## VIP Voice Services, LLC

#### **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, 2020

This filing is	required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please sel	ect how the company is certificated and/or registered with the Commission (check
	Incumbent Local Telecommunications Company (ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
	Interexchange or Local Non-Switched Telecommunications Company (IXC)
X	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 in dission'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 che	oose one of the following filing options to indicate the security level of the filing:
X	Public submission (NOT Confidential)
L	<b>Non-Public submission</b> (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 Date	e: 2/19/2020 For use when filing under seal.

Form Page 1

Annual Report of			VIP Voice Services, LLC
	for the ca	lendar year o	of January 1 - December 31, 2020
State in full the company's inf	ormation belo	w:	
12151 S Hwy 51, Cov	veta, OK 74429		918-279-7001
Company Stree			Telephone Number
PO Box 1117, Cowe	ata OK 74420		
Company Mailing Address (if dif		t address)	•
Coweta	ОК	74429	
City	State	Zip	
The company's contact informati	on in FFIS has	been reviewe	ed (and updated as applicable).
_			or (and appeared to approprie),
<u></u> 163			
from the address in Item No. 1.		·	nether an employee or a third-party preparer. This may diffe
Mark Lammert, CPA, Tax F		pany	-
. 1 <del>2</del>			
242 Rangeline Road, Lo Street Add		50	-
242 Rangelir Mailing Ad			-
Longwood	FL State	32750 Zip	-
City		ΣIÞ	
407-260-			-
Telephone I	number		
mark@csilong			_
Email Add	dress		
Identify the company's top three	principal or ge	neral officers	s at the end of the year.
Title		<b>-</b> 0	Name
President		=	Bode Wilson
Treasurer		_1	Steve Cook
Vice President			Chris Leffingwell

Annual Report of	VIP Voice Services, LLC									
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for the calendar year of January 1 - December 31, 2020

#### 5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	••	MO Intrastate (Column A)	**	••	Total Company (Column B)	
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)			+ 4-4			
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).						
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).			6 X			
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.)						
5.	Retail Uncollectibles. (Amount is typically a negative number.)						
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.)						
	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.						
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).						
9.	Wholesale Uncollectibles. (Amount is typically a negative number.)						
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.)						
11	State USF Revenue						
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.						

#### 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 filing under seal.

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

	Line Quantities						
Exchange	**	Residential	**	**	Business	**	
n/a							
						JEST III	
	-017						
			23/81				
	17 to						
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 w	 	-

VIP Voice Services, LLC for the calendar year of January 1 - December 31, 2020

## Relay Missouri Assessment<sup>1</sup>

**Annual Totals** 7. Revenue Collected From Relay Missouri Surcharge

	Amount Retained for Billing and Collecting the Surcharge		
	Relay Missouri Revenue Remitted to Relay Missouri Fund		
8.	Please indicate the per line value of the Relay Missouri Surcharg	ge applied to your custom	ers in December.
9.	n/a  If your firm did not impose the Relay Missouri Surcharge, please	e explain:	
1	ILECs, CLECs and IVoIP providers are required to complete this page; however, conthis page.	mpanies classified solely as IXCs a	are not expected to complete

For use when filing under seal.

Company	Mon	

VIP Voice Services, LLC

For the calendar year January 1 - December 31, 2020

		VERIFICATION		
The foregoing report n	nust be verified by the Oath of	the President, Treasurer, General	Manager or Receiver of the Comp	oany.
		ОАТН		
State Of	Oklahon	na }		
County Of	Wagon	} er}	ss:	
		Machan (Company Official/Representative)	makes oath and says	that
s/he is		Div Manager Official Title of the Affiant (Compan	ry Official/Representative)	
of	Exa	VIP Voice Services, LL		
and is located at	Addre	12151 S Hwy 51, Coweta, OK ss and Telephone Number of the Affian	nt (Company Official/Representative)	
fact contained in the respondent, and 2) ex	eaid report are true and the sa	to the best of his or her knowledg id report is a correct statement of t cable) the Company's contact infor its are correct.	ne pusiness and allairs of the ab	Ove-manneu
from	January 1	, to and including	December 31 Month/Day	2020 Year
		7:	s/ Mark Machan	

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

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

/s/ Mark Machan

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.