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*Records
Public Service Commission*

Consolidated Communications Public Services, Inc.

(Full Company Name)

INTEREXCHANGE TELECOMMUNICATIONS CARRIER

ANNUAL REPORT

FILED

MAY 11 2004

TO THE

*Missouri Public
Service Commission*

MISSOURI PUBLIC SERVICE COMMISSION

For Period Ending December 31, 2003

1. State in full the exact '**certificated**' name of the Interexchange Telecommunications Carrier:
(Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

Consolidated Communications Public Services, Inc.

2. Effective date of certification by the MO Public Service Commission and associated case number:

Date (e.g. 00/00/0000): 03/22/96 Case No: TA-96-249

3. 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

4. State the name, title, street address, telephone number, fax number, and e-mail address* of the individual completing/verifying this Annual Report:

Tom McMinn, Regulatory Administrator

Fax- (217) 234-3119

121 S. 17th Street

thomas.mcminn@consolidated.com

Mattoon, IL 61938

tel-(217) 235-3316

(*) To facilitate electronic sending of the Annual Report form next year.

5. State the name, title, street address, telephone number, fax number, and e-mail address of the company's regulatory contact person(s):

Tom McMinn, Regulatory Administrator

Fax- (217) 234-3119

121 S. 17th Street

thomas.mcminn@consolidated.com

Mattoon, IL 61938

tel-(217) 235-3316

6. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

None

7. Please Provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Specific) Revenues for the Calendar Year 2003

<u>Revenues:</u>	<u>Total Company</u>	<u>MO Specific</u>
Operating Revenues* from Telecommunication Service:	\$17,682,353	\$0
<u>MO Specific should match Statement of Revenue</u> <u>(FY-2005 Mo.PSC Assessment)</u>		

8. Type of Missouri tax return filed(i.e. MO-1065, MO-1120A, MO-1120S, MO-NRP, MO-NRS etc.):

N/A

9. Missouri Taxpayer ID:

N/A

*** Missouri Revised Statutes §386.020(53)**

(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;

10. In an effort to update our Electronic Filing & Information system (EFIS) with current company contact and address information please provide the following information. Either verify the information through EFIS and initial in space provided or complete each sub-type and the Data Center Staff will update as required.

a. Official Representative of the Company:*Information contained in EFIS is current:* _____

Name: Edward Pence initials _____
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-235-4457
Fax number: 217-234-9934
E-mail address: Edward.Pence@consolidated.com

b. Consumer Services:*Information contained in EFIS is current:* _____

Name: Matthew Smith initials _____
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-258-2959
Fax number: 217-234-2810
E-mail address: Matthew.Smith@consolidated.com

c. Individual to receive statement of revenue (assessment):*Information contained in EFIS is current:* _____

Name: Tom McMinn initials _____
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-235-3316
Fax number: 217-234-3119
E-mail address (*): thomas.mcminn@consolidated.com

(*) To facilitate electronic sending of the statement of revenue next year.

In addition provide specific contacts for areas (d. through m.) if applicable on the following pages. In lieu of additional contacts being provided, designate if a, b, or c, above should be identified as the contact.

d. Tariff:*Information contained in EFIS is current:* _____

Name: same as c above initials _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

for the year ended December 31, 2003**10. continued****e. CFO/Comptroller:***Information contained in EFIS is current:*

Name: Steven Childers initials
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-235-4440
Fax number: 217-258-8268
E-mail address: steve.childers@consolidated.com

f. Technical:*Information contained in EFIS is current:*

Name: Jim Levingston initials
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-235-3327
Fax number: 217-258-6802
E-mail address: jim.levingston@consolidated.com

g. Surveillance:*Information contained in EFIS is current:*

Name: Pete Bushur initials
Street/ PO Box: 121 S. 17th Street
City, State, Zip: Mattoon, IL 61938-3915
Telephone number: 217-235-4454
Fax number: 217-235-2953
E-mail address: Pete.Bushur@consolidated.com

h. In-House Attorney:*Information contained in EFIS is current:*

Name: same as "a" initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

i. Attorney:*Information contained in EFIS is current:*

Name: James Fischer initials
Street/ PO Box: 101 Madison Street, Suite 400
City, State, Zip: Jefferson City, MO 65101
Telephone number: 573-636-6758
Fax number: 573-636-0383
E-mail address: jfischerPC@aol.com

for the year ended December 31, 2003**10. continued****j. Consultant:***Information contained in EFIS
is current:* _____

Name: Craig Neeld _____ initials
Street/ PO Box: PO Drawer 200 _____
City, State, Zip: Winter Park, FL 32790-0200 _____
Telephone number: 407-740-8575 _____
Fax number: 407-740-0613 _____
E-mail address: cneeld@tminc.com _____

k. Other:*Information contained in EFIS
is current:* _____

Name: same as "c" _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

l. Area Contact Entry:*Information contained in EFIS
is current:* _____

Name: same as "b" _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

m. Carrier Billing Relations:*Information contained in EFIS
is current:* _____

Name: same as "c" _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

IXC Annual Report of Consolidated Communications Public Services, Inc.

for the year ended December 31, 2003

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 Illinois
County Of Coles } ss:

Janice L. Hester makes oath and says that
(Insert here the name of the affiant)

s/he is Director of Taxes
(Insert here the official title of the affiant)

of Consolidated Communications Public Services, Inc.
(Insert here the exact legal title or name of the respondent)

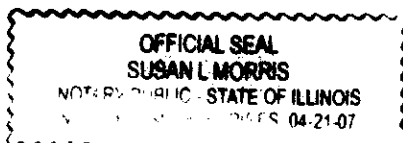
that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

January 1, 2003, to and including December 31, 2003

Janice L. Hester
(Signature of affiant)

Subscribed and sworn before me, a Notary Public in and for the
State and county above named, this 12th day of April, 2004

My Commission expires 4-21, 2007



Susan L. Morris
(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