

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

June 15, 2012

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, D.C. 20554

Ms. Karen Majcher  
Vice President – High Cost Low Income Division  
Universal Service Administrative Company  
2000 L Street NW, Suite 200  
Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Magazine Telephone Company, Study Area Code 401710. Magazine Telephone Company is a state-designated ETC in Arkansas and is submitting to the Commission relevant information from reports it files with its State Commission for §54.313 (a)(2) through (a)(4). Included in this filing, as Attachment C, is the affidavit filed in 2011 with the Arkansas Public Service Commission as required under 47 USC 254(3); 47 CFR Sec. 54.314 and also Attachment D, which is various reports that the Company sends to the State Commission.

Should you have any questions, please contact via email at [magtel@magtel.com](mailto:magtel@magtel.com) or by phone at 479-969-2211.

Sincerely,



Kathy Stone  
President

Enclosures  
Cc: Arkansas Public Service Commission

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

**OUTAGE REPORTING – §54.313 (a)(2)**

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Detailed Outage Information for 2011						
Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected

There were no outages of at least 30 minutes in duration for each service area that also affected at least ten percent of the end users service in the designated service areas of Magazine Telephone Company. Attachment A details outages reported to the Arkansas Public Service Commission. Of the 107 total outages reported, it is stated that none of these outages meets or exceeds the thresholds listed above, and are, therefore, not reportable.

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

**UNFULFILLED SERVICE REQUESTS – §54.313(a)(3)**

The number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. The carrier shall also detail how it attempted to provide service to those customers.

There were no unfilled requests for service during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission, and therefore the Company is exempt pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order).

**Annual Reporting for High-Cost Recipients  
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Magazine Telephone Company**

**NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS – §54.313(a)(4)**

The number of complaints per 1,000 connections in the prior calendar year.

There were no complaints received during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission, and therefore the Company is exempt pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order).

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

**§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES**

*Service Quality Standards and Consumer Protection Rules Annual Certification*

Kathy Stone	President	Magazine Telephone Company
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is in compliance with applicable service quality standards and consumer protection rules.

Executed on June 15, 2012  
Date

Signature 

Printed/Typed Name Kathy Stone

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

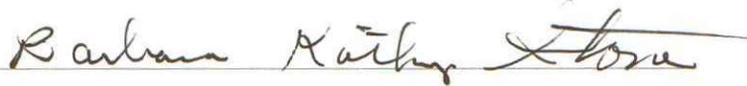
**§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS**

*Ability to Function in Emergency Situations Annual Certification*

Kathy Stone	President	Magazine Telephone Company
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Executed on June 15, 2012  
Date

Signature 

Printed/Typed Name Kathy Stone

**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company**

**ADDITIONAL VOICE RATE DATA – §54.313(h)**

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

As of June 1, 2012, Magazine Telephone Company did have rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318.

Attachment B shows the information presented to the National Exchange Carriers Association certifying the fact that Magazine Telephone Company did have rates for residential local service, (plus charges as defined) less than \$10.00. Attachment B is also being provided to the Arkansas Public Service Commission, as required.

Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company

## **ATTACHMENT A**

Company Name Magazine Telephone Company

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06													
2011													
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Trouble Reports TPR 10.06</b>													
Exchange Name:	1	Access Lines	719	705	700	701	689	678					
Magazine	2	Total Trouble Rpts.	11	15	5	20	26	13					
Switch Mfg:	3	Deregulated	6	7	2	12	8	10					
CS1500	4	Excluded	0	0	0	0	0	0					
NXX:	5	Measurable Rpts.	5	8	3	8	18	3					
479-969	6	Trouble Index	0.7	1.13	0.43	1.14	2.61	0.44					
<b>Service Outage Restoration TRP 10.01</b>													
	7	Total OOS Rpts.	6	10	2	13	13	6					
	8	Deregulated	3	5	0	10	2	5					
	9	Excluded	0	0	0	0	0	0					
	10	Measurable Rpts.	3	5	2	3	11	1					
	11	Restored W/ 24 Hrs.	6	10	2	13	13	6					
	12	Percentage	200.00%	200.00%	100.00%	433.30%	118.20%	600.00%					
<b>Application for Service 5 days TPR 9.01</b>													
	13	Total Applications	6	5	4	6	0	0					
	14	W/ 5 Days	6	5	4	6	0	0					
	15	Percentage	100.00%	100.00%	100.00%	100.00%							
<b>Application for Service 30 days TPR 9.01</b>													
	16	Total Applications	0	2	1	1	1	1					
	17	W/ 30 Days	0	2	1	1	1	1					
	18	Percentage		100.00%	100.00%	100.00%	100.00%	100.00%					

