

407-260-1011 • 407-260-1033/fax • mark@csilongwood.com • 740 Florida Central Pkwy., Ste. 2008, Longwood, FL 32750

March 30, 2006 Via US Mail

Manager of the Data Center Missouri Public Service Commission 200 Madison Street, Suite 100 P.O. Box 360 Jefferson City, MO 65102-0360 573-751-4257 **FILED**<sup>3</sup>

APR 4 2006

Missouri Public Service Commission

RE:

Capsule Communications, Inc.

FEIN: 22-3055962 Annual Report

Dear Staff,

Enclosed for filing is the Annual Report for 2005, filed on behalf of Capsule Communications, Inc.

This is the Company's final report. The Company has voluntarily withdrawn its certification in 2005.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Please do not hesitate to contact me at 407-260-1011 if you have any questions or concerns.

Thank you for your assistance in processing this filing.

Sincerely,

Mark G. Lammert, CPA

Tax Preparer for Capsule Communications, Inc.

cc:

Capsule Communications, Inc.

file:

Capsule Communications, Inc. - PUC - MO



Missouri Public Service Commission

# Capsule Communications, Inc.

Full Company Name (Do not abbreviate, yet include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

# **COMPETITIVE LOCAL EXCHANGE CARRIER**

and / or

### INTEREXCHANGE TELECOMMUNICATIONS CARRIER

# ANNUAL REPORT TO THE

#### MISSOURI PUBLIC SERVICE COMMISSION

For The Year Ending December 31, 2005

This is Capsule Communications final report. Covista, Inc. will be the reporting entity in the future.

|  | Annual Report of Capsule Communications, Inc.  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  | for the year ending December 31, 2005  |  |  |  |  |  |  |  |  |
| 1.   |  |  |  |  |  |  |  |  |  |
|  | State in full the exact 'certificated' name of the Competitive Local Exchange Carrier (CLEC) and/or Interexchange Telecommunications Carrier (IXC):            |  |  |  |  |  |  |  |  |
|  | (Do not abbreviate; yet include any Commission approved AKA/DBA/Ficitious Name, if applicable.)  |  |  |  |  |  |  |  |  |
|  | Capsule Communications, Inc.   |  |  |  |  |  |  |  |  |
| 2.   | State in full the company's street address, mailing address, telephone number, fax number, and   |  |  |  |  |  |  |  |  |
|  | e-mail address*:   |  |  |  |  |  |  |  |  |
| Street Address: 721 Broad Street, Suite 200, Chattanooga, TN 37402 |  |  |  |  |  |  |  |  |  |
|  | Mailing Address: 721 Broad Street, Suite 200, Chattanooga, TN 37402  |  |  |  |  |  |  |  |  |
|  | Telephone: 423-648-9500 *** Facsimile: 423-648-9502  |  |  |  |  |  |  |  |  |
|  | E-Mail: Htweed@covista.com   |  |  |  |  |  |  |  |  |
| 2  | Is the utility certificated as a Competitive Local Exchange Carrier? NO If yes, state effective  |  |  |  |  |  |  |  |  |
| э.   | date (contained in Commission Order approving) of certification by the MO Public Service   |  |  |  |  |  |  |  |  |
|  | Commission and associated case number (original certificate or merger/name change if name on   |  |  |  |  |  |  |  |  |
|  | tariff effected):  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date (e.g. 00/00/0000): Case No:   |  |  |  |  |  |  |  |  |
| 4.   | Is the utility certificated as a Interexchange Telecommunications Carrier? If yes, state effective   |  |  |  |  |  |  |  |  |
|  | date (contained in Commission Order approving) of certification by the MO Public Service   |  |  |  |  |  |  |  |  |
|  | Commission and associated case number (original certificate or merger/name change if name on   |  |  |  |  |  |  |  |  |
|  | tariff effected):  |  |  |  |  |  |  |  |  |
|  | Date (e.g. 00/00/0000): Case No:   |  |  |  |  |  |  |  |  |
| _  |  |  |  |  |  |  |  |  |  |
| э.   | 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: |  |  |  |  |  |  |  |  |
|  | -  |  |  |  |  |  |  |  |  |
|  | No   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 6.   | This Competitive Local Exchange/Interexchange Telecommunications Carrier is a (Check box   |  |  |  |  |  |  |  |  |
|  | with an X) and if different than certificated name listed above (e.g. parent corporation name) or  |  |  |  |  |  |  |  |  |
|  | if 'Other' is identified, explain:   |  |  |  |  |  |  |  |  |
| X  | Corporation  |  |  |  |  |  |  |  |  |
|  | Partnership LP   |  |  |  |  |  |  |  |  |
|  | Sole Proprietorship Other - Explain  |  |  |  |  |  |  |  |  |
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| 7.   | State in full the name, street address, telephone number, and e-mail address* of the individual  |  |  |  |  |  |  |  |  |
| •  | completing/verifying this Annual Report:   |  |  |  |  |  |  |  |  |
|  | Mark Lammert, CPA, P.A., Tax Preparer for Company  |  |  |  |  |  |  |  |  |
|  | 740 Florida Central Parkway, Suite 2008, Longwood, FL 32750  |  |  |  |  |  |  |  |  |
|  | 407-260-1011 phone, 407-260-1033 fax   |  |  |  |  |  |  |  |  |
|  | mark@csilongwood.com   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

