Navigator Telecommunications, LLC.

Company Name

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

TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER

ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

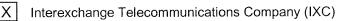
For the Calendar Year of January 1 - December 31, 2009

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

Incumbent Local Telecommunications Company (not competitively classified ILEC)

Incumbent Local Exchange Telecommunications Company (competitively classified ILEC)

Competitive Local Exchange Telecommunications Company (CLEC)



Local Non-switched Telecommunications Provider (classified in EFIS as IXC)

Interconnected Voice over Internet Protocol Service Provider (IVoIP)

Please choose <u>one</u> of the following filing options to indicate the security level of the filing:



X

Public submission (NOT Proprietary or Highly Confidential)



Non-Public submission (Highly Confidential or Proprietary filing) (See instructions for special requirements.)

Please review the instructions document before proceeding by using the link below: Instructions - 2009 Annual Report Telco and IVoIP



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

	8525 Rive	erwood Park Drive		501-954-4000
	Compan	y Street Address		Telephone Number
	P.O	. Box 13860		501-954-4002
	Company	y Mailing Address		Fax Number
	North Little Rock	AR	72113-0860	mark.herring@navtel.com
	City	State	Zip	E-Mail Address
2.	This company is currently	a (check approp	riate box):	
		Sole Proprietorship		
	Partnership	LLC	Other - Explain	

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

Michael I	McAlister		501-954-4051	
Na	ne		 Telephone Number	
8525 Riverwo	od Park Drive		501-954-4002	
Street A	ddress		 Fax Number	
P.O. Bo	< 13860		 mike@navtel.com	
Mailing /	Address		E-mail Address	
North Little Rock	AR	72113-0860		
City	State	Zip		

4. 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	Name of Person Holding Office
President	Louis F. McAlister
Chief Executive Officer	Denny Ferra
Chief Financial Officer	David Stotelmyer
Chief Technical Officer	Kenrick LeDoux

5. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year. Do not include internal company reorganizations or personnel issues.

NA

Navigator Telecommunications, LLC.

for the calendar year of January 1 - December 31, 2009

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

Row	Please provide the following information concerning the company's rev Revenues:		MO Jurisdictional (Column A)		Total Company ¹ (Column B)
	TAIL	**		**	**
1.	Local Service Revenues include tariffed 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 IVoIP service.	**		**	*
	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.	**	•	**	*
	Non-Switched Telecommunications Service Revenues include 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 include 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.		\$ -		\$ -
	Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)	**	**	**	
	RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your Missouri Universal Service Fund Net Jurisdictional Revenue Reportamount) [HER]	**	\$ **		s <u>-</u> .
7.	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.	**		* **	
	Miscellaneous Revenues ² associated with non-retail services, such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (<i>NOTE FOR ILEC ONLY</i> : refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)		\$		\$ -
9.	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)		\$		\$ -
	High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program.		N/A		\$
11.	Other Federal USF Revenues include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.		N/A		\$ -
	State USF Revenues include all revenues received as support from the Universal Service Fund.		\$		\$ -
13.	TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue .	**	\$-*	+ +*	station = 100 million = 100 m

"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.



¹ List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at the top of this page. (This form may be submitted by an affiliate, but a separate form must be completed by each certificated or registered entity. seal Do not include revenues for any company NOT listed at the top of the page.

² If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

7. <u>Low Income and Disabled Universal Service Fund Subscriber Quantities</u> Do you offer basic local telecommunications service or IVoIP service as listed under 386.020 RSMo.?



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.)

	Number of Missouri Low Income Subscribers	Number of Missouri Disabled Subscribers
January	0	0
February	0	0
March	0	0
April	0	0
Мау	0	0
June	0	0
July	0	0
August	0	0
September	0	0
October	0	0
November	0	0
December	0	0
TOTAL:	0	0



8.

Line Quantities for Local Voice Service & IVoIP Service¹

			R	let	tail							Wholesale to	Т
	dire:	Resident	tial			Bı	usii	ness	<u></u>	109		Non-Registered Nomadic IVoIP	
Exchange ²	**	Facility-based ³ ** **		**	**				2 N	**	**	Providers ⁵	**
Alton								**	-	**			
Appleton City								**		**			
Arnold								**		**			
Aurora								**		**			
Ava							2016.998	**		**			
Ballwin								**		**			
Barnhart								**		**			
Belton								**		**			
Benton								**		**			
Billings								**		**			
Bismarck								**		**			Ċ,
Bloomsdale								**		**			
Blue Springs								**		**			
Bois D Arc								**		**			
Boonville								**		**			
Bowling Green								**		**			
Branson								**		**			
Bridgeton								**		**	1000		
Brookfield								**		**			
Buckner								**		**			
Buffalo								**		**			
Butler							işa. İşa	**		**	-		
California								**		**			
Camdenton	1. 1							**		**			
Cameron								**		**	2 202252		
Cape Girardeau								**		**	C		
Carl Junction								**		**	10.000		
Carrollton								**		**	50 C 20 S 20 AND		
Carterville								**		**			
Carthage								**		**			
Caruthersville								**		**	·		

