

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

Name 1-800-RECONEX, INC.
(Show in full the exact corporate, firm or individual name of the respondent)

Located at 2500 INDUSTRIAL AVE, HUBBARD OR 97032
(Give the location, including number and street of the respondent's main business office within the state)

To the

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2000

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
P.O. Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of 1-800-RECONEX, INC.
(Company)

of OREGON for the year ending December 31

●●●●●●●●
VERIFICATION

STATE OF OREGON
SS.
COUNTY OF MARION

I, the undersigned, WILLIAM BRAUN, CORPORATE SECRETARY of the
(Name and Title)

1-800-RECONEX, INC on my oath do say that the following report has been prepared under my
(Company)

direction from the original books, papers, and records of said utility; that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

[Signature]
(Signature)

Subscribed and sworn to before me this 4th

day of JANUARY

My Commission Expires 10/22/01

[Signature]
(Signature of Notary)



REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1. Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2. The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3. Instructions should be carefully observed, and each question should be answered fully and accurately. Where the word "none" truly and completely states the fact, it should be given to any particular inquiry.
4. If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
5. Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
6. Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
7. Each report shall be bound in permanent form before returning to the Commission. Binding with clips is not sufficient.
8. Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
9. In cases where the schedules provided in this report do not contain sufficient space for the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

10. Each respondent is required to send, in connection with its report to this Commission's Utilities Division, one (1) copy of its latest annual report to stockholders.
 11. Answers to all inquiries may be in even dollar figures, with the cents omitted and with agreeing totals.
 12. Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.
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Give the name, title, office address, and telephone number of the person to whom any correspondence concerning this report should be addressed:

Name ANNE LYNCH Title REGULATORY MANAGER

Address 2500 INDUSTRIAL AVE, HUBBARD OR 97032

Telephone Number 503 982-5572

Give the name, address, and telephone number of the resident agent:

Name THE CORPORATION COMPANY Telephone No. 800 456-4511

Address 425 WEST CAPITOL AVE, STE. 1700, LITTLE ROCK AR
72201

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

1-800-RECONEX, INC

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

(a)

2500 INDUSTRIAL AVE
(b) HUBBARD OR 97032

3. Indicate by an X in the proper space the type of organization under which respondent was operating at the end of the year:

() Proprietorship, () Partnership, () Joint Stock Association,
(X) Corporation, () Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year:

5. If a corporation, indicate (a) in which state respondent is incorporated and (b) the date of incorporation:

a) OREGON b) MARCH 15, 1998

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

NOT APPLICABLE

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

NOT APPLICABLE

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized, and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars: NOT APPLICABLE

9. Was respondent subject to a receivership or other trust at any time during the year?
NO If so, state:

- (a) Name of receiver or trustee: _____
- (b) Name of beneficiary or beneficiaries for whom trust was maintained: _____
- (c) Purpose of the trust: _____
- (d) Give (1) date of creating of receivership or other trust, and (2) date of acquisition of respondent: _____
- (e) Authority by which such receivership or trust was created: _____

10. Did the respondent act in any of the capacities listed in paragraph (a) below during the past year? NO If so:

- (a) Indicate the applicable one by using an X in the proper space:
 Guarantor Surety Principal - obligor to a surety contract
 Principal - obligor to a guaranty contract.
- (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

| Name of Director | Office Address | Date of Term | |
|------------------|---|--------------|-----------|
| | | Beginning | End |
| TODD MEISLAHN | 2500 INDUSTRIAL AVE HUBBARD OR 97032 | MARCH 1998 | UNEXPIRED |
| DAN PATTERSON | 2500 INDUSTRIAL AVE HUBBARD OR 97032 | MARCH 1998 | UNEXPIRED |
| PETE STEIN | 2500 INDUSTRIAL AVE HUBBARD OR 97032 | MARCH 1998 | UNEXPIRED |

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel and the names and office addresses of persons holding such positions at the close of the year.

| Title | Name of Person holding office at close of fiscal year | Date of Term | |
|----------------|---|--------------|-------------------|
| | | Beginning | End |
| PRESIDENT | DAVE KRIFEE | 12/00 | UNEXPIRED TERM |
| VICE PRESIDENT | JOSEPH BRANDES | 10/96 | UNEXPIRED TERM |
| SECRETARY | WILLIAM BRAUN | 4/97 | UNEXPIRED TERM |

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION

GROSS ASSESSABLE REVENUES

| Line No. | Description | Amount |
|----------|---|-----------|
| 1 | Total Arkansas Operating Revenues, including Interstate Tolls | \$ 41,828 |
| 2 | Less: Interstate Revenues Excluded | \$ 0 |
| 3 | TOTAL GROSS ASSESSABLE REVENUES | \$ 41,828 |

