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TELECOMMUNICATIONS COMPANIES

ANNUAL REPORT

RCV

Digitline Express, LLC P.O. Box 33783 Fort Worth, TX 76162
Full name and address of Company

ENTERED IN COMPUTER

JAN 14 2010

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2008

SECTION I

INQUIRIES CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED TO:

NAME: Robert Wilson TITLE: Owner

ADDRESS: PO Box 33783

CITY: Fort Worth STATE: TX ZIP: 76162

TELEPHONE: (817)401-2999 FAX: (214)453-2420 E-MAIL: robert@etollfree.net

The company must notify the Commission, in writing, of any changes to the above information.

SECTION II

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date _____ Credit Card Number: _____	For Commission Use Only Credit Card Authorization #: _____		
	Month/Year <table border="1"> <tr> <td style="background-color: black;"> </td> <td> </td> <td> </td> </tr> </table>		

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed) Robert Wilson Title Owner

Signature _____ Date 01/14/2010

For Commission Use Only

Reception Number: _____ 001-111-02-68-170-11: _____ Reference Number: _____

001-111-02-68-170-01: _____ 001-111-02-68-032-05: _____

SECTION III

1. Have you attached the following additional documents (please check to show what's attached):

- Income statement (**required**): **Not operating in the state of WA**
- Balance sheet (**required**): **Not operating in the state of WA**
- Regulatory Fee Calculation Schedule (**required**): **Not operating in the state of WA**
- Additional information if required under WAC 480-120-385 (1) (c) (i), (ii), or (iii).
- Other documents (please describe): _____

2 **Washington Unified Business Identifier (UBI) No.:** 602873918

If you do not know your UBI Number you may contact the Department of Licensing at (360)664-1400.

3 **Services**

- a. Does your company provide operator services (automated or live assistance to customers in completing or billing a telephone call) at a call aggregator location, such as at a pay phone? Yes No
- b. Does your company provide local exchange services in Washington? Yes No

4. **Lines in service**

- a. If your company filed Form 477 with the FCC within the last 12 months for its Washington operations, please proceed to Section IV, otherwise proceed to 4.b. (below):
- b. If the company did not file FCC Form 477 for its Washington operations within the last 12 months, please complete the following:

Washington State Data as of December 31, 2008

- 1. Total voice-grade equivalent lines and voice-grade equivalent wireless channels in service: 0
- 2. Total lines and channels you currently provided to end users: 0

SECTION IV

ANNUAL REPORT CERTIFICATION

I certify that I, Robert Wilson, the responsible account officer for Digitline Express, LLC have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and 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 January 1, 2008, to December 31, 2008, inclusive.

Name (Printed) Robert Wilson Title Owner

Signature  Date 01/14/2010

Online Annual Report Certification

I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and 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 January 1, 2008, to December 31, 2008, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.

Authorized By:

Robert L. Wilson

Please Type Full Name Here

Authorized Date:

January 14, 2010

Please Type Full Date Here

SECTION V -- OPTIONAL

Companies that have been granted minimal regulation of their bundled telecommunications services under RCW 80.36.332 may use this section to certify compliance if so required by Commission order.

CERTIFICATION AS TO BUNDLED SERVICES

I am an officer of or attorney for Digitline Express, LLC (the "Company") and hereby certify (or declare) under penalty of perjury under the laws of the State of Washington that as of the date of execution of this document, the Company's packages or bundles of telecommunications services that are offered on a minimally regulated basis comply with RCW 80.36.332 and with UTC Order # in Docket UT- .

The foregoing is true and correct:

Name (Printed) Robert Wilson

Title Owner

Signature



Date 01/14/2010

REGULATORY FEE CALCULATION SCHEDULE

Company Name

Annual Report Year

Digitline Express, LLC

2008

In accordance with chapter 80.24.010 RCW "Regulatory Fees", the Commission requires Telecommunication companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue for the preceding year and pay to the Commission a fee as instructed below.

1	Total Gross Intrastate Operating Revenue **			1	\$0
2	Less Non Fee-Paying Revenue			2	\$0
3	Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 2 from 1)			3	\$0
4	Regulatory Fee Calculations:			4	
4a	If line 3 is UNDER \$20,000, Enter ZERO (Filing ZERO indicates schedule is complete)			4a	\$0
4b	If line 3 is BETWEEN \$20,000 and \$50,000-enter amount from line 3 (Filing BETWEEN \$20,000 and \$50,000 indicates schedule is complete. If filing after May 1 go to Line 6)	4b	\$	x .1 % (.001) =	\$0
4c	If line 3 is OVER \$50,000-enter amount from line 3	4c	\$		
4d	First \$50,000 is subject to .1% regulatory fee	4d	\$ 50,000.00	x .1 % (.001) =	\$0
4e	Adjustment of Gross Intrastate Operating Revenue (subtract Line 4d from 4c)	4e	\$	x .2 % (.002) =	\$0
5	Total Regulatory Fees owed (enter line 4b, or add 4d and 4e)			5	\$0
Agency Use Only: 001-111-02-68-170-01					
Complete Lines 6 through 9 if filing after May 1					
6	Penalties on Regulatory Fees filed after May 1			6	
6a	Total Penalties on Regulatory Fees owed - enter amount from line 5	6a	\$	x 2 % (.02) =	\$0
7	Interest on Regulatory Fees filed after May 1			7	
7a	Amount from line 5 _____ x Number of months past May _____ x 1% (.01) =			7a	\$0
8	Total Penalties and Interest owed (add lines 6a and 7a)			8	\$0
Agency Use Only: 001-111-02-68-170-11					
9	Total Regulatory, Penalty and Interest Fees Due (add lines 5 and 8)			9	\$0

Note: The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.