Target  
 <=5  
 >=95%  
 >=95%  
 >=95%

19 Name and address of person to contact regarding this information: James (Denny) Stone  
 PO Box 596  
 Magazine, AR 72943

NOTE: Create a tab to represent each exchange

Company Name Magazine Telephone Company

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06													
2011													
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Exchange Name:</b>		<b>Trouble Reports TPR 10.06</b>											
1	Access Lines							676	669	670	663	656	657
2	Total Trouble Rpts.							10	24	20	7	16	10
3	Deregulated							5	17	10	4	5	3
4	Excluded							0	0	0	0	0	0
5	Measurable Rpts.							5	7	10	3	11	7
6	Trouble Index							0.74	1.05	1.49	0.45	1.68	1.07
		<b>Service Outage Restoration TRP 10.01</b>											
7	Total OOS Rpts.							4	18	10	4	8	6
8	Deregulated							2	11	2	1	2	2
9	Excluded							0	0	0	0	0	0
10	Measurable Rpts.							2	7	8	3	6	4
11	Restored W/ 24 Hrs.							4	18	10	4	8	6
12	Percentage							200.00%	257.10%	125.00%	133.30%	133.30%	150.00%
		<b>Application for Service 5 days TPR 9.01</b>											
13	Total Applications							8	1	5	2	8	4
14	W/ 5 Days							8	1	5	2	8	4
15	Percentage							100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		<b>Application for Service 30 days TPR 9.01</b>											
16	Total Applications							1	1	3	3	4	0
17	W/ 30 Days							1	1	3	3	4	0
18	Percentage							100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Target <=5

>=95%

>=95%

>=95%

19 Name and address of person to contact regarding this information:

James (Denny) Stone  
 PO Box 596  
 Magazine, AR 72943

NOTE: Create a tab to represent each exchange

Company Name Magazine Telephone Company

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06													
2011													
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Trouble Reports TPR 10.06</b>													
Exchange Name:	1	Access Lines	157	158	158	158	156	150					
Blue Mountain	2	Total Trouble Rpts.	0	2	1	4	5	0					
Switch Mfg:	3	Deregulated	0	0	0	2	4	0					
Occam	4	Excluded	0	0	0	0	0	0					
NXX:	5	Measurable Rpts.		2	1	2	1						
479-947	6	Trouble Index	0	1.27	0.63	1.27	0.64	0					Target
<b>Service Outage Restoration TRP 10.01</b>													
	7	Total OOS Rpts.	0	1	0	3	2	0					
	8	Deregulated	0	0	0	2	2	0					
	9	Excluded	0	0	0	0	0	0					
	10	Measurable Rpts.		1		1							
	11	Restored W/ 24 Hrs.	0	1	0	3	2	0					
	12	Percentage		100.00%		300.00%							>=95%
<b>Application for Service 5 days TPR 9.01</b>													
	13	Total Applications	0	1	2	1	2	0					
	14	W/ 5 Days	0	1	2	1	2	0					
	15	Percentage		100.00%	100.00%	100.00%	100.00%						>=95%
<b>Application for Service 30 days TPR 9.01</b>													
	16	Total Applications	0	0	0	0	0	0					
	17	W/ 30 Days	0	0	0	0	0	0					
	18	Percentage											>=95%

19 Name and address of person to contact regarding this information: James (Denny) Stone  
PO Box 596  
Magazine, AR 72943

NOTE: Create a tab to represent each exchange

Company Name Magazine Telephone Company

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06													
2011													
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Trouble Reports TPR 10.06</b>													
Exchange Name:	1	Access Lines						159	154	154	152	152	153
Blue Mountain	2	Total Trouble Rpts.						2	1	3	1	1	2
Switch Mfg:	3	Deregulated						0	0	2	1	1	2
Occam	4	Excluded						0	0	0	0	0	0
NXX:	5	Measurable Rpts.						2	1	1			
479-947	6	Trouble Index						1.26	0.65	0.65	0	0	0
<b>Service Outage Restoration TRP 10.01</b>													
	7	Total OOS Rpts.						2	1	0	0	0	2
	8	Deregulated						2	0	0	0	0	2
	9	Excluded						0	0	0	0	0	0
	10	Measurable Rpts.							1				
	11	Restored W/ 24 Hrs.											
	12	Percentage							0.00%				
<b>Application for Service 5 days TPR 9.01</b>													
	13	Total Applications						1	4	0	0	1	0
	14	W/ 5 Days						1	4	0	0	1	0
	15	Percentage						100.00%	100.00%			100.00%	
<b>Application for Service 30 days TPR 9.01</b>													
	16	Total Applications						2	0	0	0	0	1
	17	W/ 30 Days						2	0	0	0	0	1
	18	Percentage						100.00%					100.00%

