Company Name

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

COMPETITIVE TELECOMMUNICATIONS CARRIER OR VOIP PROVIDER

ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

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

the Com _l	elect how the company is certificated or registered with the Commission under bany Name as shown above (check all that apply):
	Competitively Classified Incumbent Local Exchange Telecommunications Carrier (ILEC)
	Competitive Local Exchange Telecommunications Carrier (CLEC)
	Competitive Interexchange Telecommunications Carrier (IXC)
	Interconnected Voice over Internet Protocol Service Provider (VoIP)*
Please cl filing:	noose one of the following filing options to indicate the security level of the
	Public submission (NOT Proprietary or Highly Confidential)

*VoIP Providers are required to submit a Proprietary and Public Version regarding customer line counts pursuant

(This box is to be used for security level designation, when requried)

to H.B. 1779 and Section 392.550 RSMo. See Instructions Page 1 for details.

Adobe Interactive Form Rev. 3-11-09

General Form Information

This report is due to the Missouri Public Service Commission on or before **April 15th** and is required to be filed on a calendar year basis pursuant to the Commission rules (4 CSR 240-3.540). Failure to file this report by the deadline of April 15, 2009, could result in penalties up to \$100 for every day the report is late pursuant to Section 392.210, RSMo.

- You shall use the form provided by the Commission. You may use one of the three versions provided: 1) the Adobe Fillable document, 2) the Excel version, or 3) the Adobe document that shall be printed and completed by hand.
- If the document has been prepared by a third-party preparer, it is the responsibility of the company personnel attesting to the accuracy of the document, to review the document before submission to the Missouri Public Service Commission.
- After the annual report is complete, save the file to your computer or print the form, keep
 a copy for your records, and prepare for mailing. If saved to your computer, you may submit it
 electronically through the Commission's Electronic Filing and Information System (EFIS), as a
 non-case related submission (see Electronic Filing Instructions on Instructions Pages 4 5
 for details).
- The Excel form is "read only". You must save or copy the file to your computer's hard drive to input information into the annual report form.
- If additional space is needed for entering information on a page, please insert a worksheet or page and copy the cell formats or lines into the new sheet to accommodate the necessary information.

Questions about the annual report form or its contents may be submitted to: Joan Wandel at (573) 751-4785 or by e-mail at joan.wandel@psc.mo.gov.

VoIP Providers

VoIP providers must complete a **separate** annual report form for each registered/certificated company. Each report shall contain information relating to only the company registration listed on the cover page and at the top of all subsequent pages. The report shall not contain information for any other Commission registered/certificated company(s) including a company with the same name but certificated as a(n) ILEC, CLEC, or IXC.

VolP Proprietary Requirement

Pursuant to House Bill 1779 and the Missouri Revised Statutes Section 392.550, all companies registered as VoIP, shall submit customer line counts as Proprietary.

If you plan to file information as Highly Confidential in addition or in place of Proprietary, please follow the instructions for Treatment of Highly Confidential Information (Submission Under Seal) on Instructions Page 2.

Two versions of the annual report must be provided;

- 1) A fully completed Non-Public version to be kept as Proprietary with restricted access and
- 2) A Public version with the Proprietary information redacted (removed) that clearly informs the reader that the redacted information has been submitted as Proprietary.

(Directions for what to include in each version are on the next page.)

VoIP Proprietary Requirement -- continued

Below are procedures outlining the requirements for each type of submission:

(A) Public Version

- **1.** Cover Check the "Public Submission" box and denote "NP" (Non-Proprietary) in the lower right corner.
- 2. Completion All pages should be completed excluding the non-public information.
- **3.** Page Designation Each page that has had Proprietary information removed must have a "NP" (Non Proprietary) designation in the lower right corner.
- **4.** Format where Proprietary information has been removed, blank spaces must be left to insure the information remains on the same line and page as in the Proprietary version.

(B) Proprietary Version

- **1.** Cover Check the "Non-Public Submission" box and denote "P" (Proprietary) in the lower right corner.
- **2.** Completion All pages should be completed <u>including</u> the Proprietary customer line count information.
- Page Designation Each page that contains Proprietary information must have a "P" (Proprietary) designation in the lower right corner.

Treatment of Highly Confidential Information (Submission Under Seal).

Utilities may request classification of selected portions of their annual report as non-public (highly confidential / filed under seal) pursuant to the Commission rules at 4 CSR 240-3.540.