(\*) Required if available. State n/a (not available) if no e-mail address is available.

# CLEC-IXC

| Annual Report o                       | f Capsule Communications, Inc.  |  |
|---------------------------------------|---|--|
|                                       |   | for the year ending December 31, 2005    |
|                                       | f what state is the Competitive Local Extons Carrier organized:                           | change/Interexchange  Delaware           |
|                                       |   | Delaware                                 |
| -                                     | ration or not, give the particulars called to the Competitive Local Exchange/Interpretar: |  |
| Date Office                           |   |  |
| Assumed                               | Title of General Officer  | Name of Person Holding Office            |
|                                       |   |  |
| Perpetual                             | CEO, President  | A. John Leach                            |
| Perpetual                             | CFO, Secretary, Treasurer   | Frank Pazera                             |
| 1                                     |   |  |
|                                       |   | ·  |
|                                       |   | - <u> </u>                               |
|                                       |   |  |
|                                       | 74772   |  |
|                                       |   |  |
| 10. Please provide a last year.  None | listing of all mergers, consolidations, an  | nd reorganizations, completed during the |
|                                       |   |  |
| <del></del>                           |   |  |
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| Annual Report of |
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Capsule Communications, Inc.

| for the year ending Decem | iber 31, | 2005 |
|---------------------------|----------|------|
|---------------------------|----------|------|

11. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Jurisdictional) Revenues for this Calendar Year:

2005

| Revenues:  | Total Company | MO Jurisdictions |
|--|---------------|------------------|
| Operating Revenues* from Telecommunication Services                    | \$0           | \$0              |
| Access Fee Revenues  |               |                  |
| Federal USF Subsidies  |               |                  |
| State USF Subsidies  |               |                  |
| Other Revenues   |               |                  |
| TOTAL REVENUES   | -0-           | -0-              |
| MO Jurisdictional should match Statement of Revenue (MoPSC Assessment) |               |                  |

- (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;

<sup>\*</sup> Missouri Revised Statutes §386.020(53)

for the year ending December 31, 2005

12. Local Exchange Carriers Federal/State Low-Income/Disabled Universal Service Fund Subscribers

**Background and Purpose:** To ascertain on a monthly basis the number of subscribers being provided federal and/or Missouri low-income/disabled support as being reported to USAC (federal support, Form 497) and the fund administrator of the Missouri programs (Missouri support).

#### Calendar Year 2005

|           | Number of                       | Number of                        |
|-----------|---------------------------------|----------------------------------|
| Month     | Missouri Low Income subscribers | Missouri Disabled<br>subscribers |
| January   | 0                               | 0                                |
| February  | 0                               | _0                               |
| March     | 0                               |                                  |
| April     | 0                               | 0                                |
| May       | 0                               | 0                                |
| June      | 0                               | 0                                |
| July      | 0                               | 0                                |
| August    | 0                               | 0                                |
| September | 0                               | 0                                |
| October   | 0                               | 0                                |
| November  | 0                               | 0                                |
| December  | 0                               | 0                                |
| TOTAL:    | 0                               | 0                                |

for year ending December 31, 2005

### Competitive Local Exchange Carrier RESIDENTIAL RETAIL ACCESS LINE REPORT

Note: This page is for <u>retail sales only</u>. Do not report the number of lines you are providing on a wholesale basis.

