Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission, including any Commission approved d/b/a, if applicable. Please do not abbreviate.)

TELECOMMUNICATIONS COMPANY OR IVOIP PROVIDER ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, 2021

This filing is	s required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please se	lect how the company is certificated and/or registered with the Commission (check by):
	Incumbent Local Telecommunications Company (ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
✓	Interexchange or Local Non-Switched Telecommunications Company (IXC)
	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
the Comm	an one certificate or registration is held by the company you must file an annual report nission's Electronic Filing and Information System (EFIS) for each certificate or on. In such situations, we anticipate the annual reports to be identical; however please following:
	The various annual reports filed in EFIS are identical.
	The various annual reports filed in EFIS are different.
✓	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please ch	noose one of the following filing options to indicate the security level of the filing:
√	Public submission (NOT Confidential)
	Non-Public submission (Confidential) (See instructions for special requirements.) For this filing to be considered Confidential, additional submission of materials is required, pursuant to Commission Rule 20 CSR 4240-2.135.
Excel Issue Da	ite: 02/14/2022 For use when filing under seal.

in

Annual Report of Enhanced Communications Network, Inc for the calendar year of January 1 - December 31, 2021					
	he company's in h Glendora A		ow:	(800) 777	7-8003
	Company Stree	et Address		Teleph	one Number
Company M	ailing Address (if di	fferent from etre	at address)		
West Covi	•	CA	91790		
***************************************	City	State	Zip		
The company	e contact informa	tion in EEIS has	s haan raviaw	ed (and updated as applicable	a)
			o neeli leview	eu (allu upuateu as applicante	ē).
∠ Y	es	☐ No			
	ss in Item No. 1. Haluskey	· · · · · · · · · · · · · · · · · · ·	ng the form, w	hether an employee or a third-pa	arly preparer. This may dif
1001.0.1	Name	_			
1031 Sout	h Glendora Av Street Ad			,	
	Sileer Au	uless			
	Mailing Ad	dress			
West Covin	а	CA	91790		
	City	State	Zip		
(800	0) 777-8003			•	
	Telephone				
reg	ulatory@ecnt				
	Email Ad	dress			
Identify the co		e principal or g	eneral officer	s at the end of the year.	
	Title				me

Enhanced Communications Network, Inc

for the calendar year of January 1 - December 31, 2021

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	я'n	MO Intrastate (Column A)	##	ź×	Total Company (Column B)	**
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)		\$ 0.00			\$ 0.00	
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).	100	\$ 977.00			\$ 977.00	
3.	Non-Switched Services (Dedicated non-switched private line services typically used by business customers. Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).		\$ 0.00			\$ 13,961.00	
4.	Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.)		\$ 4,098.00			\$ 4,098.00	
5.	Retail Uncollectibles. (Amount is typically a negative number.)		\$ 0.00	- 1,000		\$ 0.00	
6.	RETAIL END-USER TOTAL (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)		\$ 5,075.00			\$ 19,036.00	
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUN	D RE	VENUES				
7.	Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider. This row typically includes revenue associated with switched access service, special access service, billing and collection service. NECA settlements, if any, should be reported solely in Column B.		\$ 0.00			\$ 0.00	
8.	Miscellaneous Carrier's Carrier Revenue (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).		\$ 0.00			\$ 0.00	
9.	Wholesale Uncollectibles. (Amount is typically a negative number.)	100	\$ 0.00			\$ 0.00	
10.	Federal USF Revenue (List federal USF revenue in Column B; however, any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions should be reported in Column A.)		\$ 0.00			\$ 0.00	
11	State USF Revenue		\$ 0.00			\$ 0.00	
12	TOTAL REVENUES (Row 6+7+8+9+10+11) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.		\$ 5,075.00			\$ 19,036.00	

Revenue reporting clarifications:

Total Company Revenue (Column B) = Missouri Intrastate revenue in Column A + Interstate revenues + International revenues.

IVoIP revenue: If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor percentage.

Retail non-switched private line service revenue: All of a customer's non-switched private line service revenue can be reported in Column B if 10% of more of the customer's private line network traffic is considered interstate traffic.

