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PROFESSIONAL CORPORATION

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OF COUNSEL  
RICHARD T. CIOTTONE

December 20, 2002

Dale Hardy Roberts  
Missouri Public Service Commission  
P.O. Box 360  
Jefferson City, MO 65102

**FILED<sup>3</sup>**  
DEC 20 2002  
Missouri Public  
Service Commission

**Re: Case No. TD-2003-0197**

Dear Mr. Roberts:

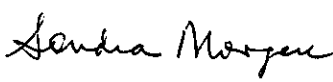
Enclosed for filing on behalf of CoreComm Missouri, Inc., please find an original and eight (8) copies of a Reply of CoreComm Missouri, Inc. to the Motion to Open Case and Cancel Certificate of Service Authority and Accompanying Tariff.

Would you please see that this filing is brought to the attention of the appropriate Commission personnel.

I thank you in advance for your cooperation in this matter.

Sincerely yours,

BRYDON, SWEARENGEN & ENGLAND P.C.

By:   
Sondra B. Morgan

SBM/lar  
Enclosure

cc: Office of the Public Counsel  
General Counsel  
Thomas O'Brien

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MISSOURI

FILED<sup>3</sup>  
DEC 20 2002

In the Matter of the Cancellation of the )  
Certificate of Service Authority and )  
Accompanying Tariff of CoreComm )  
Missouri, Inc. )

Case No. TD-2003-0197

Missouri Public  
Service Commission

**REPLY OF CORECOMM MISSOURI, INC.**  
**TO THE MOTION TO OPEN CASE AND CANCEL CERTIFICATE OF SERVICE**  
**AUTHORITY AND ACCOMPANYING TARIFF**

CoreComm Missouri, Inc. ("CoreComm") hereby submits its Reply to the Motion to Open Case and Cancel Certificate of Service Authority and Accompanying Tariff filed by the Staff of the Missouri Public Service Commission ("Staff" and "Commission," respectively) on December 10, 2002.

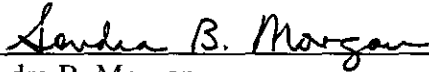
1. On information and belief, CoreComm's annual report for the year 2001 was filed with the Commission on or about March 29, 2002. A copy of the annual report as well as a copy of the shipping invoice are attached hereto. The 2001 annual report indicates the updated information regarding CoreComm's current address and telephone number. However, CoreComm acknowledges that a brief period of time may have existed between the date on which its current address was established and the date upon which it had finally vacated its previous address, a process that extended over several weeks beginning on November 1, 2001.

2. CoreComm has become aware, only through the Staff's motion of December 10, 2002, of the fact that the Missouri Secretary of State's records indicate that CoreComm Missouri, Inc. was administratively dissolved on September 14, 1999. CoreComm represents that it will undertake the necessary steps for reinstatement as soon as possible.

3. CoreComm further represents that it is in the process of re-examining its internal administrative processes to ensure that its regulatory obligations are met in a timely and accurate manner and that the Commission is kept informed of the appropriate contact information for CoreComm on an ongoing basis.

WHEREFORE, CoreComm Missouri, Inc. respectfully requests that the Missouri Public Service Commission deny the Motion to Open Case and Cancel Certificate of Service Authority and Accompanying Tariff filed by the Staff of the Missouri Public Service Commission on December 10, 2002 in the above-captioned proceeding.

Respectfully submitted,



Sondra B. Morgan

#35482

BRYDON, SWEARENGEN & ENGLAND P.C.

312 East Capitol Avenue, P.O. Box 456

Jefferson City, MO 65102-0456

573/635-7166

573/634-7431 (facsimile)

E-mail: Smorgan@brydonlaw.com

Attorneys for CoreComm Missouri, Inc.

John P. Dragani, Esq.

CoreComm Missouri, Inc.

50 Monument Road

Bala Cynwyd, PA 19004

(610) 617-5889

(610) 668-6286 (fax)

Of Counsel

Thomas J. O'Brien

BRICKER & ECKLER LLP

100 South Third Street

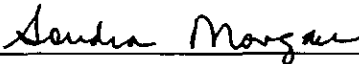
Columbus, OH 43215

(614) 227-2335

(614) 227-2390 (fax)

**CERTIFICATE OF SERVICE**

The undersigned does hereby certify that a true and accurate copy of the Reply of CoreComm Missouri, Inc. to the Motion to Open Case and Cancel Certificate of Service Authority And Accompanying Tariff was provided to the parties listed below by hand delivery or U.S. Mail this 20th day of December, 2002.

