

ANNUAL REPORT OF CERTAIN TELECOMMUNICATIONS CARRIERS

TO THE ILLINOIS COMMERCE COMMISSION



ILLINOIS
COMMERCE COMMISSION
SEP 20 9 56 AM '01
CHIEF CLERK'S OFFICE

OFFICIAL FILE

ILL. C. B. BOARD NO. 01-0235

Petitioner: WINDY 3. Co. Chicago

Witness:

Date: 2-28-01 CB

Exact Legal Name of Respondent (Company)	Year of Report
Kayla Communication Inc.	99 December 31, 200

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Section 5-109 of the Public Utilities Act [220 ILCS 5/5-109]. Disclosure of this information is REQUIRED. Failure to provide any information could result in a fine of \$100 per day under Section 5-109 of the Public Utilities Act.

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Name of Respondent Roderick Beim <i>Kayla</i>	This report is: (1) <input checked="" type="checkbox"/> An original (2) <input type="checkbox"/> A resubmission	Date of Report (M,D,Y) 9-25-01	Year of Report: Dec. 31, 99
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RESPONDENT: (Exact Name) **Kayla Communication Inc.**

Street or Local Address: **7242 S. Honore**

City: **Chicago** State: **IL** Zip Code: **60636**

Officer or other person to whom correspondence should be addressed concerning this report.*

Exact Name: **Roderick Beim** Title: **President**

Street or Local Address: **7242 S. Honore**

City: **Chicago** State: **IL** Zip Code: **60636**

Telephone: (include the area code) **773-737-6408**

**To be kept current Notify the Commission of every change until the report for the following calendar year has been filed.*

Please submit the following information for the year ended December 31,

(1)	Total Illinois Communications Plant (if none, enter zero)	\$	0
(2)	Total Illinois Operating Revenues	\$	0
(3)	Depreciation and Amortization, Illinois (if none, enter zero)	\$	0
(4)	Total Illinois Operating Expenses	\$	0
(5)	Illinois Operating income (line 2 minus lines 3 and 4)	\$	0

No Activity

Name of Respondent <i>Kayla Communication</i>	This report is: (3) <input checked="" type="checkbox"/> An original (4) <input type="checkbox"/> A resubmission	Date of Report (M,D,Y) <i>9-25-01</i>	Year of Report: Dec. 31, <i>99</i>
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ANALYSIS OF UNBILLED REVENUE AND DEDUCTIONS

This form is to be completed by all telephone utilities.

<u>Unbilled Revenue</u>	(a)	<u>PRIOR YEAR</u> (b)	<u>CURRENT YEAR</u> (c)
1. Telephone Utility Operating Revenue		\$	\$
2. Less: Prior Year Unbilled Revenue		\$	\$
3. Add: Current Year Unbilled Revenue		\$ _____	\$ _____
4. Gross Telephone Utility Operating Revenue		\$	\$
 <u>Interstate Revenues</u>			
5. End User Interstate Revenue			\$
6. Switched Access Interstate Revenue			\$
7. Special Access Interstate Revenue			\$
8. Other Access Interstate Revenue			\$
9.			\$
10.			\$ _____
11. Total Interstate Revenue			\$
 <u>Revenue from Sales to Utilities for Resale</u>			
12. Please detail each item:			\$
13.			\$
14.			\$ _____
15. Total Revenues from Sales to Utilities for Resale			\$
 <u>Uncollectible Revenues</u>			
16. Uncollectible Revenue - Telecommunications			\$
17. Uncollectible Revenue - Other			\$ _____
18. Total Uncollectible Revenue			\$

No Activity

Name of Respondent <i>Kayla Communication Inc.</i>	This report is: (5) <input checked="" type="checkbox"/> An original (6) <input type="checkbox"/> A resubmission	Date of Report (M,D,Y) <i>9-25-01</i>	Year of Report: Dec. 31, <i>99</i>
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RECONCILIATION OF GROSS REVENUE TAX

This schedule is to reconcile the amounts shown in the accompanying Annual Report with the amounts shown on the Amended/Annual Gross Revenue Tax Return.

	Description (a)	Amount Annual Report (b)	Reference
1	Actual Gross Operating Revenues as shown in Annual Report		P.2 Ln. 4 Col. C
2	Less Interstate Revenue		P. 2 Ln. 10 Col. C
3	Gross Revenue Applicable to Illinois (Line 1 minus Line 2)		
4	DEDUCT:		
5	Revenue from Sale to Utilities for Resale		P.2 Ln. 15 Col. C
6	Uncollectible Accounts (if billing basis used)		P.2 Ln. 18 Col. C
7	Other Deductions (if amounts are included in Line 1)		
8	Account Description	Account No.	
9			
10			
11			
12			
13			
14			
15	Taxable Illinois Gross Revenue Per Annual Report (Line 3 minus Lines 5-14)		
16	Taxable Illinois Gross Revenue Per Amended or Annual Gross Revenue Tax Return		
17	DIFFERENCE (Line 15 minus Line 16)		

If the amount on Line 17 is \$1.00 (+/-) or more, a Revised Revenue Tax Return must be completed and filed with the Commission.
If you do not have a Revised Revenue Tax Return, contact the Fiscal Information Office of the Commission:

Illinois Commerce Commission
Fiscal Information Office
527 East Capitol Avenue
Springfield, Illinois 62701
(217) 782-7671

No Activity

ACCESS LINES AND TERRITORY SERVED

1. Name the exchanges in Illinois in which the respondent maintained service at the close of the year and give particulars called for.
2. Urban includes the base rate area and rural is beyond the base rate area.
3. Mobile, public or semi-public paystations and FX-in should be included where appropriate.

Line No.	Exchange (a)	Urban		Rural		Centrex (f)	PBX Trunks (g)	Total (h)
		Balance (b)	Residence (c)	Business (d)	Residence (e)			
1								
2								
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28								
29								
30								
31								
32								
33								
34	Totals							
35	Number of Access Lines							

No Activity

Name of Respondent Kayla Communication	This report is: (7) <input checked="" type="checkbox"/> An original (8) <input type="checkbox"/> A resubmission	Date of Report (M,D,Y) 9-26-01	Year of Report: 1999
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VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH

STATE OF Illinois
 COUNTY OF Cook)
)SS

Roderick Beir

(insert here the name of the affiant)

makes oath and says that he is

President

(insert here the official title of the affiant)

of

Kayla Communication 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 in respect to each and every matter set forth therein during the period from and including January 1, _____, to and including December 31, _____.

Roderick Beir
(Signature of Affiant)

Subscribed and sworn to before me, on _____

in and for the State and County above named, this _____ day of _____

My Commission expires: _____

Marisol Ortiz
(Signature of officer authorized to administer oaths)

