 SEP 16 AM 11: 2

RECEIVED-DOCKETING OF

## FOR THE YEAR ENDED DECEMBER 31, 2008

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Tim Wotring, General Manager, P.O. Box 270 Morgantown, WV 26507, timw@digitalconnections.net, (304) 284-0779

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### GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

#### Please read the general instructions carefully before filling out this form:

- The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- 2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
- If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
- 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
- 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 81/2" x 11" durable paper.
- The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
- 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
- 8. The annual report shall be signed by a duly elected officer of he respondent and it shall be notarized.
- 9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

### **IDENTITY OF RESPONDENT**

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

### Corporation

2. If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the transactions, and PUCO authority. If a reorganized company, give name of original company.

### N/A

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

### N/A

- If incorporated specify:
  - a. Date of filing of articles of incorporation. June 1994
  - b. State in which incorporated. West Virginia
- Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.

### Case Number: 03-1795-TP-ACE Nov. 6, 2003 Identity Certificate Number: 90-9273

6. State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).

### Digital Connections Inc. is certified as a CLEC in Ohio, service began in January of 2005

7. If operational, identify Ohio counties where respondent is providing service.

### Athens, Belmont, Clermont, Delaware, Fairfield, Franklin, Geauga, Guernsey, Harrison, Hocking, Jefferson, Lawrence, Licking, Medina, Muskingum, Perry, Pike, Ross,

8. List the types of services provided by the respondent, e.g., residential voice, business voice, business data, other (specify types of other services provided).

### **Business Voice**

Identify if services are provided by resale (total service resale of local exchange company service) or facilities
based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type
of service is provided.

### Resale of Verizon Communications

 Identify local exchange companies that respondent has interconnection agreements with to provide service in Ohio.

### Verizon Communications & SBC Communications

### IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

- Changes in ownership or control (shareholders holding 5% or more of outstanding stock).
   No Changes
- 2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report. No Changes

SCHEDULE: 1

	DIRECTORS, PROPRIETORS, PARTNERS	PARTNERS	
	Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partners, and show each partner's percent of interest.)	each partner, identify which are general	or limited partners,
Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Tem Expired or Current Term Will Expire (c)
100400000000000000000000000000000000000	John Rockis - President - Morgantown, WV Bob Joseph - V. President Bruceton Mills, WV	1994	2014 2014
73	(For corporations, show the data requested; for other forms of business organizations, show mannes of individuals holding comparable positions.)  Name of Chairman of the Board - N/A 21 Transumer Bob Joseph	inss organizations, shownames of individu Trassurer Bob Joseph	als holding
12	Name of Secretary of Board MA	Controller Outside Contractor	
<b>8</b>	President lay Bachar		
23	Vice-President John Rockis		
8	Secretary John Rockis		

### Instructions:

Schedule 2 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

### SCHEDULE: 2

		Amount
Line No.	ltem	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	<u>\$24,929.96</u>
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	<u>\$0.00</u>
3	SUBTOTAL (1) + (2)	<u>\$24,929.96</u>
4	Earnings or receipts from sales to other public utilities for resale	(\$0.00)
5	TOTAL (3) + (4)	\$24,929.96

### SCHEDULE: 3

### IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

# Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

Tim Wotring	General Manager
Name	Title
P.O. Box 270 Morgantown, WV 26507	
Address	
(304) 284-0779	
Phone Number (Including Area Code)	
` ,	
Name Title Address and Bhare	Number of Person to whom Invoice
	e Directed
Tim Wotring	General Manager
Name	Title
P.O. Box 270 Morgantown, WV 26507	
Address	
(304) 284-0779	
Phone Number (Including Area Code)	
Name and Addre	ss of the President
John Rockis	President
Name	President
ALG. 11	
404 Callen Ave. Morgantown, WV 26501 Address	
Audivio	

### **VERIFICATION**

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

### **OATH**

State of	INVET Ulua mesa
County of _	MONONGALLA
	John 5. Rocker makes oath and says that
	(Insert here the name of the affiant.)
he is	Prendest Distac Connection
	(Insert here the official title of deponent)
of	Da Tre Connections De
	(Insert here the exact legal title or name of the respondent.)
fact contained	tamined the foregoing report; that to the best of his knowledge, information, and belief, all statements of d in the said report are true and the said report is a correct statement of the business and affairs of the respondent in respect to each and every matter set forth therein during the period from and including 2006 to and including 1008 (Signature of affiant.)
	Official Seal Notary Public, State of West Virginia Joanna Joseph Rt 4 Box 234 A Bruceton Mills, WV 26625 My Commission Expires August 24, 2015