

FILED<sup>2</sup>

JUL 28 2009

Missouri Public  
Service Commission

Family Tel of Missouri, LLC.  
Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; yet include any Commission approved d/b/a or fictitious name, if applicable.)

**COMPETITIVE TELECOMMUNICATIONS CARRIER  
OR VOIP PROVIDER**

**ANNUAL REPORT  
TO THE  
MISSOURI PUBLIC SERVICE COMMISSION**

For the Calendar Year of  
January 1 - December 31, 2008

Final Return

Please select how the company is certificated or registered with the Commission under the Company Name as shown above (check all that apply):

- ☐ Competitively Classified Incumbent Local Exchange Telecommunications Carrier (ILEC)
- ☒ Competitive Local Exchange Telecommunications Carrier (CLEC)
- ☐ Competitive Interexchange Telecommunications Carrier (IXC)
- ☐ Interconnected Voice over Internet Protocol Service Provider (VoIP)\*

Please choose one of the following filing options to indicate the security level of the filing:

- ☒ Public submission (NOT Proprietary or Highly Confidential)
- ☐ Non-Public submission (Highly Confidential or Proprietary filing)  
(For this filing to be considered highly confidential or proprietary, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540 and Section 392.210, RSMo, as found in the instructions inside this form.)

\*VoIP Providers are required to submit a Proprietary and Public Version regarding customer line counts pursuant to H.B. 1779 and Section 392.550 RSMo. See Instructions Page 1 for details.

RECEIVED

JUL 28 2009

TC-2009-0407

Annual Report of

FamilyTel of Missouri, LLC  
for the calendar year of January 1 - December 31, 2008

## 1. State in full the company's information below:

2900 Louisville Avenue  
Company Street Address318 325 9100  
Telephone NumberMonroe  
Company Mailing Address318 387 8440  
Fax NumberMonroe LA 71201  
City State Zipbwarden@familytel.com  
E-Mail Address

## 2. Missouri Commission Authorization

(A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Public Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B").

| Case Number | Effective Date | Explanation |
|-------------|----------------|-------------|
|             |                |             |

(B.) If the company is an incumbent local telecommunications company with status as a competitive company, identify the case number and effective date of the Commission Order granting competitive classification:

Case No.: \_\_\_\_\_

Date: \_\_\_\_\_

## 3. This company is currently a (check appropriate box):

☐ Corporation☐ Sole Proprietorship☐ LP☐ Partnership☒ LLC☒ Other - Explain

## 4. Annual Report Contact Information: State in full the name, address, telephone number, and e-mail address of the company personnel or third-party preparer completing this Annual Report:

Brian Warden  
Name318 325 9100  
Telephone Number2900 Louisville Avenue  
Street Address318 387 8440  
Fax NumberMonroe  
Mailing Addressbwarden@familytel.com  
E-mail AddressMonroe LA 71201  
City State Zip

## 5. Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber.

Name: Kristen StricklandTelephone Number: 318 357 6441E-mail Address: Kstrickland@familytel.com

(See Instructions Pages 6 - 7 for more information to complete this page. )

## Annual Report of

for the calendar year of January 1 - December 31, 2008

- 6. Please provide the current name, address, telephone number and e-mail address for the regulatory contact person in the company.** This information should be the same as shown in the Electronic Filing and Information System (EFIS), required by 4 CSR 240-3.545 (22) for telecommunications companies.

Name \_\_\_\_\_

**Street Address****Mailing Address**

City

LA  
State

State

76201  
Zip

Zip

**Telephone Number**

Fax Number

**E-mail Address**

- 7. Identify the principal or general officers of the company at the end of the year. Please include an additional sheet, if enough space is not provided on this page, to completely provide the requested information.**

**Title of General Officer**

President

**Name of Person Holding Office**

Brad Weeden

- 8. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year.**

Closed business February 2008

(See Instructions Page 7 for more information to complete this page.)

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for the calendar year of January 1 - December 31,

2008

9. Please provide the following information concerning the company's revenues for this calendar year:

Row Revenues:

MO Jurisdictional

Total Company<sup>1</sup>

|   |           |           |
|---|-----------|-----------|
| 1. Local Service Revenues includes revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related services, etc. and for VoIP service.  | 25,514.92 | 25,514.92 |
| 2. Interexchange Revenues includes revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange VoIP services.   |           |           |
| 3. Non-Switched Telecommunications Service Revenues includes revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).   |           |           |
| 4. Bundled or Packaged Revenues includes any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column. |           |           |
| 5. Retail Uncollectible Revenues from telecommunications revenues.<br>(This amount is generally a negative number.)   |           |           |
| 6. RETAIL SUBTOTAL<br>(This amount should equal the total of Rows 1 - 5 above.)   | 25,514.92 | 25,514.92 |
| 7. Wholesale Revenues includes intrastate switched, private line, and special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.  |           |           |
| 8. Miscellaneous Revenues includes directory revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements.   |           |           |
| 9. Other Uncollectible Revenues from other revenues.<br>(This amount is generally a negative number.)   |           |           |
| 10. High-Cost Federal USF Revenues includes all revenues received as support from the Universal Service Fund for the High-Cost program.   | N/A       |           |
| 11. Other Federal USF Revenues includes all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.   | N/A       |           |
| 12. State USF Revenues includes all revenues received as support from the Universal Service Fund.   |           |           |
| 13. TOTAL<br>(This amount should equal the total of Rows 6 - 12 above.)   | 25,514.92 | 25,514.92 |

