



- INTEREXCHANGE CARRIER
 ALTERNATIVE OPERATOR SERVICE PROVIDER

COMPETITIVE ACCESS

COMPETITIVE LOCAL EXCHANGE CARRIER

OTHER:

Certification Number: 90-6336

PUCOID Number: 301875

**Annual Report for the Year ending December 31, 2013
of
Falcon1, Inc.**

Address:

10717 S R 139
Minford, OH 45653

Website URL:

N/A

Filed by:

Harold Mullins
(740) 357-5534

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2013 reporting year.

Annual Report filings and instructions are available at:

www.puco.ohio.gov/puco/docketing/

STATEMENT OF INTRASTATE-GROSS EARNINGS

Amount		
Line No.	Item	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for other, rent revenue- nonoperating, return on regulated investment used to provide nonregulated productions and service, etc.)	\$89,646
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 accounting for on equity method, income from sinking and other funds, etc.)	\$1,229,503
3	SUBTOTAL (1) + (2)	\$1,319,149
4	Earning or receipts from sales to other public utilities for resale	\$0
5	Total (3) + (4)	\$1,319,149

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Docketing Contact Information

pmcgraw@falcon1.net

Email
Paula McGraw General Manager

Name Title

10717 State Route 139 Minford, OH 45653

Address
(740) 820-2151

Phone Number (including Area Code)

Fiscal Contact Information

pmcgraw@falcon1.net

Email
Paula McGraw General Manager

Name Title

10717 State Route 139 Minford, OH 45653

Address
(740) 820-2151

Phone Number (including Area Code)



Public Utilities Commission

Affidavit for the Filing of the Annual Report of a Regulated Entity

REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: _____
County of: _____

Affiant's Name: _____
Affiant's Title: _____
Reporting Entity: _____

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: _____
Filer's Title: _____
Filer's Company: _____

(Signature of Affiant)

Sworn and subscribed before me this ____ day of _____, ____.

Signature of Notary _____
Print name of Notary: _____
My commission expires on: _____

DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

(Signature of Filer)

