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**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, \_\_\_\_\_**

This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.

**Please select how the company is certificated and/or registered with the Commission (check all that apply):**

- 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)

**If more than one certificate or registration is held by the company you must file an annual report in the Commission's Electronic Filing and Information System (EFIS) for each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the 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 choose 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.



Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

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

_____		_____	
Company Street Address		Telephone Number	
_____			
Company Mailing Address (if different from street address)			
_____			
City	State	Zip	

**2. The company's contact information in EFIS has been reviewed (and updated as applicable).**

Yes       No

**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.

_____		
Name		
_____		
Street Address		
_____		
Mailing Address		
_____		
City	State	Zip
_____		
Telephone Number		
_____		
Email Address		

**4. Identify the company's top three principal or general officers at the end of the year.**

Title	Name
_____	_____
_____	_____
_____	_____

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	**	MO Intrastate (Column A)	**	**	Total Company (Column B)	**	
1.	<b>Local Service</b> (Basic local telecommunications service, IVoIP service and features associated with these services)							
2.	<b>Interexchange Service</b> (Message toll services, 800 services, interexchange operator services).							
3.	<b>Non-Switched Services</b> (Dedicated non-switched private line services typically used by business customers. <i>Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).</i>							
4.	<b>Bundled Voice Service</b> (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.	<b>Retail Uncollectibles.</b> (Amount is typically a negative number.)							
6.	<b>RETAIL END-USER TOTAL</b> (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)							
<b>WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND REVENUES</b>								
7.	<b>Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider.</b> 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.	<b>Miscellaneous Carrier's Carrier Revenue</b> (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).							
9.	<b>Wholesale Uncollectibles.</b> (Amount is typically a negative number.)							
10.	<b>Federal USF Revenue</b> (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.	<b>State USF Revenue</b>							
12.	<b>TOTAL REVENUES</b> (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% or more of the customer's private line network traffic is considered interstate traffic.

For use when filing under seal.



Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

**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 Surcharge applied to your customers in December.

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

<sup>1</sup> ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

For use when filing under seal.

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 North Carolina

County Of Cabarrus

ss:

Jerry Weikle makes oath and says that
Name of Affiant (Company Official/Representative)

s/he is Regulatory
Official Title of the Affiant (Company Official/Representative)

of EnTelegent Solutions, Inc.
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 2520 Whitehall Park Dr., Suite 200, Charlotte, NC 28273 704-909-6410
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; 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.

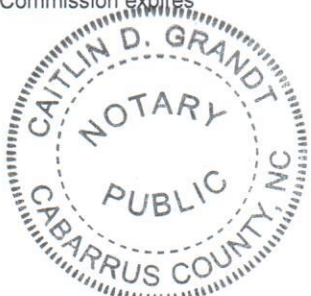
from January 1, 2021, to and including December 31, 2021
Month/Day Year Month/Day Year

Signature of Affiant (Company Official/Representative)
(If electronic signatures are used, you must use "/s/" before the name.)

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

this 13th day of April, 2022

My Commission expires May 4th, 2026



Signature of Notary Public

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

Notary Commission Number

Company Name: \_\_\_\_\_

EnTelegent Solutions, Inc.

**VERIFICATION**

The foregoing report must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the Company.

**OATH**

State Of North Carolina }

County Of Cabarrus }

ss:

Jerry Weikle  
Name of Affiant (Company Official/Representative)

makes oath and says that

s/he is Regulatory  
Official Title of the Affiant (Company Official/Representative)

of EnTelegent Solutions, Inc.  
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 2520 Whitehall Park Dr., Suite 200, Charlotte, NC 28273 704-909-6410  
Address and Telephone Number of the Affiant (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.

from January 1 , 2021, to and including December 31 , 2021  
Month/Day Year Month/Day Year

Jerry Weikle  
Signature of Affiant (Company Official/Representative)

(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.

Jerry Weikle  
Signature of Declarant

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