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# LOCAL TELEPHONE COMPANY

## ANNUAL REPORT RECEIVED

OF THE 4/3/08  
ARK PUBLIC SERVICE COM  
AUDIT SECTION

NAME 1-800-RECONEX, Inc., d/b/a U.S.Tel  
(Here show in full the exact corporate, firm, or individual name of the respondent)

LOCATED AT 2500 Industrial Avenue, Hubbard, Oregon 97032  
(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # CoID: 62  
(Here give the APSC-assigned company number)

TO THE

### ARKANSAS PUBLIC SERVICE COMMISSION



## COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2007

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of 1-800-RECONEX, Inc., d/b/a U.S.Tel (Company) of Oregon (Location) for the year ending December 31, 2007. This report is submitted in accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas. The following report has been carefully examined by me, and I have executed the verification given below.

[Handwritten Signature]

(Signature)

Corporate Secretary (Title)

\*\*\*\*\*
VERIFICATION

STATE OF )
COUNTY OF ) ss.

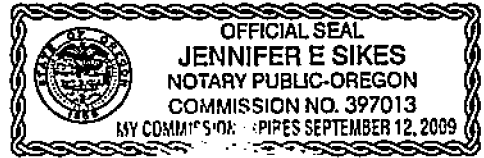
I, the undersigned, William E, Braun, Corporate Secretary of the (Name and Title)

1-800-RECONEX, Inc., d/b/a U.S.Tel (Company), on my oath do say that the following report has been prepared under my 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.

[Handwritten Signature]

(Signature)

Subscribed and sworn to before me this 31st day of MARCH, 2008 My Commission Expires 9/12/2009



[Handwritten Signature]

(Signature of Notary)

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name Jennifer E. Sikes Title Regulatory Manager

Address 2500 Industrial Avenue, Hubbard, Oregon 97032

Telephone Number (503) 982-5585

E-Mail jennifer.sikes@reconex.com

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

Name The Corporation Company Telephone Number (800) 456-4511

Address 425 West Capital Avenue, Suite 1700, Little Rock, Arkansas 72201

E-Mail \_\_\_\_\_

REPORT TO 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., d/b/a U.S.Tel

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) N/A

(b) 2500 Industrial Avenue  
Hubbard, Oregon 97032

3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) ( ) Electric, ( ) Gas, ( ) Water, (x) Telephone, ( ) Other

(b) ( ) 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.

(a) Not Applicable

(b) Not Applicable

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) Oregon

(b) 3/5/1998

(c) Oregon

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:

No.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

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:

(a) Not applicable.

(b) Not applicable.

(c) Not applicable.

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.

(a) Not applicable.

(b) Not applicable.

(c) Not applicable.

(d) 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 creation of receivership or other trust, and (2) date of acquisition of respondent. (1) \_\_\_\_\_ (2) \_\_\_\_\_

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 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 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
Neil Irwin	PO Box 307, Ozona, FL 34660	2/10/08	9/30/08
Jean Getting Irwin	100 Second Ave. North, Ste 200, St. Petersburg, FL 33701	2/10/08	9/30/08
A. Timothy Godwin	555 Fifth Ave. NE, Unit 1211, St. Petersburg, FL 33701	2/10/08	9/30/08
David Griffiee *	2672 Hazelnut Drive, Woodburn, OR 97071	2/10/08	9/30/08
Peter Stein	1601 Elm St, Ste 4000, Dallas, Texas 75201	2/10/08	9/30/08
Dan Patterson	2206 Ross Avenue, Suite 4750W, Dallas, Texas 75201	2/10/08	9/30/08

**PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL**

Give the title of the principal officers, managers and key personnel, 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 year	Office Address
President	David Griffiee	2500 Industrial Avenue Hubbard, Oregon 97032
Vice President	Joe Brandes	2500 Industrial Avenue Hubbard, Oregon 97032
Secretary **	William E. Braun	2500 Industrial Avenue Hubbard, Oregon 97032

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$29,679

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	31
Business	
<b>TOTAL RESIDENTIAL &amp; BUSINESS ACCESS LINES</b>	<b>31</b>
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	
Company Official Access Lines (Numbers)	
<b>TOTAL ACCESS LINES</b>	<b>31</b>

## 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.

  
\_\_\_\_\_  
President/General Manager

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

**COMPANY CONTACTS**

Company Information	
Company Name	1-800-RECONEX, Inc., d/b/a U.S.Tel
dba	U.S.Tel
Official Mailing Address	2500 Industrial Avenue, Hubbard, Oregon 97032

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	Jennifer E. Sikes	503-982-5585	503-982-6077	jennifer.sikes@reconex.com
Fuel Adjustment Report	N/A	N/A	N/A	N/A
Cost of Debt Report	Andy Horton	503-982-5569	503-982-6077	andy.horton@reconex.com
Tariffs	Jennifer E. Sikes	503-982-5585	503-982-6077	jennifer.sikes@reconex.com
Accounting	Andy Horton	503-982-5569	503-982-6077	andy.horton@reconex.com
Rates	Jennifer E. Sikes	503-982-5585	503-982-6077	jennifer.sikes@reconex.com
Engineering	N/A	N/A	N/A	N/A
Finance	Andy Horton	503-982-5569	503-982-6077	andy.horton@reconex.com
Income Taxes	Andy Horton	503-982-5569	503-982-6077	andy.horton@reconex.com
Property Taxes	Andy Horton	503-982-5569	503-982-6077	andy.horton@reconex.com
Gas Supply	N/A	N/A	N/A	N/A
Legal	Jennifer E. Sikes	503-982-5585	503-982-6077	jennifer.sikes@reconex.com
Data Processing	Jennifer E. Sikes	503-982-5585	503-982-6077	jennifer.sikes@reconex.com

Please list the number of utility employees located in Arkansas

Zero