Target

<=5

>=95%

>=95%

>=95%

19 Name and address of person to contact regarding this information:

James (Denny) Stone  
 PO Box 596  
 Magazine, AR 72943

NOTE: Create a tab to represent each exchange

Annual Reporting for High-Cost Recipients  
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Magazine Telephone Company

## **ATTACHMENT B**



2012 CAF ICC Data Collection

NECA Home NECA Data Collections Contact Us General Instructions Logout

Logged in User: Jenni Blandina

Home Select Company Main Page Support Election Study Area Data Input CAFE & ARC Output Electronic Certifications

Study Area: MAGAZINE TEL CO (ID: 401710)

Study Area - Exchange Level Data for Residential ARC

Upload Residential Lines & Rates

Download NECA template

Residential Lines & Rates Input Residential Lines & Rates Summary

Residential Lines and Local Rates Data

Average Number of Lines for Test Period 2012/2013 (July 1, 2012 - June 30, 2013)  
Local Rates as of January 2012

Study Area ID	Exchange/Zone Name	Residential Access Lines	Life Lines	Current Residential Flat Rate	Additional Basic Local Rate Charges	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Delete Exchange
401710		0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
401710	Blue Mountain	128	11	9.56	0.00	0.00	6.50	0.00	0.19	1.15	0.00	0.02	
401710	Magazine	519	26	9.56	0.00	0.00	6.50	0.00	0.19	1.15	0.00	0.02	

Submit Response

[Records response entered/updated on the above the

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	401710
2	Carrier Study Area Name	alpha characters	MAGAZINE TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002266
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/2012
5	Contact Name	alpha characters	
6	Contact Telephone Number (include area code)	9 numeric digits	
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

**Block 2- Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	9.56		0.19		598

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>				
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>				
Name of Reporting Carrier <u>Magazine Telephone Company, Inc.</u>				
Signature of authorized officer <u>Barbara K. Stone</u>				Date <u>6/20/12</u>
Printed name of authorized officer <u>Barbara K. Stone</u>				
Title or position of authorized officer <u>President</u>				
Telephone number of authorized officer: <u>(479) 969-2211</u> ext.				
Study Area Code of Reporting Carrier	<u>401710</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>	

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Magazine Telephone Company					
Signature of authorized officer Cheryl Stone			Date 6-14-12		
Printed name of authorized officer Cheryl Stone					
Title or position of authorized officer Executive Secretary					
Telephone number of authorized officer: (479) 969-2211 ext.					
Study Area Code of Reporting Carrier 401710		Filing Due Date for this form (mm/dd/yyyy)	7/1/2012		

Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company

## **ATTACHMENT C**

Mailed  
7-19-11

ARKANSAS PUBLIC SERVICE COMMISSION  
AFFIDAVIT FOR FEDERAL UNIVERSAL SERVICE SUPPORT FUNDS  
(payable for the 2012 calendar year)

DESIGNATION OF COMMON CARRIERS )  
AS ELIGIBLE TELECOMMUNICATIONS )  
CARRIERS TO RECEIVE FEDERAL )  
UNIVERSAL FUNDS PURSUANT TO THE )  
FEDERAL COMMUNICATIONS )  
COMMISSION'S FOURTEENTH REPORT )  
AND ORDER ADOPTING A STATE )  
CERTIFICATION PROECSS )

STATE OF Arkansas

COUNTY OF Logan

1. My name is Barbara K. Stone

I am Vice President of Magazine Telephone Company  
(Title) (Company name)

My address is PO Box 596, Magazine, AR 72943

My e-mail address is magtel@magtel.com

My telephone number is 479-969-2211

2. This affidavit is provided for state certification by the Arkansas Public Service Commission in accordance with 47 C.F.R. §54.313 or §54.314, as may be applicable. This affidavit is made in support of the Company's request for certification for eligibility for USF support in accordance with the procedures established *In the Matter of Federal-State Joint Board on Universal Service*, CC Docket Nos. 96-45 and 00-256, 14th Report and Order, 22nd Order on Reconsideration and Further Notice of Proposed Rulemaking (FCC 01-157).

3. The Company's study area code for the supported area is 401710

4. I am familiar with the Universal Service Support received by the Company and how the Company uses those funds.
4. I am authorized to execute this affidavit on behalf of the Company.
5. The Company hereby certifies that the Federal Universal Service Support funds received by the Company are used only for the provision, maintenance and upgrading of facilities for which the support is intended.