Form Page 5

	Re	Residential	tial	╞	B	Business		Γ	Nomadic IVolP	
Exchange ²	** Facility-based ³	** **	Resale/UNE ⁴	** **	Facility-based ³	** **	Resale/UNE ⁴	* *	** Providers ⁵	*
Cassville						**		*		
Chaffee						**		**		
Charleston						**		**		
Chesterfield						**		**		
Chillicothe						**		*		
Clarkson Valley						**		**		
Clarkton						**		**		
Clever						*		*		
Clinton						**		**		
Cole Camp						**		**		
Columbia						*		*		
Crystal City						**		*		
Cuba						**		*		
De Soto						**		*		
Dexter						**		**		
Doe Run						*		*		
Duenweg						**		*		
Earth City						*		*		
Edina						**		*		
El Dorado Springs						**		*		
Eldon						**		*		
Eminence						**		*		
Essex						**		*		
Eureka						**		*		
Excelsior Springs						**		*		
Fair Grove						*		*		
Farmington						*		*		
Faucett						**		*		
Fenton						**		*		
Festus						**		**		
Florissant						**		**		
Forsyth						**		**		
Fredericktown						**		**		
Fulton						**		**		
Gladstone						**		**		
Glasgow						*		*		
Grain Valley			1			**		*		
				гогт гаде о	0					
	-									

	L	Re	Residen	ential		-	B	Business	S	Γ	Nomadic IVolP	
Exchance ²	*	Facility-base	** **	L	Resale/UNE ⁴	**	Facility-based ³	** **	Resale/UNE ⁴	** **		* *
								*		**		
								*		*		
								*		**		
								*		*		
								*		*		
								*		**		
								*		**		
								*		*		
науи								*		**		
Hazelwood								*		*		
Henneud								*		*		
Hermitage								**		*		
								*		*		
								*		*		
								*		*		
								**		*		
								*		**		
								*		**		
Independence								*		*		
Ironton								**		*		
Jackson								**		*		
Jasper								**		*		
Jefferson City								**		*		
Joplin										1		
Kahoka								*				
Kaiser	- 345						1.49 A.	*		*		
Kansas Citv								*		*		
Kannat								**		*		
Net Illou King City	<u>192</u>)							**		**		
King Oty Kingdom City								**		*		
								**		*		
			<u> </u>					*		**		
								**		*		
La belle			+					*		\$		
La Monte								*		**		
	+							**		*		
Lake Saint Louis			-					*		*		
Lamar								*		*		-
Lancaster					For	Form Page 5	<u>c</u>	_				

		Re	Residential	ntial		B	Business	ŝ	Г	Nomadic IVolP	
Exchance ²	*	Facility-based ³	**	Resale/UNE ⁴	*	Facility-based	** **	Resale/UNE ⁴	** **		*
l aurie							*		\$		
							*		**		
l aas Summit							**		**		
							*		**		
l aviactor							*		**		
- tronger							*		**		
Liocity Liocola							**		**		
							*		*		
Linn Creek							*		*		
							*		*		
						94.00	*		*		
Louisana							**		**		
l own City							**		*		
Macon							**		**		
Malden							**		**		
Marceline							**		*		
Marionville							**		**		
Marshall							**		*		
Marshfield							**		**		
Manjand Heichts							*		**		
Manvuille							*		**		
Matthaws							*		**		
Meta							*		**		
Mexico							**		**		
Moharly							**		**		
Monatt							**		**		
Montaomery City							**		*		
Montrello							*		**		
Montrose							*		**		
Motion Veroon							**		*		
Mountain Grove							**		*		
Mountain View							*		*		
Nevsho							**		*		
Nevada							**		\$		
New Franklin							*		**		
New Madrid							*		**		
							**		*		
INIXa	223				Form Page 5	je 5					