LOCAL EXCHANGE SERVICE STATISTICS

| ACCESS LINES | SYSTEM | ARKANSAS |
|---|---------------|-----------|
| Residence | 14,423 | 44 |
| Business | 0 | 0 |
| TOTAL RES. & BUS. ACCESS LINES | 14,423 | 44 |
| PBX Access Lines | 0 | 0 |
| Coin or Credit Card Paystation Access Lines | 0 | 0 |
| Company Official Access Lines (Numbers) | 0 | 0 |
| TOTAL ACCESS LINES | 14,423 | 44 |

REPORT TO THE ARKANSAS PUBLIC SERVICE COMMISSION


| EXCHANGE STATISTICS - ARKANSAS | | | | | | | | | | | | | | |
|--------------------------------|----------------|-------------|----|-----|------|---|--|-------------------------|--|----------------------|--|-------------------------|--|--|
| YEAR-END TROUBLE INDEX | | | | | | COE LINE AND TERMINAL (NUMBERS) PROVISIONING AND USAGE | | | | | | | | |
| Prefix No. | Exchange Name | Qty. Eas | CO | OSP | NONE | Beginning of Year | | | | End of Year | | | | |
| | | | | | | Lines Equip * Use | | Terminal Equip * Use | | Lines Equip * Use | | Terminal Equip * Use | | |
| | NOT APPLICABLE | | | | | | | | | | | | | |

• Equip - Equipped

Use - Usage

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

A handwritten signature in black ink, appearing to be "D. E. F.", is written over a solid horizontal line.

President/General Manager/CORPORATE OFFICER

ARKANSAS PUBLIC SERVICE COMMISSION

TENTATIVE REPORT ON GROSS REVENUES

Year Ended December 31, 2000

This form is required when requesting an extension of time to file your Annual Report to the Arkansas Public Service Commission. Please fill in the spaces below and return this form along with a letter requesting the extension time. This form must be submitted by March 31, 2001. Please send the letter and this completed form to:

Ms. Peggy Blanton, Audit Section
ARKANSAS PUBLIC SERVICE COMMISSION
1000 Center Street, P. O. Box 400
Little Rock, Arkansas 72203-0400

Company Name: 1-800-RECONEX, INC.

Address: 2500 INDUSTRIAL AVENUE, HUBBARD, OR 97032

| Gross Revenues Received | Arkansas | System |
|-------------------------|----------|---------------|
| ELECTRIC SERVICE | \$ N/A | \$ N/A |
| GAS SERVICE | \$ N/A | \$ N/A |
| TELEPHONE SERVICE | \$ 4,828 | \$ 10,946,640 |
| WATER/SEWER | \$ N/A | \$ NA |
| TOTALS | \$ 4,828 | \$ 10,946,640 |

STATE OF OREGON COUNTY OF MARION

The CORPORATE SECRETARY (Name), WILLIAM BRAUN
(Title) of the respondent, on oath does say that the above statement of Gross Revenues was prepared under his/her direction from the original books and records reflecting operations covered by such report; that he/she has examined the same and said report is correct to the best of his/her knowledge and belief.

[Signature]
(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 4th DAY OF January, 2001

[Signature]
NOTARY PUBLIC

My Commission Expires 10/22/01



Place Seal Here

COMPANY CONTACTS

| | |
|---------------------------------|-------------------------------|
| COMPANY NAME | 1-800-RECONEX, INC. |
| dba | |
| OFFICIAL MAILING ADDRESS | PO BOX 40 HUBBARD OR 97032 |

Facsimile Number 503-982-6077

| AREA | PERSON TO CONTACT | PHONE NO. / FAX NO. |
|------------------------|-------------------|---------------------|
| Annual Report | ANNE LYNCH | 503-982-5572 |
| Fuel Adjustment Report | N/A | 503-982-6077 N/A |
| Cost of Debt Report | BRANDON SCHMIOT | 503-982-5569 |
| Tariffs | ANNE LYNCH | 503-982-5572 |
| Accounting | BRANDON SCHMIOT | 503-982-5569 |
| Rates | ANNE LYNCH | 503-982-5572 |
| Engineering | N/A | N/A |
| Finance | BRANDON SCHMIOT | 503-982-5569 |
| Income Taxes | BRANDON SCHMIOT | 503-982-5569 |
| Property Taxes | N/A | N/A |
| Gas Supply | N/A | N/A |
| Legal | ANNE LYNCH | 503-982-5572 |
| Data Processing | ANNE LYNCH | 503-982-5572 |

Please list the number of utility employees located in Arkansas 0.