

**COMPETITIVE TELECOMMUNICATIONS
SERVICE PROVIDERS**

For the provision of (check all that apply):

11-05-TP-RPT

- INTEREXCHANGE CARRIER
- ALTERNATIVE OPERATOR SERVICE PROVIDER
- COMPETITIVE ACCESS
- COMPETITIVE LOCAL EXCHANGE CARRIERS
- OTHER (Describe):

FILE

PUCO

2011 MAY - 9 PM 4:00

RECEIVED-DOCKETING DIV

**ANNUAL REPORT
OF**

Integrated Services, Inc.
(Exact legal name of respondent)

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

www.integratedserv.com
Website URL

<u>300 Maple Park Blvd., Suite 301 (BOSS)</u>	<u>St. Clair Shores</u>	<u>Macomb</u>	<u>MI</u>	<u>48081-2217</u>
Address	City	County	State	Zip Code

800-441-5392
Phone: (Area Code) Number

<u>300 Maple Park Blvd., Suite 301 (BOSS)</u>	<u>St. Clair Shores</u>	<u>MI</u>	<u>48081-2217</u>
(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

<u>Lisa Brown</u>	<u>Account Manager</u>	<u>lbrown@rtcllc.net</u>	<u>678-436-5590</u>
<u>Regulatory and Tax Consultants</u>	<u>3483 Satellite Blvd., Suite 202</u>	<u>Duluth</u>	<u>GA 30096-5800</u>

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician [Signature] Date Processed MAY 10 2011

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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.

None

4. If incorporated specify:

- a. Date of filing of articles of incorporation **3/24/2006**
- b. State in which incorporated. **NV**

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

06-952-TP-ACE 8/31/2006

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

Operational in Ohio. Began providing service on: 8/31/2006

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).

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

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: I

DIRECTORS, PROPRIETORS, PARTNERS			
1. 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.)			
Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1	Larry Gilleland St. Clair Shores MI	Inception	Perpetual
2		Inception	Perpetual
3		Inception	Perpetual
4		Inception	Perpetual
5		Inception	Perpetual
6		Inception	Perpetual
7		Inception	Perpetual
8		Inception	Perpetual
9		Inception	Perpetual
10		Inception	Perpetual
11		Inception	Perpetual
12		Inception	Perpetual
13		Inception	Perpetual
14		Inception	Perpetual
15		Inception	Perpetual
(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding			
	Comparable		
16	Name of Chariman of the Board Larry Gilleland	21 Treasurer Larry Gilleland	
17	Name of Secretary of Board	22 Controller	
18	President Larry Gilleland		
19	Vice-President		
20	Secretary Rick Beer		

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.)	\$	87,412.95
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)	\$	87,412.95
4	Earnings or receipts from sales to other public utilities for resale	\$	-
5	TOTAL (3) + (4)	\$	87,412.95

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 Michigan
County of Alcona

Harry FILLERAND makes oath and says that
(Insert here the name of the affiant.)

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

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 January 1, 2010 to and including December 31, 2010

Harry Fillerand
[Signature]
(Signature of affiant.)