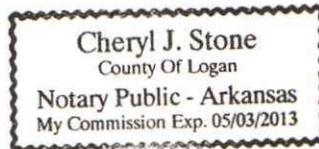
FURTHER AFFIANT SAYETH NOT.

Barbara K. Stone  
(Signature)

Subscribed and sworn to before me on this 19th day of July, 2011.

Cheryl J. Stone  
Notary Public

My Commission Expires: 5-3-2013



Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Magazine Telephone Company

## **ATTACHMENT D**

# LOCAL TELEPHONE COMPANY

## ANNUAL REPORT

Faxed in 4-18-12  
mailed original  
4-23-12

OF THE

NAME MAGAZINE TELEPHONE COMPANY

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 25 MAGTEL DRIVE, BOONEVILLE, AR 72927

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 176/ILEC

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



## COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2011

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 MAGAZINE TELEPHONE COMPANY (Company) of 25 MAGTEL DRIVE, BOONEVILLE, AR 72927 (Location) for the year ending December 31, 2011. 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.

Barbara K. Stone (Signature)

President - Magtel (Title)

VERIFICATION

STATE OF )
) ss.
COUNTY OF )

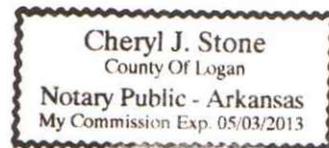
I, the undersigned, KATHY STONE, PRESIDENT of the (Name and Title)

MAGAZINE TELEPHONE COMPANY (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.

Barbara K. Stone (Signature)

Subscribed and sworn to before me this 18th day of April 2012 My Commission Expires 5-3-2013



Cheryl Stone (Signature of Notary)

## REPORT TO 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 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
- 4 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.
- 5 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.
- 6 This report will be scanned in. Please bind with clips only.
- 7 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.
- 8 In cases where the schedules provided in this report do not contain sufficient space or 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.
- 9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
- 10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
- 11 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.

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 KATHY STONE Title PRESIDENT

Address P O BOX 596, MAGAZINE, AR 72943

Telephone Number 479-969-2211

E-Mail magtel@magtel.com

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

Name KATHY STONE Telephone Number 479-969-2211

Address P O BOX 596, MAGAZINE, AR 72943

E-Mail magtel@magtel.com

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:

MAGAZINE TELEPHONE COMPANY

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) 25 Magtel Drive (b)  
Booneville, AR 72927

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)

(b)

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) ARKANSAS

(b) April 1, 1966

(c) ACT 576 OF THE ACTS OF THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS  
FOR THE YEAR 1965

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) N/A

(b)

(c)

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) N/A

(b)

(c)

(d)

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
KATHY STONE	25 MAGTEL DRIVE BOONEVILLE, AR 72927	1/1/11	12/31/11

**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	KATHY STONE	25 MAGTEL DRIVE BOONEVILLE, AR 72927
SECRETARY/TREASURER	CHERYL STONE	25 MAGTEL DRIVE BOONEVILLE, AR 72927

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

<b>GROSS ASSESSABLE REVENUES</b>	
<b>Description</b>	<b>Amount</b>
<b>ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)</b>	<b>\$500,154</b>

**LOCAL EXCHANGE SERVICE STATISTICS**

<b>ACCESS LINES</b>	<b>ARKANSAS</b>
<b>Residence</b>	<b>652</b>
<b>Business</b>	<b>146</b>
<b>TOTAL RESIDENTIAL &amp; BUSINESS ACCESS LINES</b>	<b>798</b>
<b>PBX Access Lines</b>	
<b>Coin or Credit Card Paystation Access Lines</b>	<b>2</b>
<b>Company Official Access Lines (Numbers)</b>	<b>30</b>
<b>TOTAL ACCESS LINES</b>	<b>830</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.



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**President/General Manager**

**REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION**

**COMPANY CONTACTS**

Company Information	
<b>Company Name</b>	MAGAZINE TELEPHONE COMPANY
<b>dba</b>	
<b>Official Mailing Address</b>	P O BOX 596, MAGAZINE, AR 72943

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Fuel Adjustment Report	N/A			
Cost of Debt Report	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Tariffs	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Accounting	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Rates	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Engineering	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Finance	CHERYL STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Income Taxes	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Property Taxes	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Gas Supply	N/A			
Legal	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>
Data Processing	KATHY STONE	479-969-2211	479-969-2502	<a href="mailto:magtel@magtel.com">magtel@magtel.com</a>

Please list the number of utility employees located in Arkansas