| Exchange (Use name in the tariff) | Full Facilities Lines | Partial Facilities<br>Lines | Other Resale<br>Lines | Pure Resale<br>Lines                  |
|-----------------------------------|-----------------------|-----------------------------|-----------------------|---------------------------------------|
| Not a CLEC                        |                       | <u> </u>                    | <u> </u>              |                                       |
|                                   |                       |                             |                       |                                       |
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| TOTALS:                           | 0                     | 0                           | 0                     | 0                                     |

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for year ending December 31,

<u>2005</u>

### Competitive Local Exchange Carrier BUSINESS RETAIL ACCESS LINE REPORT

Note: This page is for <u>retail sales only</u>. Do not report the number of lines you are providing on a wholesale basis.

| Exchange (Use name in the tariff) | Full Facilities<br>Lines | Partial<br>Facilities<br>Lines | Other Resale<br>Lines | Pure Resale<br>Lines | Data/ISP-Only<br>Lines |
|-----------------------------------|--------------------------|--------------------------------|-----------------------|----------------------|------------------------|
| Not a CLEC                        |                          |                                |                       |                      |                        |
|                                   |                          |                                |                       |                      |                        |
|                                   |                          |                                |                       |                      |                        |
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|                                   |                          |                                |                       |                      |                        |
| TOTALS:                           | 0                        | 0                              | 0                     | 0                    | 0                      |

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#### Submitting this Annual Report is an "option" through EFIS.

A registered official company representative is authorized to utilize this option, type in all necessary information below, including the Notary's information (pursuant to Sections 432.200 and 432.295). After submitting the Annual Report through EFIS, you will receive a BMAR (confirmation) number. Indicate that BMAR number on the original and retain for your records.

| CLEC-IXC         | 60 10  |                            |                                    |                                  |                  |  |  |  |
|------------------|--|----------------------------|------------------------------------|----------------------------------|------------------|--|--|--|
| Annual Keport o  | of Capsule Communic  | ations, Inc.               | 4                                  | or the year ending               | Dec 31 2005      |  |  |  |
|                  |  |                            |                                    | or the year chaing.              |                  |  |  |  |
|                  |  | VERIFICA                   | ATION                              |                                  |                  |  |  |  |
|                  | nust be verified by the<br>juired may be taken bef<br>ken.                                     |                            |                                    |                                  |                  |  |  |  |
|                  |  | OAT                        | Н                                  |                                  |                  |  |  |  |
| State Of         | Tennessee  |                            |                                    |                                  |                  |  |  |  |
| County Of        | Ham  | ilton                      | } ss:                              |                                  |                  |  |  |  |
|                  | For all F  | •                          |                                    |                                  |                  |  |  |  |
|                  | Frank F  | azera<br>sert here the nam | e of the affiant)                  | makes oaun                       | and says that    |  |  |  |
|                  | (II.   | noio ao nam                |                                    |                                  |                  |  |  |  |
| s/he is          |  | CFO, Sec                   | retary, Treasurer                  |                                  | <b>_</b>         |  |  |  |
|                  | (Inser   | t here the official        | title of the affiant)              |                                  |                  |  |  |  |
| of               |  | Cansule Comm               | unications Inc                     |                                  |                  |  |  |  |
|                  | of Capsule Communications, Inc.  (Insert here the exact legal title or name of the respondent) |                            |                                    |                                  |                  |  |  |  |
|                  | ed the foregoing report<br>tained in the said repor<br>med respondent.                         |                            |                                    |                                  |                  |  |  |  |
| Janu             | агу 1  | , <u>2005</u> , to         | and including                      | December 31                      | , 2005           |  |  |  |
|                  |  |                            | Signatur                           | e of affiant)                    |                  |  |  |  |
| Subscribed and   | d sworn to before me, a  | Nota                       | cy tublic                          |                                  | _ in and for the |  |  |  |
| State and county | above named, this  | 17.Th                      | day of                             | March                            | , 2006           |  |  |  |
| My Commission    | SHERT C  | Janua                      | My 23                              |                                  | , 20 <b>(O</b>   |  |  |  |
| My COUNTY O      | STATE GOD PHAMM NOTARY AUGUNC HAMILY   |                            | Mychus<br>(Signature of officer at | L Kum<br>othorized to administer | paths)           |  |  |  |
|                  | hes Jan 23.  |                            |                                    |                                  |                  |  |  |  |

Original in its entirety must be mailed (if not utilizing EFIS) to:

Manager of the Data Center

MoPSC, 200 Madison Street, Suite 100

Jefferson City, MO 65101 (P.O. Box 360, 65102-0360)