Please note that all information classified as non-public will still remain subject to potential disclosure as provided under the Missouri open records act (Chapter 610 RSMo) and Section 386.480, RSMo.

In order to include Highly Confidential information in the annual report, the submitter must:

Provide two versions of the annual report:

- 1) a Public version with the Highly Confidential information redacted (removed), and
- 2) a fully completed version to be kept as Highly Confidential with restricted access.

The following are the procedures outlining the requirements for each type of submission:

(A) Public version

- **1.** Cover Check the "Public Submission" box and denote "NP" (Non-Proprietary) in the lower right corner.
- **2.** Completion All pages should be completed <u>excluding</u> the non-public information.
- **3.** Page Designation Each page that has had Highly Confidential information removed must have a "NP" (Non-Proprietary) designation in the lower right corner.
- **4.** Format where Highly Confidential information has been removed, two (2) asterisks shall be placed before and after the information, e.g. **highly confidential information removed**. Blank spaces must be left to insure the information remains on the same line and page as in the Highly Confidential version.

(Directions for the Highly Confidential version are on the next page.)

Treatment of Highly Confidential Information (Submission Under Seal) - continued

(B) Highly Confidential version

- **1.** Cover Check the "Non-Public Submission" box and denote "HC" in the lower right corner.
- **2.** Completion All pages should be completed <u>including</u> the Highly Confidential information
- 3. Page Designation Each page that contains Highly Confidential information must have a "HC" (Highly Confidential) designation in the lower right corner.
- **4.** Format Highly Confidential information shall be designated by two (2) asterisks before and after the information, e.g. **your highly confidential information here**.

(C) Additional documents required with both submissions

- 1. A cover letter stating the utility is designating some or all of the information in its annual report as confidential and requesting non-public treatment under seal. The name, phone number and e-mail address (if available) of the person responsible for addressing questions regarding the confidential portions of the annual report must be included.
- **2.** A notarized affidavit that clearly identifies the specific types of information to be kept under seal. Justification of why the specific information should be a closed record and a statement attesting that none of the information is available to the public in any format.

Options for Submitting the Annual Report to the Missouri Public Service Commission

The annual report may be submitted to the Missouri Public Service Commission by either of the following methods:

1. **Electronically** through the Electronic Filing and Information System (EFIS). This system accepts submissions 24 hours a day and saves on postage/shipping expenses. Please see *Instructions Page 4 - 5* for detailed instructions to use this system. If you have questions while using EFIS, staff is available Monday - Friday from 8:00 a.m. - 5:00 p.m. (excluding State holidays) to assist you at (573) 751-7496.

NOTE: E-mails and faxes are NOT acceptable methods of filing the annual report electronically.

or

2. Mail to the following address: Missouri Public Service Commission Attention: Data Center

For package delivery: 200 Madison Street, Suite 100 Jefferson City, MO 65101

<u>For U.S. Mail:</u> P.O. Box 360 Jefferson City, MO 65102-0360

Electronic Filing of 2008 Annual Report Information

If you submit your information electronically, please do **not** send in a paper copy.

In order to file in the Electronic Filing and Information System (EFIS):

- You must have a user ID and password,
- The company you are filing on behalf of must be registered in EFIS.
 (All certificated companies are already registered in EFIS. Please do not create a company registration),
- The person making the filing must be registered as a contact for the company/firm they are making the filing on behalf of, and
- You need to have the information you want to submit saved electronically.

If you are unsure if you have a user ID, if your company is registered, or if you are registered as a contact for the company, please contact the Data Center at datacenter-psc@psc.mo.gov or (573) 751-7496 before completing new registration information.

To access EFIS, go to the PSC website at http://www.psc.mo.gov. Click the 'EFIS / Case Filings' link from the menu on the left-hand side. Scroll down to the 'Main Menu Section of EFIS' and click on the 'EFIS' link. This will take you to the EFIS Welcome Screen.

- Click the orange 'Logon' button on the left-hand side.
- Enter your User ID and Password.

NOTE: Passwords are case sensitive.

Submission of Annual Report

- Click on the 'Filing/Submission' menu option.
- Click on the 'Non-Case Related Submission' link.

