Peerless Network of Missouri 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, 2019

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):

Incumbe

V

V

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.

Excel Issue Date: 11/08/2019

Public

For use when filing under seal.

Form Page 1

Missouri Public Service Commission

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	for the	e calendar	year of Janua	ary 1 - Decemi	ber 31,	2019	
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222 South Riversi	•	9 1900		(3	,	<u>6-0933</u>	
Compa	any Street Address				Telepho	one Number	
Company Mailing Addre	ess (if different from s	treet addri	ess)				
Chicago	IL	60)606				
City	Stal	e Z	ip				
The company's contact l	nformation in EFIS	has been	reviewed (and	d updated as a	applicable)).	
				•	•••••••••••••••••••••••••••••••••••••••		
⊡ Yes Annual Report Contact I	No Information:						
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 Identify the company's top three principal or general officers at the end of the year. Title

Title	Name			
CEO	John Barnicle			
VP Regulatory Affairs and Contracts	Julie Oost			
Director Regulatory Affairs	Patruck Phipps			

Peerless Network of Missouri LLC

for the calendar year of January 1 - December 31, 2019

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	••	MO Intrastate (Column A)	••	••	Total Company (Column B)	*1]
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.)	89590 33000			ACCEPTED OFFICIAL CONSTRUCTION		
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.)		\$ 0.00			\$ 0.00	
19109941	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUNC	REV	ENUES	1400	2003-24425-4 2003-279-00-5		
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.						
	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.		\$ 0.00			\$ 0.00	

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.

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for the calendar year of January 1 - December 31, 2019

6. Line Quantities for Basic Local Telecommunic	ations &/or IVoIP Services
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		Line Quantities				
Exchange	••	Residential	•	**	Business	** .(5)3
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Totals:			1922			

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.

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Peerless Network of Missouri LLC

for the calendar year of January 1 - December 31, 2019

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		1000

- 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:

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

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Annual Report of

Peerless Network of Missouri LLC for the calendar year of January 1 - December 31, 2019

		VERI	FICATION		12
of the company. T	oort must be verified by he Oath required may i s of the State in which t	be taken be	fore any person autho		
		(DATH		
State Of	Georgia		0 0	}	
				} ss:	
County Of	Forsyth			}	
	Divya Pushpanathar		(makes oath and	says that
		ompany Or	ficial/Representative)		
s/he is	Attorney in fact				
	Official	Title of the	Affiant (Company Offic	ial/Representative)	
of	Peerless Network of				
	Exact Legal Tit	le or Name	of the Respondent (Ce	ertificated Company N	lame)
and is located at	222 South Riverside				, ï
	Address and Tele	phone Num	ber of the Affiant (Con	npany Official/Repres	entative)
all statements of factors and affair	amined the foregoing r act contained in the sai irs of the above-named t information in EFIS; to correct. January 1	d report are respondent	true and the said repo , and 2) examined (and	ort is a correct state I updated as applica	ment of the able) the
nom	Month/Day	Year		Month/Day	Year
		0.0000			6 800
			nature of Affiant (Comp ectronic signatures are used, yo		
Subscribed and swo	orn to before me, a Notar	y Public, in a	and for the State and Co	unty above named,	
this	29	day of	Decembe	r. 2020	
My Commission exp	pires -		~		·
			But la 1	2 01.0	e
Kim	berly A Schell		Signature of N	otary Public	
		(If elec	tronic signatures are used, you		namə.)
	ARY PUBLIC				
Forsyth (County, GEOR	GIA	Notary Commis	sion Number	K:
ivy Commissi	ion Expires 01/	17/2022	Statutes § 392.210 or §3	93.140	

See the instructions for more information to complete this page.

CLA 1595 Peachtree Pkwy Ste 204-337 Cumming Ga 30041

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MO PUBLIC SERVICE COMMISSION MAIL ROOM

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