

**FILED<sup>3</sup>**

JUN 01 2004

Missouri Public  
Service Commission

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MAR 04 2004

Records  
Public Service Commission

Heartland Health  
(Full Company Name)

System, Inc.

*SN*

**SHARED TENANT SERVICES CARRIER**

**FILED**

**ANNUAL REPORT**

MAR 09 2004

**TO THE**

Missouri Public  
Service Commission

**MISSOURI PUBLIC SERVICE COMMISSION**

For Period Ending December 31, 2002

Exhibit No. 3

Case No(s). TT-2004-0392

Date 5-12-04 Rptr TR

1 State in full the exact 'certificated' name of the Shared Tenant Services Carrier:

Heartland Health System, Inc.

2 State in full the mailing and street address of the Shared Tenant Services Carrier:

5325 Faraon Street

St. Joseph, MO 64506

3 State in full the name, street address, telephone number, and email address of the individual to contact concerning the carrier's Shared Tenant Services operations:

Larry J. Koch, Chief Technology Development Officer

5325 Faraon Street

St. Joseph, MO 64506

larry.koch@mail.heartland-health.com

4 This Shared Tenant Services Carrier is a (Check box with an X -- Give explanation if 'Other' is identified):

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):

6 Date of certification by the Missouri Public Service Commission and associated case number:

Date (e.g 00/00/0000): 03/15/1994

Case No: TA-94-188

7 Under the laws of what state is the Shared Tenant Services Carrier organized:

Missouri



11 Please Provide the following information concerning Total Company and Missouri Specific Revenues:

Revenues:	Total Company	MO Specific
Operating Revenues* from Telecommunication Services	\$24,679.65	\$24,679.65
Access Fee Revenues		
Federal USF Subsidies		
State USF Subsidies		
Other Revenues		
<b>TOTAL REVENUES</b>	<b>\$24,679.65</b>	<b>\$24,679.65</b>

12 Type of tax return filed (i.e. 1120C, 1120S, Partnership, ect): 990

13 Taxpayer ID: 440545289

\* Missouri Revised Statutes §386.020(53)

14. Please provide the following information for each shared tenant service location:

**Name of Location:** Heartland Regional Medical Center  
**Location Description:** 5325 Faraon Street  
**Full Address:** St. Joseph, MO 64506

**Local Phone Company:** SWB  
**Operator Services Provider:** SWB  
**Number of Stations:** 575  
**Is STS Offered in Multiple Buildings? (Yes/No):**

**Name of Location:** Heartland Medical Plaza  
**Location Description:** 802 N. Riverside Road  
**Full Address:** St. Joseph, MO 64506

**Local Phone Company:** SWB  
**Operator Services Provider:** SWB  
**Number of Stations:** 180  
**Is STS Offered in Multiple Buildings? (Yes/No):**

**Name of Location:** Cancer Center  
**Location Description:** 902 N. Riverside Road  
**Full Address:** St. Joseph, MO 64506

**Local Phone Company:** SWB  
**Operator Services Provider:** SWB  
**Number of Stations:** 40  
**Is STS Offered in Multiple Buildings? (Yes/No):**

STS Annual Report of Heartland Health

for the year ended December 31, 2002

### 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 Missouri  
County Of Buchanan } ss:

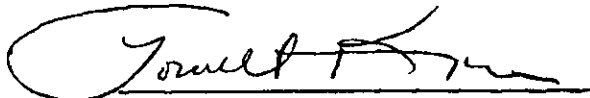
Lowell C. Kruse makes oath and says that  
(Insert here the name of the affiant)

s/he is President & CEO  
(Insert here the official title of the affiant)

of Heartland Health  
(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, 2002, to and including December, 2002

  
(Signature of affiant)

Subscribed and sworn before me, a Notary Public's in and for the  
State and county above named, this 26<sup>th</sup> day of February, 2004  
My Commission expires August 20, 2005

  
(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