For use when filling under seal.

6. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

See To The See Sell Service	Line Quantities					
Exchange	**	Residential	**	**	Business	**
none						TKC 16
			4			8 31
			144			
	179					Page 1
			1811			Taxas
	/					
	- 1833					1
	. 172		233			
	1160			8		
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	1		83			
	888		20			
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	08					
						100
			100			5
				1		
			16.5	100		
						III
Totals:						

About reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in 386.020(4) and (23).
- 2. Lines include analog and digital. For DS-1 or higher band-width facilities a voice grade equivalency must be used. For channelized service report the number of channels subscribed to by the customer. For non-channelized facilities, filers are instructed to use a good-faith esitmate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)
- 4. Per 392.550(7)(c) IVoIP line quantities must be filed on a confidential basis. See instructions for how to file annual report information on a confidential basis.

For use	when	filing	under	seal.

A	Annual Report of	Enhanced Comr	munications i	Network, Inc
		for the calendar ye	ar of Janua	ry 1 - December 31, 2021
		Relay Missouri As	ssessmen	<u>t¹</u>
			,	Annual Totals
7.	. Revenue Collected From Relay			
	Amount Retained for Billing and		Eggs	
	Relay Missouri Revenue Remit	ted to Relay Missouri Fund		
		alue of the Relay Missouri Surc ne Relay Missouri Surcharge, pl		to your customers in December.
			(ci	
	ILECs, CLECs and IVoIP providers are this page.	e required to complete this page; however	r, companies clas	ssified solely as IXCs are not expected to complete

For use when filing under seal.

for the calendar year of January 1 - December 31, 2021

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	California		}}	•	
			}	ss:	
County Of	Los Angeles			•	
	Raymond Chan			makes oath and	says that
	Name of Affiant (Compa	any Official/F	Representative)		
s/he is	President				
	Official Title	of the Affian	t (Company Offici	al/Representative)	
of	Enhanced Communication	ns Network,	Inc.		
	Exact Legal Title or	Name of the	Respondent (Ce	rtificated Company I	Vame)
and is located at	1031 South Glendora Ave	West Cov	ina, CA 91790		
all statements of the business and affa	amined the foregoing report act contained in the said rep irs of the above-named resp	; to the best ort are true a ondent, and	of his or her kno and the said repo 2) examined (and	rt is a correct state updated as applic	n, and belief ement of the able) the
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Company Name:

Enhanced Communications Network, Inc.

	VERIFICATION
The foregoing repo	ort must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the Company
	OATH
State Of	California }
County Of	Los Angeles }
	Raymond Chan Name of Afflant (Company Official/Representative) makes oath and says that
s/he is	President Official Title of the Affiant (Company Official/Representative)
of	Enhanced Communications Network, Inc. Exact Legal Title or Name of the Respondent (Certificated Company Name)
and is located at	1031 South Glendora Ave West Covina, CA 91790 Address and Telephone Number of the Afflant (Company Official/Representative)

that s/he has 1) 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, and 2) examined (and updated as applicable) the Company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct.

THOMAS J. HALUSKEY
Notary Public - California
San Bernardino County
Commission # 2238969
My Comm. Expires May 4, 2022

 2021, to and including
 December 31
 2021

 Year
 Month/Day
 Year

Signature of Affiant (Company Official/Representative)

(If electronic signatures are used, you must use "/s/" before the name.)

Under penalty of perjury declare that the foregoing is true and correct to the best of my knowledge and belief.

See attacked certificate

Ry Ch

Signature of Declarant

(If electronic signatures are used, you must use "/s/" before the name.)

Missouri Revised Statutes § 392,210 or §393.140 and §509.030 See the Instructions for more information to complete this page. A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Los Angeles Subscribed and sworn to (or affirmed) before me on this March 20 22, by Raymond Chan ----day of 25th proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. THOMAS J. HALUSKEY Notary Public - California San Bernardino County Commission # 2238969 My Comm. Expires May 4, 2022 (Seal) Signature_