



**Public Utilities  
Commission**

**Annual Report to the Commission  
for Competitive  
Telecommunications Service  
Providers**

INTEREXCHANGE CARRIER

ALTERNATIVE OPERATOR SERVICE PROVIDER

OTHER:

COMPETITIVE ACCESS

COMPETITIVE LOCAL EXCHANGE CARRIER

Certification Number: 90-5725

PUCOID Number: 300478

**Annual Report for the Year ending December 31, 2013  
of  
Earthlink Business**

Address:

2851 Charlevoix Dr SE Ste 209  
Grand Rapids, MI 49546

Website URL:

[www.earthlinkbusiness.com](http://www.earthlinkbusiness.com)

Filed by:

**Rebecca W West**  
**(954) 252-1023**

Changes: Address change

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://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.)	\$106,059
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.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$106,059
4	Earning or receipts from sales to other public utilities for resale	\$0
5	<b>Total (3) + (4)</b>	\$106,059

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

**Docketing Contact Information**

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Becky.West@corp.earthlink.com

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Email

Rebecca West

Senior Manager Regulatory C

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Name

Title

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2851 Charlevoix Dr SE Ste 209 Grand Rapids, MI 49546

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Address

(954) 252-1023

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Phone Number (including Area Code)

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**Fiscal Contact Information**

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Becky.West@corp.earthlink.com

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Email

Rebecca West

Senior Manager Regulatory C

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Name

Title

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Address

(954) 252-1023

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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: Michigan
County of: Kent

Affiant's Name: Mary L. Whiting
Affiant's Title: Director, Regulatory Compliance
Reporting Entity: DeltaCom LLC

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: Rebecca W West
Filer's Title: Senior Manager Regulatory Compliance
Filer's Company: DeltaCom LLC

[Handwritten Signature]
(Signature of Affiant)

Sworn and subscribed before me this 28 day of April, 2014.

[Handwritten Signature]
Signature of Notary
Print name of Notary: Karen Rosenberger
My commission expires on: 5/22/2020

KAREN L. ROSENBERGER
Notary Public, State of Michigan
County of Kent
My Commission Expires 05-22-2020
Acting in the County of Kent

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.

[Handwritten Signature]
(Signature of Filer)





