

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

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

ANNUAL REPORT

OF

Pay Tel Communications, Inc.

(Exact legal name of respondent)

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

www.paytel.com

Website URL

<u>P.O. Box 8179</u>	<u>Greensboro</u>	<u>Guilford</u>	<u>NC</u>	<u>27419</u>
Address	City	County	State	Zip Code

336-346-1678

Phone: (Area Code) Number

4230 Beechwood Drive, Greensboro, NC 27410

(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.

Tim Smith, Director of Regulatory Affairs, P.O. Box 8179, Greensboro, NC
t.smith@paytel.com 336-346-1678 27419

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 5-2-11

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 attach additional statements or schedules, the attached 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.
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. *NA*

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. *NA*

4. If incorporated specify:
 - a. Date of filing of articles of incorporation. *August 12, 1986*
 - b. State in which incorporated. *North Carolina*

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. *Case No. 96-736-CT-ACE*
August 26, 1996

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 service in Ohio.*

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)		
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
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	SUBTOTAL (1) + (2)	0
4	Earnings or receipts from sales to other public utilities for resale	(0)
5	TOTAL (3) + (4)	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

Tim Smith Director of Regulatory Affairs
Name Title
tsmith@paytel.com
E-mail
P.O. Box 8179, Greensboro, NC 27419
Address
336-346-1678
Phone Number (Including Area Code)

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

Amy Reeves Treasurer
Name Title
areeves@paytel.com
E-mail
P.O. Box 8179, Greensboro, NC 27419
Address
336-346-1678
Phone Number (Including Area Code)

Name and Address of the President

J. Vincent Townsend President
Name President
P.O. Box 8179, Greensboro, NC 27419
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 North Carolina
County of Guilford

J. Vincent Townsend makes oath and says that
(Insert here the name of the affiant.)

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

of Pay Tel Communications, 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 January 1, 2010, to and including December 31, 2010.

J. Vincent Townsend
(Signature of affiant.)