  
\_\_\_\_\_  
Sondra B. Morgan

Robert S. Berlin  
Attorney for the Staff of the  
Missouri Public Service Commission  
P.O. Box 360  
Jefferson City, MO 65102

Office of the Public Counsel  
P.O. Box 7800  
Jefferson City, MO 65102

**CoreComm Missouri, Inc.**

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(Full Company Name)

**INTEREXCHANGE CARRIER**

**ANNUAL REPORT**

**TO THE**

**MISSOURI PUBLIC SERVICE COMMISSION**

**For Period Ending December 31, 2001**

Annual Report of CoreComm Missouri, Inc. or the year ended December 31, 2001

1 State in full the exact 'certificated' name of the Interexchange Telecommunications Carrier:

CoreComm Missouri, Inc.

2 State in full the mailing and street address of the Interexchange Telecommunications Carrier:

70 West Hubbard, Suite 410, Chicago, Illinois 60610

3 State in full the name, street address, and telephone number of the individual to contact concerning the carrier's Interexchange Telecommunications operations:

Scott Kellogg

70 West Hubbard, Suite 410, Chicago, Illinois 60610

312/445-1162

4 This Interexchange Telecommunications 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. 00/00/00):

07/20/98

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

Date (e.g 00/00/00): 02/11/00 Case No: TA 2000-391

7 Under the laws of what state is the Interexchange Telecommunications Carrier organized:

Delaware

Annual Report of CoreComm Missouri, Inc. for the year ended December 31, 2001

8 Was the Interexchange Telecommunications Carrier certificated in Missouri under any other name(s)? If yes, please provide all name(s) and time periods involved since original

No

9 Whether a corporation or not, give the particulars called for below concerning the principal general officers of the Interexchange Telecommunications Carrier at the end of the year:

[illegible]

Annual Report of CoreComm Missouri, Inc. for the year ended December 31, 2001

- 10 Please provide a description of **ALL MATERIAL** extraordinary items which affected the total company Interexchange Telecommunications 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.

None

Annual Report of

CoreComm Missouri, Inc.

for the year ended December 31,

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

| <u>Revenues:</u>                                    | <u>Total Company</u> | <u>MO Specific</u> |
|-----------------------------------------------------|----------------------|--------------------|
| Operating Revenues* from Telecommunication Services | \$0                  | \$0                |
| Access Fee Revenues                                 | \$0                  | \$0                |
| Federal USF Subsidies                               | \$0                  | \$0                |
| State USF Subsidies                                 | \$0                  | \$0                |
| Other Revenues                                      | \$0                  | \$0                |
| <b>TOTAL REVENUES</b>                               |                      |                    |

\* See Missouri Revised Statutes §386.020(53)

**12 Type of tax return filed (i.e. 1120C, 1120S, Partnership, etc.):**1120C**13 Taxpayer ID:**134025759

Annual Report of CoreComm Missouri, Inc. for the year ended December 31, 2001

### VERIFICATION

The foregoing report must be verified by the oath of the President or chief officer 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 Illinois

County Of Cook } as:

Scott Kellogg

makes oath and says that

(Insert here the name of the affiant)

he is Regulatory Affairs

(Insert here the official title of the affiant)

of CoreComm Missouri, Inc.

(Insert here the exact legal title or name of the respondent)

that he has examined the foregoing report; that to the best of his 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.

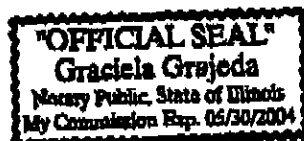
from January 1, 2001, to and including 31-Dec, 2001

  
(Signature of affiant)

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

State and county above named, this 27th day of MARCH, 2002

My Commission expires 05/30/2004, 2004



  
(Signature of officer authorized to administer oaths)

**STATEMENT OF REVENUE**

FY-2003 Mo. PSC Assessment

**CORECOMM MISSOURI INC(4995)****225 W OHIO ST #2****CHICAGO IL 60610-4198**

I, Scott Kennedy, REG. AFFAIRS 312/445-1162  
NAME TITLE TELEPHONE #

hereby certify that the **GROSS INTRASTATE OPERATING REVENUE** of the above-named Company in the State of Missouri, for the calendar year 2001, is:

