Nuso, 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 31,2021					
Γhis filing is	This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.					
Please se	ect how the company is certificated and/or registered with the Commission (check y):					
	Incumbent Local Telecommunications Company (ILEC)					
	Competitive Local Exchange Telecommunications Company (CLEC)					
	Interexchange or Local Non-Switched Telecommunications Company (IXC)					
Х	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.
Х	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)

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

х	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.

Public

Annual Repo	rt of		Nuso, LLC
	for the ca	lendar year of	January 1 - December 31, <u>2021</u>
State in full the compar	ny's information belo	w:	
6677 Delr	nar Blvd, Suite 300		314-390-6202
	ny Street Address		Telephone Number
Company Mailing Addres	ss (if different from stree	t address)	
University City	МО	63130	
City	State	Zip	
The company's contact in	formation in EFIS has	been reviewed	(and updated as applicable).
✓Yes	☐ No		
	of the person completing	a tha tarm what	or an ampleyee or a third party properer. This may diff
ist the contact information from the address in Item No		g the form, wheth	ner an employee or a third-party preparer. This may diff
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Ashley Morales Ashley Morales 3575 Piedmont Rd NE Buid Str 3575 Piedmont Rd NE Buid Ma Atlanta City 404-467-5835 Telep ashley.morales@claconnect.cc	Name ling 15 Suite 1550 reet Address ling 15 Suite 1550 illing Address GA State State Ohone Number mail Address o three principal or general	30305 Zip	

Annual Report of	Nuso, LLC

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

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	**	MO Intrastate	**	**	Total Company	**
			(Column A)	^^		(Column B)	**
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)	**		**	**		**
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).	**		**	**		**
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 FUND	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.

Public

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

	Line Quantities					
Exchange	**	Residential	**	**	Business	**
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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.

Public

Nuso, LLC for the calendar year of January 1 - December 31, <u>2021</u>

Relay Missouri Assessment¹

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 1.	nber.
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0.04
0.04

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

Public

ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete

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	Georgia }
	} ss:
County Of	Forsyth }
9	Ashley Morales makes oath and says that Name of Affiant (Company Official/Representative)
s/he is	Attorney-in-Fact
0	Official Title of the Affiant (Company Official/Representative)
of	Nuso, LLC
	Exact Legal Title or Name of the Respondent (Certificated Company Name)
and is located at	3575 Piedmont Rd NE Building 15 Suite 1550, 404-467-5835 Address and Telephone Number of the Affiant (Company Official/Representative)
all statements of f business and affa	camined the foregoing report; to the best of his or her knowledge, information, and belief, fact contained in the said report are true and the said report is a correct statement of the irs of the above-named respondent, and 2) examined (and updated as applicable) the st information in EFIS; to the best of his or her knowledge, information, and belief, all a correct.
from	January 1 , 2021 , to and including December 31 , 2021
	Month/Day Year Month/Day Year
	(Ishley Worker)
	Signature of Affiaht (Company Official/Representative) (If electronic signatures are used, you must use "/s/" before the name.)
Subscribed and sw this	orn to before me, a Notary Public, in and for the State and County above named, th day of,,
N	BERLY A. SCHELL OTARY PUBLIC Forsyth County State of Georgia Expires January 17, 2026 Notary Commission Number