

# COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

INTEREXCHANGE CARRIER

COMPETITIVE ACCESS

ALTERNATIVE OPERATOR SERVICE PROVIDER

COMPETITIVE LOCAL

VOICE OVER INTERNET PROTOCOL (VOIP)

EXCHANGE CARRIERS

OTHER (Describe):

## ANNUAL REPORT

OF

Falcon1, Inc.

(Exact legal name of respondent)

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

Website URL

10717 State Route 139, Minford, Scioto OH 45653

Address

City

County

State

Zip Code

(740)820-2151

Phone: (Area Code) Number

10717 State Route 139 Minford, OH 45653

(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2011

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

Paula McGraw, General Manager, 10717 State Route 139, Minford, OH 45653

Email: pmcgraw@falcon1.net, Phone: (740)820-2151, Fax:



**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

4. If incorporated specify:
  - a. Date of filing articles of incorporation: December 17, 1999
  - b. State in which incorporated: Ohio

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.

N/A

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

Operational

## Instructions:

Schedule 1 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: 1

**STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)**

|   |   |           |
|---|---|-----------|
| 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.)                                      | \$700,792 |
| 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.) | \$2,203   |
| 3 | <b>SUBTOTAL (1) + (2)</b>   | \$702,995 |
| 4 | Earnings or receipts from sales to other public utilities for resale  | \$0       |
| 5 | <b>TOTAL (3) - (4)</b>  | \$702,995 |

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

**Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons**

Paula McGraw  
Name

General Manager  
Title

pmcgraw@falcon1.net  
E-mail

10717 State Route 139 Minford, OH 45653  
Address

(740)820-2151  
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice  
should be Directed**

Paula McGraw  
Name

General Manager  
Title

pmcgraw@falcon1.net  
E-mail

10717 State Route 139 Minford, OH 45653  
Address

(740)820-2151  
Phone Number (Including Area Code)

**Name and Address of the President**

Joe Bennett, President  
Name

PO Box 123 Minford, OH 45653  
Address

**VERIFICATION**

The foregoing report must be verified by the President or Chief Officer of the company.

**OATH**

State of Ohio  
County of Scioto

Joe Bennett makes oath and says that

s/he is President

of Falcon1, Inc.

that s/he has examined the foregoing report; that to the best of her/his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2011 to and including December 31, 2011.



Joe E. Bennett  
(Signature of affiant.)

Sworn and subscribed before me this 26<sup>th</sup> day of April, 2012 Month/Year

Debra Lykins  
Signature of notary

**Debra Lykins**  
Notary Public, State of Ohio  
My Commission Expires  
January 10, 2017

My commission expires on January 10, 2017

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**4/29/2012 8:26:06 AM**

**in**

**Case No(s). 11-2745-TP-RPT**

Summary: Annual Report Annual Report for Falcon1 electronically filed by Mr. Harold W Mullins on behalf of Falcon1