COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of	(check all that apply):	
✓ INTEREXCHANGE CARRIER		COMPETIT	IVE ACCESS
☐ ALTERNATIVE OPERATOR SERVICE P	rovid <u>e</u> r [☐ COMPETITIVE LOCAL EXCHANGE CARRIERS	
	[OTHER (De	scribe):
ANNUAI	L REPOR	RT	
Independent Telecomm		c.	
(Exact legal nar	ne of respondent)		
If name was changed d previous name a	uring year, show als and date of change.	o the	
Webs	ite URL		
5909 NW Expressway, Suite 101, Oklahoma City	Oklahoma	OK	73132
Address City	County	State	Zip Code
405-	755-8177		
Phone: (Area	Code) Number		
4079 Park East Court, G	rand Rapids, MI 49546		
(Address of principal bu	siness office at end o	f year)	

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE YEAR ENDED DECEMBER 31, 20<u>08</u>

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

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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.
- 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.
- 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

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.

ITS Communications

IXC Direct

- 4. If incorporated specify:
 - Date of filing of articles of incorporation.
 - State in which incorporated.

3-29-84, Michigan

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

03-1078-TP-ACE

2003

90-6124

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

Operational Statewide

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

Statewide

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).

Residential Voice, Business Voice

9. 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 Statewide

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

N/A

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

SCHEDULE: 1

	DIRECTORS, PROPRIETORS, PARTNERS	PARTNERS	
i,	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 partnez, identifywhich aze	general or limited partners,
Line No.	Name and Addxess (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1004787841111111111111111111111111111111	Robert Sweezie, 4079 Park East Court, Grand Rapids, MI 49546 Frederick Byam, 4079 Park East Court, Grand Rapids, MI 49546	Inception	N/A N/A
	(For corporations, show the data requested; for other forms of business organizations, shownames of individuals holding comparable positions.)	ness organizations, shownames of	individuals holding
16	Name of Chairman of the Board Robert Sweezie	Treasurer	
17	Name of Secretary of Board Frederick Byam	Controllez	
81	President Robot Sweezie		
£	Vice-President		
20	Secretary Frederick Byam	:	

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 INTRASTATE GROSS EARNINGS	(REVENUE)
		Amount
Line		Ohio
No.	Item	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.)	1,381,273.07
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.)	
3	SUBTOTAL (1) + (2)	1,591,275.67
4	Earnings or receipts from sales to other public utilities for resale	(883,136.28)
5	TOTAL (3) + (4)	708,139.39

Annual Report of	Independent Telecommunications Systems, Inc.	Year Ended December 31, 20_08
SCHEDULE: 3		
	NSURE THAT PUCO CORRESPONDENCE IS DIR I AT THE CORRECT ADDRESS, PLEASE COMPLE	
Nam	e, Title, Address, and Phone Number of the Compar	ny's Contact Persons
	to Receive Entries and Orders from the Docketin	ng Division
Judith A. Riley		Regulatory Counsel
Name		Title
		ritie
	y, Suite 101, Oklahoma City, OK 73132	
Address		
405-755-8177 	cluding Area Code)	
N	Jame, Title, Address, and Phone Number of Person t should be Directed	o whom Invoice
Judith A. Riley		Regulatory Counsel
Name		Title
5909 NW Expresswa	y, Suite 101, Oklahoma City, OK 73132	
Address		
405-755-8177		
Phone Number (In	cluding Area Code)	
	Name and Address of the President	
Robert Sweezie		
Name		President
4079 Park East Cour	t, Grand Rapids, MI 49546	
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 <u>Michigan</u> County of <u>Kent</u>	
Fredrick Byam (Insert here the name of the affiant.)	makes oath and says that
he is <u>Chief</u> Operating Offi (Insert here the official	Cer
of Independent Telecommunications, Inc.	in the of deponenty
(Insert here the exact legal title o	or name of the respondent.)
that he has examined the foregoing report; that to the bestatements of fact contained in the said report are true abusiness and affairs of the above-named respondent in reduring the period from and including 1-1, 2008,	and the said report is a correct statement of the espect to each and every matter set forth therein to and including 12-31, 20_08
	(Signature of affiant.)