

# COMPETITIVE TELECOMMUNICATIONS 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

Castle Wire, Inc.

(Exact legal name of respondent)

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

www.castlewire.com

Website URL

30628 Detroit Road #298, Westlake, Cuyahoga Ohio 44145

Address

City

County

State

Zip Code

(616)818-2000

Phone: (Area Code) Number

30628 Detroit Rd #298 Westlake, OH 44145

(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2010

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

Chris Porter, President, 30628 Detroit Road #298, Westlake, OH 44145

Email: chris@castlewire.com, Phone: (440)371-3391, Fax:(440)937-0321

### IDENTITY OF RESPONDENT

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

S-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.

4. If incorporated specify:

- a. Date of filing articles of incorporation: July 27, 2006
- b. State in which incorporated: Michigan

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

Case # 08-532-TP-ACN May 21st, 2008

Certificate# 90-9350

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

Available but not currently providing

## 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.)	\$0
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.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$0
4	Earnings or receipts from sales to other public utilities for resale	\$0
5	<b>TOTAL (3) - (4)</b>	\$0

**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**

Chris Porter  
Name

President  
Title

chris@castlewire.com  
E-mail

30628 Detroit Road #298 Westlake, OH 44145  
Address

(440)371-3391  
Phone Number (Including Area Code)

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

Chris Porter  
Name

President  
Title

chris@castlewire.com  
E-mail

30628 Detroit Road #298 Westlake, OH 44145  
Address

(440)371-3391  
Phone Number (Including Area Code)

**Name and Address of the President**

Chris Porter, President  
Name

30628 Detroit Rd #298 Westlake, OH 44145  
Address

**VERIFICATION**

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

**OATH**

State of Ohio  
County of Cuyahoga

Chris Porter makes oath and says that

she is President

of Castle Wire, Inc.

that she 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, 2010 to and including December 31, 2010.

  
(Signature of affiant.)

Sworn and subscribed before me this 16<sup>th</sup> day of December, 2010 Month/Year

  
Signature of notary

My commission expires on July 31, 2015

**KATHLEEN M. DOBROVICH**  
NOTARY PUBLIC STATE OF OHIO  
RECORD IN CUYAHOGA COUNTY  
MY COMMISSION EXPIRES JULY 31, 2015