

U.S. TelePacific Corp. d/b/a TelePacific Communications

(Full Company Name)

Am

**COMPETITIVE
LOCAL EXCHANGE CARRIER
ANNUAL REPORT
TO THE
MISSOURI PUBLIC SERVICE COMMISSION**

For Period Ending December 31, 2003

FILED⁴

MAY 12 2004

**Missouri Public
Service Commission**

State in full the exact 'certificated' name of the Competitive Local Exchange Carrier:

1. (Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

U.S. TelePacific Corp. dba TelePacific Communications

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

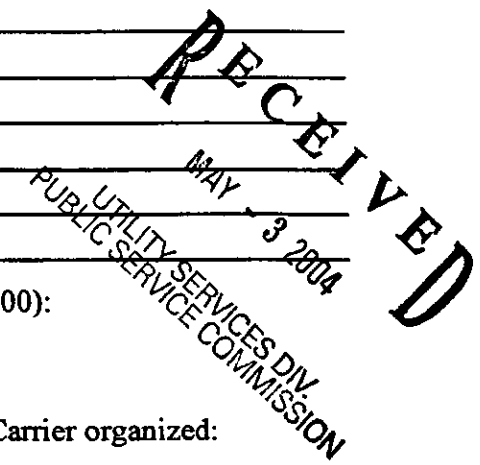
Date (e.g. 00/00/0000): 6/18/2004 Case No: TA-2000-731

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. This Competitive Local Exchange Carrier is a (Check box with an X) and under 'Explanation' list registered name if different than certificated name listed above (e.g. parent corporation name). If 'Other' is identified, explain:

Type	Explanation
<input checked="" type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> LLC	
<input type="checkbox"/> LP	
<input type="checkbox"/> Other	



5. Date of incorporation or other original organization (e.g. 00/00/0000):

July 17, 1996

6. Under the laws of what state is the Competitive Local Exchange Carrier organized:

California

7. State in full the name, street address, telephone number, and e-mail address* of the individual completing/verifying this Annual Report:

Hilary Griffin
515 S. Flower St. 47th Floor - Los Angeles, CA 90071
213.213.3020
hgriffin@telepacific.com

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

8. Whether a corporation or not, give the particulars called for below concerning the principal general officers of the Competitive Local Exchange Carrier at the end of the year:

Date Office Assumed	Title of General Officer	Name of Person Holding Office
3/1/02	CEO	Richard Talkut
2/6/02	CFO	Gene Welsh
9/13/01	Secretary	Erich Everbach
12/20/99	Asst. Secretary	Jane Delahanty
10/24/00	Asst. Secretary	Kirstin Gooldy

9. Please provide a description of **ALL MATERIAL** extraordinary items which affected the total company Competitive Local Exchange Carrier's operations during the past year. In addition, for company operations affecting Missouri, please include a listing of all consolidations, reorganizations, major plant changes and lawsuits.

Currently not providing service in Missouri.

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

Revenues:	Total Company	MO Specific
Operating Revenues* from Telecommunication Services	\$78,504,081	0
Access Fee Revenues	\$26,296,431	0
Federal USF Subsidies	0	0
State USF Subsidies	0	0
Other Revenues	0	0
TOTAL REVENUES	\$104,800,512	0

MO Specific should match Statement of Revenue (FY-2005 Mo.PSC Assessment)

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

1120 C

12. Missouri Taxpayer ID: 95-4593876

* 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;

13. 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: *Information contained in EFIS is current:* HL
initials

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

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

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

c. Individual to receive statement of revenue (assessment): *Information contained in EFIS is current:* HL
initials

Name: _____
 Street/ PO Box: _____
 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 n.) 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:* HL
initials

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

13. continued

e. CFO/Comptroller:

Information contained in EFIS is current: _____

Name: Gene Welsh
Street/ PO Box: 515 S. Flower Street 47th Fl.
City, State, Zip: Los Angeles CA 90071
Telephone number: 213 213 0300
Fax number: 213 213 3027
E-mail address: gwelsh@telepacific.com

initials

f. Technical:

Information contained in EFIS is current: _____

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

initials

g. Surveillance:

Information contained in EFIS is current: _____

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

initials

h. In-House Attorney:

Information contained in EFIS is current: _____

Name: Erich Everbach
Street/ PO Box: 515 S. Flower St. 47th Fl.
City, State, Zip: Los Angeles, CA 90071
Telephone number: 213.213.3690
Fax number: 213.213.3691
E-mail address: eeverbach@telepacific.com

initials

i. Attorney:

Information contained in EFIS is current: _____

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

initials

13. continued

j. Consultant:

Information contained in EFIS
is current: HA

initials

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

k. Other:

Information contained in EFIS
is current: HA

initials

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

l. Regulatory:

Information contained in EFIS
is current: _____

initials

Name: Jane Delahanty
Street/ PO Box: 515 S. Flower St. 47th Fl.
City, State, Zip: Los Angeles CA 90071
Telephone number: 213-213-3288
Fax number: 213-213-3289
E-mail address: _____

m. Area Contact Entry:

Information contained in EFIS
is current: HA

initials

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

n. Carrier Billing Relations:

Information contained in EFIS
is current: HA

initials

Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

CLEC Annual Report of U.S. Tele Pacific Corp.

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 California
County Of Los Angeles } SS:

Jane Delahanty makes oath and says that
(Insert here the name of the affiant)

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

of U.S. Tele Pacific Corp.
(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.

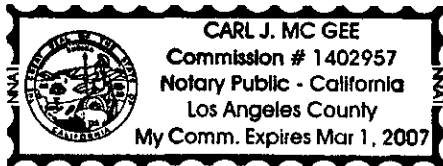
January 1, 2003, to and including December 31, 2003

[Signature]
(Signature of affiant)

Subscribed and sworn before me, a NOTARY PUBLIC in and for the

State and county above named, this 30 day of APRIL, 2004

My Commission expires MARCH 1, 2007



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

Missouri Revised Statutes § 392.210

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