

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> INTEREXCHANGE CARRIER | <input type="checkbox"/> COMPETITIVE ACCESS |
| <input type="checkbox"/> ALTERNATIVE OPERATOR SERVICE PROVIDER | <input type="checkbox"/> COMPETITIVE LOCAL EXCHANGE CARRIERS |
| | <input type="checkbox"/> OTHER (Describe): |

ANNUAL REPORT

OF
Firstel, Inc

(Exact legal name of respondent)

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

<i>P.O. Box 95</i>		<i>St. Clairsville, Oh</i>		<i>43950</i>
Address	City	County	State	Zip Code

Website URL:

Phone: (Area Code) Number

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 20__

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

Frank Oliver, Treasurer 740-699-3071

PUCO

2005 AUG 16 AM 9:39

RECEIVED-DOCKETING DIV

Annual Report of FIRSTEL, Inc. Year Ended December 31, 2002

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.

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 of articles of incorporation. *10/11/2000*
b. State in which incorporated.

Ohio

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

Have not received yet:

Certificate # 90-9281

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

N/A

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

Not in operation yet

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).

At present time none.

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.

N/A

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

Annual Report of _____ Year Ended December 31, 20____

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.

Annual Report of PLAS TEL Inc. Year Ended December 31, 2004

SCHEDULE 1

DIRECTORS, PROPRIETORS, PARTNERS

1. 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.)

Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	<i>Edgar D. Taylor 45589 Laura Drive St. Clairsville, OH</i>	<i>Oct 11, 2000</i>	
(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.)			
16	Name of Chairman of the Board <i>Edgar D. Taylor</i>	21 Treasurer <i>Frank Oliver</i>	
17	Name of Secretary of Board	22 Controller	
18	President <i>Edgar D Taylor</i>		
19	Vice-President		
20	Secretary <i>Ed McCorkle</i>		

Annual Report of _____ Year Ended December 31, 20__

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)		
Line No.	Item	Amount 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.)	0.00
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)	0.00
4	Earnings or receipts from sales to other public utilities for resale ()	
5	TOTAL (3) + (4)	0.00

Annual Report of _____ Year Ended December 31, 20__

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

Frank Oliver Treasurer
 Name Title

P.O. Box 95 St. Clairsville, OH 43950
 Address

(940) 695-2280 or Direct Line (740) 699-3071
 Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed

Frank Oliver Treasurer
 Name Title

P.O. Box 95 St. Clairsville, OH 43950
 Address

(740) 699-3071
 Phone Number (Including Area Code)

Name and Address of the President

Edgar D. Taylor
 Name President

45589 Saura Drive St. Clairsville, OH 43950
 Address

Annual Report of _____ Year Ended December 31, 20__

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 Ohio
County of Belmont

Edgar D. Taylor makes oath and says that
(Insert here the name of the affiant.)

he is President/CEO
(Insert here the official title of deponent)

of FIRSTTEL, Inc
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of 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 Jan. 1, 2004, to and including Dec. 31, 2004.

Edgar D. Taylor
(Signature of affiant.)

First USA, Inc.
P.O. Box 189
St. Clairsville, OH 43950

facsimile transmittal

To: PUCO **Fax:** 614-644-9546

From: Frank Oliver **Date:** 8/11/2005

Re: Annual Report **Pages:** 7 including cover page

CC: Tina Watkins

Urgent For Review Please Comment Please Reply Please Recycle

Fiske