		Res	Residential	ial		Ē	Business	SS	Γ	Nomadic IVolP	
Exchange ²	** Fa	Facility-based ³	** **	Resale/UNE ⁴	**	Facility-based	** **	Resale/UNE ⁴	** **		*
Norborne							**		**		
North Kansas Citv							**		*		
O Fallon							**		**		
Oak Grove							*		**		
Odessa							**		*		
Osage Beach							*		**		
Ozark							*		**		
Pacific							*		**		
Palmyra							**		*		
Park Hills							**		**		
Perrvville							*		**		
Pevelv							**		**		
Pierce Citv							*		**		
Platte Citv							**		*		
Pleasant Hill							**		**		
Poplar Bluff	10000 10000						*		**		
Potosi							*		**		
Baymore							**		**		
Reeds Spring							*		*		
Republic							*		**		
Richland							**		**		
Richmond							**		**		
Rolla							**		**		
Saint Ann							**		**		
Saint Charles							**		**		
Saint Clair							**		**		
Saint James							*		*		
Saint Joseph							*		*		
Saint Peters							*		*		
Sainte Genevieve							*		*		
Salem							*		*		
Savannah							**	-	*		
Scott City							**		*		
Sedalia							**		*		
Sikeston							**		*		
Slater							**		**		
Sorinofield							*		*		
				LO1	Form Page 5	e 5					

		Res	ident	ial		Busi	nes			Nomadic IVoIP	
Exchange ²	**	Facility-based ³	* **	Resale/UNE ⁴ **	**	Facility-based ³ **	**	Resale/UNE ⁴ **	**	Providers ⁵	*:
St Joseph							**	**			
St Louis							**	**			
Stanberry							**	**			
Strafford						2009-00199	**	**			
Tarkio							**	**			ļ
Thayer							**	**			
Trenton							**	**			Ļ
Troy							**	**			
Tuscumbia							**	**			Ľ.
Union							**	**			
Urich							**	**			
Valles Mines							**	**	26.2		
Versailles							**	**	1.27		
Warrensburg							**	**	575		
Warrenton	and a						**	**	e (Ļ
Warsaw							**	**	1.20		
Washington							**	**	12 Call 1		
Waverly			na (1977) ani kata				**	**	50.46		
Waynesville							**	**	S 22525		
Webb City							**	**	5.222		
Wellsville							**	**			
Wentzville							**				
West Plains							**	6 50000			
Willard							**		100 (C.).		
Willow Springs							**	**	8 (A.S.		
Windsor							**				
Totals:		0		0		0	**	0 **	<u>`</u>]	0	1000

¹ See instructions for additional clarification about filling out this page.

² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

³ Facility-based refers to lines served whereby your company or an affiliate owns the switch and/or local loop.

⁴ Resale/UNE refers to lines served whereby your company leases all switch and loop facilities from a non-affiliated carrier either through an agreement or a discounted tariffed rate.

⁵ Wholesale to Non-registered Nomadic IVoIP Providers refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)



seal

Annual Report of	Navigator Telecommunications, LLC.

2009

Relay Missouri Annual Billing, Collections and Retention

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

X Yes

No

If yes, complete the following:

Month	Relay Missouri Reve Collected (collected or received, according to your record-keeping met	ording ihods)		elay Missouri Retention Amount (of the amount collected)		Relay Missouri Rev Remitted to Commi (of the amount collec	i ssion ted)
	**	**	**	**	1	*	**
January	**	**			*	φ	- **
February	**	**			*	* \$	- **
March	**	**			*	* \$	- **
April	**	**			*	* \$	- **
May	**	**			*	* \$	- **
June	**	**			*	Ψ	- **
July	**	**			*	Φ	- **
August	**	**			*	* \$	- **
September	**	**			*	* \$	- **
October	**	**			*	* \$	- **
November	**	**			*	* \$	- **
December	**	**				* \$	- **
Tota	**	**			4	*	**

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

\$ 0.13

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



Annual Customer Proprietary Network Information (CPNI) Compliance Certificate

(A copy of a company's FCC CPNI filing will suffice for the required descriptions for all items except H.2.)

12.

Check this box if the company submitted its annual CPNI filing for this year in a separate filing to the MO Public Service Comission that is not attached to the company's annual report. If this box is not checked, please complete the requested items shown below:

 The company affirms having established operating procedures that are adequate to ensure compliance with the Missouri Public Service Commission's CPNI rules of 4 CSR 240-33.160(7).

Indicate which of the following apply with Y (Yes) or N (No).



A. The company has implemented a system by which the status of a customer's CPNI approval can be clearly established prior to the use of CPNI. Attached is a brief description of the company's system.



B. The company has implemented personnel training as to when personnel are or are not authorized to use CPNI including an express disciplinary process. Attached is a brief description of the company's training and disciplinary process.