**NOTE: REPORT (to the nearest dollar) REVENUE APPLICABLE TO YOUR RESPECTIVE UTILITY OPERATIONS. IF YOU OWN OR OPERATE MORE THAN ONE COMPANY IN MISSOURI, SUBMIT A STATEMENT OF REVENUE FORM FOR EACH COMPANY. IF REVENUE IS COMBINED, SUBMIT FORMS FOR ALL COMPANIES AND INDICATE ON EACH FORM THE COMPANIES BEING INCLUDED IN THE COMBINED REVENUE STATEMENT.**

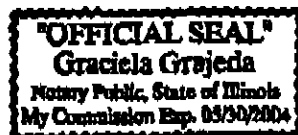
**TELEPHONE OPERATING REVENUE**\$ 0

Scott Kennedy  
SIGNATURE

State of ILLINOIS  
County of COOK

Sworn to and subscribed before me a Notary Public in and for said County and State this  
27<sup>th</sup> day of MARCH, 2002.  
DATE MONTH YEAR

(SEAL)

My commission expires 03/30/2004.

Graciela Grajeda  
NOTARY PUBLIC

Mail one notarized copy of this statement to the Missouri Public Service Commission, Internal Accounting Department, P.O. Box 360, Jefferson City, Missouri 65102.  
**NO LATER MARCH 31, 2002**



# UPS 2nd Day Air Shipping Document

See Instructions on back. Call 1-800-PICK-UPS (800-742-5877) for additional information.

TRACKING NUMBER **1Z 40A 52F 37 1001 234 6**

1 SHIPMENT FROM  
SHIPPER'S UPS ACCOUNT NO. **40A52F**  
REFERENCE NUMBER

NAME TELEPHONE **312-445-1215**

COMPANY

**CORECOMM**  
STREET ADDRESS

**70 W HUBBARD ST STE 410**

CITY AND STATE ZIP CODE

**CHICAGO IL 60610**

2 DELIVERY TO  
NAME TELEPHONE

COMPANY

**MISSOURI RSC**  
STREET ADDRESS DEPT./FLR. ☐

**200 MARION STREET**  
CITY AND STATE ZIP CODE

**JEFFERSON CITY, MO 65102**



|          |                                    |                                        |  |
|----------|------------------------------------|----------------------------------------|--|
| 3 WEIGHT | WEIGHT<br>ENTER "LTR"<br>IF LETTER | DIMENSIONAL<br>WEIGHT<br>IF APPLICABLE |  |
|          | <b>LTR</b>                         |                                        |  |

SHIPPER'S  
COPY

|                                    |                                                                                                                                                 |         |        |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|
| 4 2ND DAY<br>AIR<br>CHARGE         |                                                                                                                                                 | CHARGES | \$     |
| 5 OPTIONAL<br>SERVICES             | <input type="checkbox"/> SATURDAY PICKUP<br>See Instructions.                                                                                   | \$      |        |
|                                    | <input type="checkbox"/> INSURED VALUE<br>Coverage is automatically<br>provided up to \$100. For insured<br>value over \$100, see Instructions. | \$      | AMOUNT |
|                                    | <input type="checkbox"/> C.O.D.<br>If C.O.D., enter amount to be<br>collected and attach completed<br>UPS C.O.D. tag to package.                | \$      | AMOUNT |
| 6 ADDITIONAL<br>HANDLING<br>CHARGE | <input type="checkbox"/> An Additional Handling Charge applies for certain<br>items. See Instructions.                                          | \$      |        |
| TOTAL<br>CHARGES                   |                                                                                                                                                 | \$      |        |

|                           |                                                        |                                              |                                                 |                                            |                                                        |                                   |
|---------------------------|--------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------------------------|-----------------------------------|
| 7 METHOD<br>OF<br>PAYMENT | BILL<br>SHIPPER<br><input checked="" type="checkbox"/> | BILL<br>RECEIVER<br><input type="checkbox"/> | BILL THIRD<br>PARTY<br><input type="checkbox"/> | CREDIT<br>CARD<br><input type="checkbox"/> | American Express<br>Diner's Club<br>MasterCard<br>Visa | CHECK<br><input type="checkbox"/> |
|                           | Record Account No. in Section 8                        |                                              |                                                 |                                            |                                                        |                                   |

8 RECEIVERS / THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. EXPIRATION  
DATE

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE

ZIP CODE

9 SHIPPER'S SIGNATURE **X [Signature]** DATE OF SHIPMENT **3/27/02**

0201911252809 8:00 M