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MAY 24 2004

Missouri Public  
Service Commission

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*Records  
Public Service Commission*

Capsule Communications, Inc.

---

(Full Company Name)

**COMPETITIVE LOCAL EXCHANGE CARRIER**

**and**

**INTEREXCHANGE TELECOMMUNICATIONS CARRIER**

**ANNUAL REPORT**

**TO THE**

**MISSOURI PUBLIC SERVICE COMMISSION**

**For Period Ending December 31, 2003**

for the year ended December 31, **2003**

1. State in full the exact '**certificated**' name of the  
Competitive Local Exchange/Interexchange Telecommunications Carrier:  
(Do not abbreviate; yet include any commission approved fictitious name, if applicable.)  
**Capsule Communications, Inc.**

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

Date (e.g. 00/00/0000): **3/31/2000** Case No: **TA-2000-536**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This Competitive Local Exchange/Interexchange telecommunications 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):

**5/3/2000**

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

**DE**

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

**Patrick Hardy/TCS**

**1720 Windward Concourse**

**Suite 250**

**Alpharetta**

**GA**

**30005**

**678-775-2251**

**phardy@tcsteam.com**

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



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	<b>345,450.00</b>	<b>107,601.00</b>
Access Fee Revenues		
Federal USF Subsidies		
State USF Subsidies		
Other Revenues		
<b>TOTAL REVENUES</b>	<b>345,450.00</b>	<b>107,601.00</b>

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**

12. Missouri Taxpayer ID: **22-3055962**

\* 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;

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for the year ended December 31, **2003**

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:*

Name:	<b>Patrick Hardy/TCS</b>			_____	initials
Street/ PO Box:	<b>1720 Windward Concourse</b>		<b>Suite 250</b>	_____	
City, State, Zip:	<b>Alpharetta</b>	<b>GA</b>	<b>30005</b>	_____	
Telephone number:	<b>678-775-2251</b>			_____	
Fax number:	<b>678-775-2254</b>			_____	
E-mail address:	<b>phardy@tcsteam.com</b>			_____	

**b. Consumer Services:**

*Information contained in EFIS is current:*

Name:	<b>Nancy Hawkins</b>			_____	initials
Street/ PO Box:	<b>721 Broad Street</b>			_____	
City, State, Zip:	<b>Chattanooga</b>	<b>TN</b>	<b>37402</b>	_____	
Telephone number:	<b>(215) 633-9400</b>			_____	
Fax number:	<b>(215) 244-3440</b>			_____	
E-mail address:	_____			_____	

**c. Individual to receive statement of revenue (assessment):**

*Information contained in EFIS is current:*

Name:	<b>Harriet Tweed</b>			_____	initials
Street/ PO Box:	<b>721 Broad Street</b>			_____	
City, State, Zip:	<b>Chattanooga</b>	<b>TN</b>	<b>37402</b>	_____	
Telephone number:	<b>(215) 633-9400</b>			_____	
Fax number:	<b>(215) 244-3440</b>			_____	
E-mail address (*):	<b>htweed@covista.com</b>			_____	

(\* ) 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:*

Name:	<b>Harriet Tweed</b>			_____	initials
Street/ PO Box:	<b>721 Broad Street</b>			_____	
City, State, Zip:	<b>Chattanooga</b>	<b>TN</b>	<b>37402</b>	_____	
Telephone number:	<b>(215) 633-9400</b>			_____	
Fax number:	<b>(215) 244-3440</b>			_____	
E-mail address:	<b>htweed@covista.com</b>			_____	

**13. continued**

**e. CFO/Comptroller:** *Information contained in EFIS is current:*  
 Name: **Frank Pazera** initials  
 Street/ PO Box: **721 Broad Street**  
 City, State, Zip: **Chattanooga TN 37402**  
 Telephone number: **(215) 633-9400**  
 Fax number: **(215) 244-3440**  
 E-mail address: \_\_\_\_\_

**f. Technical:** *Information contained in EFIS is current:*  
 Name: **Harriet Tweed** initials  
 Street/ PO Box: **721 Broad Street**  
 City, State, Zip: **Chattanooga TN 37402**  
 Telephone number: **(215) 633-9400**  
 Fax number: **(215) 244-3440**  
 E-mail address: **htweed@covista.com**

**g. Surveillance:** *Information contained in EFIS is current:*  
 Name: **Harriet Tweed** initials  
 Street/ PO Box: **721 Broad Street**  
 City, State, Zip: **Chattanooga TN 37402**  
 Telephone number: **(215) 633-9400**  
 Fax number: **(215) 244-3440**  
 E-mail address: **htweed@covista.com**

**h. In-House Attorney:** *Information contained in EFIS is current:*  
 Name: \_\_\_\_\_ initials  
 Street/ PO Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**i. Attorney:** *Information contained in EFIS is current:*  
 Name: **Lance JM Steinhart, Esq.** initials  
 Street/ PO Box: **1720 Windward Concourse Suite 250**  
 City, State, Zip: **Alpharetta GA 30005**  
 Telephone number: **678-775-2251**  
 Fax number: **678-775-2254**  
 E-mail address: **phardy@tcsteam.com**

**13. continued**

**j. Consultant:**

*Information contained in EFIS  
is current:*

Name: Patrick Hardy/TCS initials  
 Street/ PO Box: 1720 Windward Concourse Suite 250  
 City, State, Zip: Alpharetta GA 30005  
 Telephone number: 678-775-2251  
 Fax number: 678-775-2254  
 E-mail address: phardy@tcsteam.com

**k. Other:**

*Information contained in EFIS  
is current:*

Name: Harriet Tweed initials  
 Street/ PO Box: 721 Broad Street  
 City, State, Zip: Chattanooga TN 37402  
 Telephone number: (215) 633-9400  
 Fax number: (215) 244-3440  
 E-mail address: htweed@covista.com

**l. Regulatory:**

*Information contained in EFIS  
is current:*

Name: Patrick Hardy/TCS initials  
 Street/ PO Box: 1720 Windward Concourse Suite 250  
 City, State, Zip: Alpharetta GA 30005  
 Telephone number: 678-775-2251  
 Fax number: 678-775-2254  
 E-mail address: phardy@tcsteam.com

**m. Area Contact Entry:**

*Information contained in EFIS  
is current:*

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

**n. Carrier Billing Relations:**

*Information contained in EFIS  
is current:*

Name: Nancy Hawkins initials  
 Street/ PO Box: 721 Broad Street  
 City, State, Zip: Chattanooga TN 37402  
 Telephone number: (215) 633-9400  
 Fax number: (215) 244-3440  
 E-mail address: htweed@covista.com



CLEC-IXC

Capsule Communications, Inc.

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 Tennessee
County Of Hamilton } ss:

Frank Pazera makes oath and says that
(Insert here the name of the affiant)

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

Capsule Communications, Inc.
(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 an affairs of the above-named respondent.

, to and including

Indy, CFO
(Signature of affiant)

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

State and county above named, this 23rd day of April, 2004

My Commission expires January 10, 2006



Michelle Graham
(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