C. The company maintains records for at least one year of sales and marketing campaigns of its own, its agents, affiliates, joint venture partners and any independent contractors, that use its customers' CPNI. Such records include a description of each campaign, the specific CPNI that was used in the campaign and what products and services were offered as a part of the campaign. Attached is a brief description of the company's record maintenance system.

D. The company has a supervisory review process for outbound marketing situations. Attached is a brief description of the company's review process.

E. The company has procedures in place whereby the company will provide the Missouri Commission written notice within five business days of any instance where the opt-out mechanisms do not work properly, to such a degree that customers' inability to opt-out is more than an anomaly. Attached is a brief description of the company's procedures.

F. Actions Taken - Select one of the options from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):

G. Complaints Received - Select one of the options from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):

H. Sharing CPNI Information - Select one of the options from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):

For use when filing under seal

Annual Report of <u>Navigator Telecommunications</u>, LLC.

for the calendar year of January 1 - December 31, 2009

company. The oath re	must be verified by th quired may be taken nich the same is taken	before any pe	rson authorized to ad	minister an oath (Nota	ary Public) by the
		C	DATH		
State Of	A	rkansas	}	SS:	
County Of		Pulaski	}		
	Dav Name of Affiant (Co	vid Stotelmyer ompany Official/		_ makes oath and	says that
s/he is		C	hief Financial Officer		
SITIC IS	Off		Affiant (Company Officia	/Representative)	
of		Navigate	or Telecommunication	s, LLC. ficated Company Name)	
and is located at	8525 Rive	erwood Park E	Drive, North Little Rock	AR 501-954-4000	
statements of fact cor	ined the foregoing rep	ort; to the bes ort are true an	t of his or her knowled d the said report is a c	correct statement of the	elief, all e business and
statements of fact cor affairs of the above-na in EFIS; to the best of CPNI Certification, ch	ined the foregoing rep	oort; to the bes ort are true an examined (and , information, a ternatives and	t of his or her knowled d the said report is a c I updated as applicabl and belief, all listed co	lge, information, and b correct statement of the e) the company's cont ntacts are correct, and	belief, all e business and act information I 3) read the
statements of fact cor affairs of the above-na in EFIS; to the best of CPNI Certification, ch	ined the foregoing rep ntained in the said repo amed respondent, 2) e his or her knowledge osen the applicable al the company's CPNI s January 1	port; to the bes ort are true an examined (and , information, a ternatives and safeguards.	t of his or her knowled d the said report is a c I updated as applicabl and belief, all listed co	lge, information, and b correct statement of the e) the company's cont ntacts are correct, and documentation, which	belief, all e business and act information I 3) read the
affairs of the above-na in EFIS; to the best of CPNI Certification, ch correct description of	ined the foregoing rep ntained in the said repo amed respondent, 2) e his or her knowledge, osen the applicable al the company's CPNI s	port; to the bes ort are true an examined (and , information, a ternatives and safeguards.	t of his or her knowled d the said report is a c l updated as applicabl and belief, all listed co l attached all required _, to and including	lge, information, and b correct statement of the e) the company's cont ntacts are correct, and documentation, which December 31 Month/Day	eelief, all e business and fact information d 3) read the h is a true and <u>2009</u> Year
statements of fact cor affairs of the above-na in EFIS; to the best of CPNI Certification, ch correct description of from	ined the foregoing rep ntained in the said repo amed respondent, 2) e his or her knowledge osen the applicable al the company's CPNI s January 1	oort; to the bes ort are true an examined (and , information, a ternatives and safeguards. , <u>2009</u> Year	t of his or her knowled d the said report is a c l updated as applicabl and belief, all listed co l attached all required , to and including	lge, information, and b correct statement of the e) the company's cont ntacts are correct, and documentation, which <u>December 31</u> <u>Month/Day</u> mpany Official/Represer	eelief, all e business and fact information d 3) read the is a true and , <u>2009</u> Year
statements of fact cor affairs of the above-na in EFIS; to the best of CPNI Certification, ch correct description of from	ined the foregoing rep ntained in the said repo amed respondent, 2) e his or her knowledge, osen the applicable al the company's CPNI s <u>January 1</u> Month/Day	nort; to the bes ort are true an examined (and , information, a ternatives and safeguards. , <u>2009</u> Year	t of his or her knowled d the said report is a c l updated as applicabl and belief, all listed co l attached all required , to and including	lge, information, and b correct statement of the e) the company's cont ntacts are correct, and documentation, which <u>December 31</u> <u>Month/Day</u> mpany Official/Represer	eelief, all e business and fact information d 3) read the is a true and , <u>2009</u> Year

When filing this form electronically, electronic signatures are acceptable. See the instructions for details.