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FEB 20 2004

Missouri Public  
Service Commission

Fox Communications Corporation

(Full Company Name)

**INTEREXCHANGE TELECOMMUNICATIONS CARRIER**

**ANNUAL REPORT**

*RECEIVED*

FEB 17 2004

**TO THE**

*Records  
Public Service Commission*

**MISSOURI PUBLIC SERVICE COMMISSION**

For Period Ending December 31, 2003

RECEIVED

FEB 17 2004

INTERNAL ACCOUNTING  
MO. P.S.C.

IXC Annual Report of Fox Communications Corporation  
for the year ended December 31, 2003

1. State in full the exact 'certificated' name of the Interexchange Telecommunications Carrier:  
(Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

Fox Communication Corporation

2. Effective date of certification by the MO Public Service Commission and associated case number:

Date (e.g. 00/00/0000): \_\_\_\_\_ Case No: \_\_\_\_\_

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

NO

4. State the name, title, street address, telephone number, fax number, and e-mail address\* of the individual completing/verifying this Annual Report:

Louise Benson, Owner

5210 Carillon Point, Kirkland, WA 98033

ph 425-828-8599, fax 425-828-7889

(\* ) To facilitate electronic sending of the Annual Report form next year.

5. State the name, title, street address, telephone number, fax number, and e-mail address of the company's regulatory contact person(s):

Keith Brama, Tax Specialist

5210 Carillon Point, Kirkland, WA 98033

ph 425-828-8599, fax 425-828-7889

6. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

N/A

7. Please Provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Specific) Revenues for the Calendar Year 2003

<u>Revenues:</u>	<u>Total Company</u>	<u>MO Specific</u>
Operating Revenues* from Telecommunication Services	16,352,883	20,783
<u>MO Specific should match Statement of Revenue (FY-2005 Mo.PSC Assessment)</u>		

8. Type of Missouri tax return filed (i.e. MO-1065, MO-1120A, MO-1120S, MO-NRP, MO-NRS etc.): 1120 S

9. Missouri Taxpayer ID: \_\_\_\_\_

**\* Missouri Revised Statutes §386.020(53)**

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

10. In an effort to update our Electronic Filing & Information system (EFIS) with current company contact and address information please provide the following information. Either verify the information through EFIS and initial in space provided or complete each sub-type and the Data Center Staff will update as required.

**a. Official Representative of the Company:** *Sole owner* *Information contained in EFIS is current:* \_\_\_\_\_ initials

Name: Lonnie Benson

Street/ PO Box: 5210 Carillon Pt

City, State, Zip: Kirkland, WA 98033

Telephone number: 425-828-8599

Fax number: 425-828-7889

E-mail address: N/A

**b. Consumer Services:** *Information contained in EFIS is current:* \_\_\_\_\_ initials

Name: N/A

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**c. Individual to receive statement of revenue (assessment):** *DAY-TO DAY CONTRACT* *Information contained in EFIS is current:* \_\_\_\_\_ initials

Name: Keith Brana

Street/ PO Box: 5210 Carillon Pt

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address (\*): \_\_\_\_\_

(\* ) To facilitate electronic sending of the statement of revenue next year.

In addition provide specific contacts for areas (d. through m.) if applicable on the following pages. In lieu of additional contacts being provided, designate if a, b, or c, above should be identified as the contact.

**d. Tariff:** *Information contained in EFIS is current:* \_\_\_\_\_ initials

Name: N/A

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

10. continued

e. CFO/Comptroller:

Information contained in EFIS is current:

Name:

N/A

initials

Street/ PO Box:

City, State, Zip:

Telephone number:

Fax number:

E-mail address:

f. Technical:

Information contained in EFIS is current:

Name:

N/A

initials

Street/ PO Box:

City, State, Zip:

Telephone number:

Fax number:

E-mail address:

g. Surveillance:

Information contained in EFIS is current:

Name:

N/A

initials

Street/ PO Box:

City, State, Zip:

Telephone number:

Fax number:

E-mail address:

h. In-House Attorney:

Information contained in EFIS is current:

Name:

N/A

initials

Street/ PO Box:

City, State, Zip:

Telephone number:

Fax number:

E-mail address:

i. Attorney:

Information contained in EFIS is current:

Name:

N/A

initials

Street/ PO Box:

City, State, Zip:

Telephone number:

Fax number:

E-mail address:

10. continued

**j. Consultant:**

*Information contained in EFIS  
is current:*

Name: N/A \_\_\_\_\_ initials \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**k. Other:**

*Information contained in EFIS  
is current:*

Name: N/A \_\_\_\_\_ initials \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**l. Area Contact Entry:**

*Information contained in EFIS  
is current:*

Name: N/A \_\_\_\_\_ initials \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**m. Carrier Billing Relations:**

*Information contained in EFIS  
is current:*

Name: N/A \_\_\_\_\_ initials \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

IXC Annual Report of \_\_\_\_\_

for the year ended December 31, 2003

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver 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 Washington  
County Of King } ss:

Lonnie Benson makes oath and says that  
(Insert here the name of the affiant)

s/he is Owner  
(Insert here the official title of the affiant)

of Fox Communications Corporation  
(Insert here the exact legal title or name of the respondent)

that s/he has examined the foregoing report; that to the best of his or her 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.

JAN 1<sup>st</sup>, 2003, to and including Dec 31<sup>st</sup>, 2003

[Signature]  
(Signature of affiant)

Subscribed and sworn before me, a Notary Public in and for the  
State and county above named, this 10<sup>th</sup> day of February, 2004  
My Commission expires 5/20/07, 20



[Signature]  
(Signature of officer authorized to administer oaths)

Missouri Revised Statutes § 392.240  
Original must be mailed to:  
Manager of the Data Center  
MoPSC, 200 Madison Street, Suite 100  
P.O. Box 360, Jefferson City, MO 65102-0360