Total MO Jurisdictional Revenues should match revenues reported for PSC assessment purposes as reported by the company in its Statement of Revenue form.

|  |                                |
|--|--------------------------------|
| 14. Net Jurisdictional Revenues used for MoUSF assessment purposes.<br>(This amount should equal the Retail Subtotal (Row 6) above.) | MO Jurisdictional<br>25,514.92 |
|--|--------------------------------|

For additional definitions see:

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

"Interconnected voice over internet protocol service" as defined by Section 386.020(23) RSMo.

FCC Part 32-Uniform System of Accounts for Telecommunications Companies.

<sup>1</sup> List total regulated (including interconnected VoIP revenue) and, if applicable, non-regulated revenue for company name as listed at the top of this page. Do not include revenues for any company NOT listed at the top of the page.

(See Instructions Page 7 for more information to complete this page.)

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**10. Low Income and Disabled Universal Service Fund Subscriber Quantities**

Do you offer basic local telecommunications service or VoIP service as listed under 386.020 RSMo.?

☒ Yes

☐ No

If yes, please quantify the number of low income and disabled subscribers as reported to USAC (federal support, Form 497) and to the Missouri Universal Service Fund administrator for the past calendar year. (Insert "0"s if you do not have such subscribers.)

| Month         | Number of Missouri Low Income Subscribers | Number of Missouri Disabled Subscribers |
|---------------|---|---|
| January       | 0   | 0                                       |
| February      | 0   | 0                                       |
| March         | 0   | 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                                       |
| <b>TOTAL:</b> | 0   | 0                                       |

(See Instructions Page 7 for more information to complete this page. )

11.

## Exchange Access Lines Provided to RESIDENTIAL Customers

Completion of Page 5(a) required only for companies providing local voice services as listed under 392.245.5(3) RSMo. or VoIP service as listed under 386.020 RSMo.

Page 5(a)

Family Tel of Missouri, LLC

2008

**12.**

|          | Section A:<br>Local Voice Service & Interconnected VoIP Service |   |                  | Section B:<br>Other<br><br>IVoIP to Non-Certificated Carriers | Section C:<br>ISP<br><br>Internet Service Provider |
|----------|---|---|------------------|---|--|
|          | Full Facility   |   | Partial Facility |   |  |
|          | Resale  |   |                  |   |  |
| Exchange |   |   |                  |   |  |
|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
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|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
|          |   |   |                  |   |  |
| Totals:  | 0   | 0 | 0                | 0   | 0  |

**Completion of Page 5(b) required only for companies providing local voice services as listed under 392.245.5(3) RSMo. or VoIP service as listed under 386.020 RSMo. VoIP providers must submit this page as proprietary (P); see Instructions Page 1 for submission requirements.**

(See Instructions Pages 7 - 9 for more information to complete this page.)

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**Relay Missouri Annual Billing, Collections and Retention**

13. Do you offer basic local telecommunications service or IVoIP service as listed under 386.020 RSMo.?

☒ Yes  
☐ No

If yes, complete the following:

| Month     | Relay Missouri Revenue Collected | Relay Missouri Retention Amount | Relay Missouri Revenue Remitted to Commission |
|-----------|----------------------------------|---------------------------------|---|
| January   |                                  |                                 |   |
| February  |                                  |                                 |   |
| March     |                                  |                                 |   |
| April     |                                  |                                 |   |
| May       |                                  |                                 |   |
| June      |                                  |                                 |   |
| July      |                                  |                                 |   |
| August    |                                  |                                 |   |
| September |                                  |                                 |   |
| October   |                                  |                                 |   |
| November  |                                  |                                 |   |
| December  |                                  |                                 |   |
| Total     | \$ 0                             | \$ 0                            | \$ 0  |

14. Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month.

\$ 0

15. If your firm did not impose the Relay Missouri Surcharge, please explain:

Not aware of fee

(See Instructions Page 7 for more information to complete this page. )



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for the calendar year of January 1 - December 31, 2008

### 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 (Notary Public) by the laws of the State in which the same is taken.

### OATH

State Of

Louisiana

County Of

Orleans

ss:

Bruce Warden

Name of Affiant (Company Official/Representative)

makes oath and says that

s/he is

President

Official Title of the Affiant (Company Official/Representative)

of

Family Tel of Missouri, LLC

Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at

2900 Louisville Ave Metairie LA

Address and Telephone Number of the Affiant (Company Official/Representative)

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.

from

January 1

Month/Day

2008  
Year

, to and including

December 31

Month/Day

2008  
Year

[Signature]  
Signature of Affiant (Company Official/Representative)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,

this

21<sup>st</sup>

day of

July, 2009

My Commission expires

with life



OFFICIAL SEAL  
TRACEY O. BARNETT  
NOTARY PUBLIC NO. 66650  
STATE OF LOUISIANA  
PARISH OF RICHLAND

Missouri Revised Statutes § 89.210 or § 393.140

Tracey O. Barnett  
Signature of Notary Public