



# 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: 90-9412

PUCOID Number: 374529

## Annual Report for the Year ending December 31, 2014 of Inteltrace Inc

Address:

448 Ignacio Blvd, Ste 222  
Novato, CA 94949

Website URL:

<http://inteltrace.com/>

Filed by:

**Matt Dean**  
**(405) 755-8177**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

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.)	\$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 accounting for on equity method, income from sinking and other funds, etc.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$0
4	Earning 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 IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Docketing Contact Information**

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cfoster@inteltrace.com

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Email  
Cindy Foster Accounting Manager

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Name Title

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448 Ignacio Blvd., #222 Novato, CA 94949

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Address  
(415) 493-2200

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Phone Number (including Area Code)

**Fiscal Contact Information**

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jriley@telecompliance.net

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Email  
Judith Riley Tax and Regulatory Consultant

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Name Title

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PO Box 720128 Oklahoma City, OK 73172-0128

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Address  
(405) 755-8177

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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: Nevada
County of: Clark

Affiant's Name: Johannes Gottschalk
Affiant's Title: President
Reporting Entity: Telecom North America, Inc.

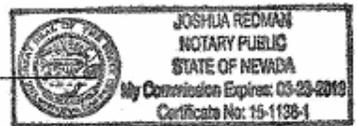
OATH:

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: Matt Dean
Filer's Title: Regulatory Agent
Filer's Company: Telecom Professionals, Inc.

[Handwritten signature of Johannes Gottschalk]
(Signature of Affiant)



Sworn and subscribed before me this 26th day of May, 2015.

[Handwritten signature of Notary]
Signature of Notary
Print name of Notary: Joshua Redman
My commission expires on: 3/23/19
State of Nevada
County of Clark

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 of Matt Dean]
(Signature of Filer)

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

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Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of MARIN

Subscribed and sworn to (or affirmed) before me  
 on this 27 day of MAY, 2015,  
 by \_\_\_\_\_  
Date Month Year

(1) DAVID RANGHIASCI

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
Signature of Notary Public



Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_