

FILED

MAY 7 2012

Missouri Public  
Service Commission

Bethesda Health Group, Inc.

**Company Full Certificated Name**

(Do not abbreviate; include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

**SHARED TENANT SERVICES (STS)**

**ANNUAL REPORT**

**TO THE**

**MISSOURI PUBLIC SERVICE COMMISSION**

For the Calendar Year of  
January 1 - December 31, 2010

Please choose one of the following filing options:

☒

**Public submission** (NOT Highly Confidential)

☐

**Non-Public submission**

(Highly Confidential / Filed Under Seal)

For this filing to be considered Highly Confidential, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540, Section 392.210, RSMo., and/or Section 393.140, RSMo.

STS Annual Report of Bethesda Health Group, Inc.

for the calendar year of January 1 - December 31, 2010

1. State in full the exact '**certificated**' name of the Shared Tenant Services Carrier (STS):  
(Do not abbreviate; yet include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

Bethesda Health Group, Inc.

State in full the **parent** company name of the Utility Company below, if applicable:

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

<u>1630 Des Peres Road, Suite 290</u>			<u>314-800-1900</u>
Company Street Address			Telephone Number
<u>1630 Des Peres Road, Suite 290</u>			<u>314-800-1961</u>
Company Mailing Address			Fax Number
<u>St. Louis</u>	<u>MO</u>	<u>63131-1800</u>	
City	State	Zip	E-mail Address

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

No

4. This Shared Tenant Services Carrier is a:

<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LP
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other - Explain

(Check appropriate box)

If different than certificated name listed above (e.g. parent corporation name) or if 'Other' is identified, explain:

5. Under the laws of which state is the telephone company organized:

Missouri

6. State in full the name, street address, telephone number, fax number, and e-mail address of the company personnel or third-party preparer completing this Annual Report:

<u>Joshua Sharp</u>			<u>314-292-5505</u>
Name			Telephone Number
<u>1630 Des Peres Road, Suite 290</u>			<u>314-800-1961</u>
Street Address			Fax Number
<u>1630 Des Peres Road, Suite 290</u>			<u>jdsharp@bethesdahealth.org</u>
Mailing Address			E-mail Address
<u>St. Louis</u>	<u>MO</u>	<u>63131-1800</u>	
City,	State	Zip	

Do not abbreviate; include any Commission approved AKA/DBA/Fictitious Name, if applicable.

for the calendar year of January 1 - December 31, 2010

7. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Jurisdictional) for the Calendar Year 2010

**Revenues:**

Operating Revenues\* from Telecommunication Services

Total Company	MO Jurisdictional
\$0.00	\$ 0.00

**MO Jurisdictional** should match Statement of Revenue  
(MoPSC Assessment)

8. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

None

\* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

- (a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;
- (b) Answering services and paging services;

- (c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;
- (d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;
- (e) Services provided by a private telecommunications system;
- (f) Cable television service;
- (g) The installation and maintenance of inside wire within a customer's premises;
- (h) Electronic publishing services; or

- (i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission.

**Public**

For use when filing under seal.

STS Annual Report of Bethesda Health Group, Inc.

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for the calendar year of January 1 - December 31, 2010

9. Please provide the following information for each shared tenant service location:

Name of Location: Bethesda Orchard  
Location Description: Independent Senior Living Residences  
Full Address: 21 North Old Orchard  
Webster Groves, MO 63119  
  
Local Phone Company: XO Communications  
Operator Services Provider: ATT  
Number of Stations: 

122
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Is STS Offered in Multiple Buildings? (Yes/No): 

No
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Name of Location: \_\_\_\_\_  
Location Description: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Local Phone Company: \_\_\_\_\_  
Operator Services Provider: \_\_\_\_\_  
Number of Stations: 

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Is STS Offered in Multiple Buildings? (Yes/No): 

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Name of Location: \_\_\_\_\_  
Location Description: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Local Phone Company: \_\_\_\_\_  
Operator Services Provider: \_\_\_\_\_  
Number of Stations: 

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Is STS Offered in Multiple Buildings? (Yes/No): 

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Annual Report of

Bethesda Health Group, Inc.

for the calendar year of January 1 - December 31, 2010

### 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 Missouri }  
County Of St. Louis } ss:

Joshua Sharp makes oath and says that  
Name of Affiant (Company Official/Representative)

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

of Bethesda Health Group, Inc.  
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 1630 Des Peres Road, Suite 290 St. Louis, MO 63131-1800 314-292-5505  
Address and Telephone Number of the Affiant (Company Official/Representative)

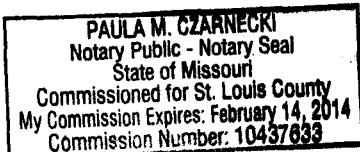
that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

from January 1, 2010, to and including December 31, 2010  
Month/Day Year Month/Day Year

Joshua Sharp  
Signature of Affiant (Company Official/Representative)

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

this 29th day of April, 2012.  
My Commission expires February 14, 2014



Paula M. Czarnecki  
Signature of Notary Public

Missouri Revised Statutes § 392.210 or §393.140

Print Form

Joshua Sharp  
Bethesda Health Group, Inc.  
1630 Des Peres Road, Suite 290  
St. Louis, MO 63131-1800

SAINT LOUIS MO 630

03 MAY 2012 PM 7 1



Missouri Public Service Commission  
Attention: Data Center  
P. O. Box 360  
Jefferson City, MO 65102-0360

65102036060

