型自

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

X INTEREXCHANGE CARRIE ALTERNATIVE OPERATOR		DER	X COMPET EXCHAN	TITIVE ACCESS TITIVE LOCAL IGE CARRIERS Describe):
Aľ	NNUAL REI	PORT	,	
				\circ
	OF			0
	Covista, Inc. (90-9	189)		
	(Exact legal name of respo			
	Website UFL:			
225 East 8th Street, Suite 400	Chattanooga		TN	37402
Address	City	County	State	Zip Code
	422 649 0500		Ý	
	423-648-9500 Phone: (Area Code) Nu	mber	-	
225 East 8th Street, Suite 400	Chattanooga		TN	3740
	of principal business offic	e at end of		3740.
PUBLIC UT	TO THE	SSION O	F ОНІО	
FOR THE Y	EAR ENDED DEC	EMBER	31, 2011	
Name, title, address, e-mail address and telephone num	ber (including area code) of th	e person to b	e contacted concerning the	his report.
Name: Mark Lammert, CPA c/o Comp	oliance Solutions Inc		Telephone #:	407-260-1011
Title: Tax Preparer for Company	mance Solutions, nic	' •	Fax #:	407-260-1011
ddress: 740 Florida Central Parkway, S	Suite 2028, Longwoo	d, FL 32		
This is to certify that accurate and complete document delivered in t	reproduction	or a c rse of	business.	

TABLE OF CONTENTS

<u>Title</u>	Page
General Instructions	1
Identity of Respondent	2
Important Changes During The Year	3
Directors, Proprietors, Partners (Schedule 1)	4
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2)	5
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed	6
Verification	7

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

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

- 1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- 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.
- 3. 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 8 1/2" x 11" durable paper.
- 6. 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 the 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

l. Ide	entify respondent's form of business organized Corporation	zation: sole propi	rietorship, pa	rtnership, co	rporation, or o	ther (explain).
	a consolidated, merged, or reorganized comunications, and PUCO authority. If a reorga		-			e date of the
	The Company is not a consolidated,	merged or reorg	anized compa	any.		
	entify any other names (other than shown or siness during the year.	n title page) unde	r which respo	ondent condu	cted any part o	of its
a.	incorporated specify: Date of filing of articles of incorpor	ation.		March 9, 196		
b.	State in which incorporated.			New Jersey		
. Ide	entify PUCO Case Number (and date issued Case #:	l) granting operat Date Issued:	-	•	certificate nur	nber(s) issued.
	ate whether respondent is operational in Ohut not currently providing service).	io (actually provi	ding service	and the date	operations beg	gan), or available
	The Company was operational in O	hio throughout 20)11.			
. If (operational, identify Ohio counties where re	espondent is prov	iding service			·
	entify separately the number of residential a other type services provided.	and business custo	omers served <u>Voice</u>	by responder <u>Data</u>	nt. Identify vo	pice, data,
Oi		Residential	0	0	0	•
Oi		D	0	0	0	
OI.		Business				
. Ide	entify if services are provided by resale (tot rough respondent's own switch or via UNE	al service resale o	of local excha			
. Ide		al service resale of platform), and no	of local excha	counties wh	ere each type	

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.

1.	Changes in ownership or control (shareholders holding 5% or more of outstanding stock). None
2.	Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.
	None

DIRECTORS, PROPRIETORS, PARTNERS

Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partner and show each partner's percent of interest.) 1.

Term Expired or Current Term Will Expire (c)	Perpetual Perpetual	duals holding comparable positions.)				
Served Continuously From (b)	Inception	ons, show names of individ	22. Controller:			
Name and Address (City and State) (a)	Henry G. Luken, III 225 E. 8th Str., Ste. 400, Chattanooga, TN37402 W. Thorpe McKenzie 225 E. 8th Str., Ste. 400, Chattanooga, TN37402	(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.) Name of Chairman of the Roard. Henry G. Luken, III	Name of Secretary of Board:	President: Warren Feldman	Vice-President:	Secretary: Michelle Graham
Line No.	1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	91	17	18	19	18

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

	STATEMENT OF	F INTRASTATE GROSS EARNINGS (REVENUE)		
Line#	Item		0	Amount Ohio Intrastate
1	Common Carrier, Directory Reve work performed for others, rent r	venue - Wholesale Cellular Communications, Radio enue, Rent Revenue, Special Billings (revenue from evenue-nonoperating, return on regulated gulated products and services, etc.)	\$	85,914
2	Operating and Nonoperating, Oth currency exchange or transfer, ex	erest Income, Gains From Disposition of Property - ner Operating or Nonoperating Gains (foreign tinguishment of debt, company's share of earnings for on equity method, income from sinking and	\$	0
3	SUBTOTAL	(1) + (2)	\$	85,914
4	Earnings or receipts from sales to	other public utilities for resale	\$	0
5	TOTAL	(3) + (4)	\$	85,914

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 Sandra K. Forquer Controller/VP of Finance Title Name 225 E. 8th Street, Suite 400, Chattanooga, TN 37402 Address 423-648-9529 Phone Number (Including Area Code) Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed Tax Preparer for the Company Mark Lammert CPA c/o Compliance Solutions, Inc. Title 740 Florida Central Parkway, Suite 2028, Longwood, FL 32750 Address 407-260-1011 Phone Number (Including Area Code) Name and Address of the President Warren Feldman President Name 225 E. 8th Street, Suite 400, Chattanooga, TN 37402 Address

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:	Tennessee			
County of:	Hamilton			
	. Forquer	makes oat	n and says that he is	
(Insert here the na	me of the affiant.)			
	P of Finance ial title of deponent)	of	Covista, Inc. (90-9189) (Insert here the exact legal title or name of the respondent.)	
fact contained in the said rep	ort are true and the said respect to each and every	report is a correct matter set forth th	edge, information, and belief, all statements of statement of the business and affairs of the terein during the period from and including Manda K. Janguar. (Signature of affant.)	