Complete the Non-Case Related Submission screen with the following information:

- Type of Utility Select the utility type for which the company is certificated/registered. Separate submissions are required if a company has multiple certifications/registrations (Example: Water and Sewer; or CLEC and IXC).
- Company Select certificated company name.
- Choose d/b/a name, if applicable. This name should match the name at the top of the annual report's cover page.
- Type of Submission Select 'Annual Report (Mo PSC)'.
- Report for Calendar Year Type in 2008.
- Applicable Case No. Leave blank.
- Date Filed Will already be filled in.
- Comments Type in 2008 Annual Report.
- Click on the 'Continue' button.

This will take you to the Filing/Submission Attachment screen.

- Click on 'Browse' Select the file that contains the completed annual report.
- Choose the security level for your document: Public, Highly Confidential, or Proprietary.
- Click the 'Attach' button.

On screen instructions are provided for attaching more than one document.

Confirm that the correct document is attached before proceeding.

• Click the 'Done with Attach' button.

This will return you to the original submission screen.

• Scroll down and click on the 'Submit' button.

This will complete your submission and assign a non-case related tracking number (BMAR-2009-xxxx). Please retain this number for your records.

Electronic Filing of 2008 Annual Report Information (continued)

Submission of Additional Information

If you are asked to provide additional information or need to file amended information, file it as a 'Non-Case Related Supplemental Submission' using the tracking number from your original annual report submission.

Instructions for this type of submission can be found by clicking on the blue 'Help' button on the left-hand side of any EFIS screen. Scroll down to 'Filing / Submission – Non-case Related'. Then choose 'Make a subsequent filing to a non-case related submission'.

Request for Extension (Less than 30 days)

If you will not be able to file your annual report by the April 15th deadline, you must request an extension on or before April 15th.

Follow the instructions for filing an annual report with these modifications.

- Type of Submission Select Annual Report (MO PSC) Extension Request
- Comments Type in 2008 Annual Report Extension Request
- Under "Browse", attach your documentation for requesting an extension
 Please include an email address where you can be contacted, usually in five business days or less, with approval or denial of the extension request.

Once your submission is complete, you will be assigned a non-case related tracking number (BARE-2009-xxxx). Please retain this number for your records.

Additional instructions can be found under the blue 'Help' button in EFIS on how to:

- Access EFIS.
- Log on to EFIS.
- Obtain a user ID and password.
- Reset my password.
- File an annual report, statement of revenue, or other non-case related submission.
- Make a subsequent filing to a non-case related submission.

Detailed Form Information

Cover

Page Definitions and/or Instructions

Company Name: This shall reflect the certificated name of the company that the Commission approved in a case; when this field is filled in, it will automatically populate the company name at the top of each of the following sheets.

The company name listed on the cover shall include any Commission approved fictitious name or d/b/a name.

Year: When the reporting period year is entered, it will automatically populate at the top of all subsequent pages.

First set of check boxes (certification/registration type):

Select all boxes applicable to the type(s) of certification(s)/registration(s) issued by the Commission for the exact Company Name listed on the cover sheet.

Second set of check boxes (security level/filing options):

For VoIP Providers, pursuant to House Bill 1779, the line counts shall remain proprietary and not available to the public. For this purpose, two versions of the report shall be submitted. This also applies to all telecommunications companies submitting reports with Highly Confidential information; see Instructions Pages 1 - 3 for more information on the VoIP Proprietary Requirement and Treatment of Highly Confidential information.

If submitting **only** a public version of the annual report (not applicable to VoIP providers), check the top box (**Public submission**).

If submitting both an annual report containing proprietary or highly confidential information, two copies of the report are required (please see Instructions Pages 1 - 3), a copy is required for each version with one cover checking the Public Submission box, and one with a check in the Non-Public Submission box.

Check the top box (Public submission) when submitting the version that shall be accessible by the public and have the proprietary or highly confidential information redacted (hidden); these pages should be marked with "NP" (Non-Proprietary).

Check the bottom box (Non-Public submission) for the version that shall contain the proprietary customer line counts or highly confidential information and have applicable pages marked with a "P" if proprietary or "HC" if highly confidential.

- Page 1
- **No. 1** Include the company's business location, telephone number, facsimile number and e-mail address.
- **No. 2(A)** List the case number and effective date in which the company was granted service authority under the name listed at the top of the sheet. In the event of a name change or merger, list the case number and effective date of the most recent Order approving this change.
- **No. 2(B)** For companies registered as Incumbent Local Exchange Carriers (ILEC), enter the case number and effective date of competitive classification approval by the Commission.
- **No. 3** Check the box indicating the business structure of the company. If Other is chosen, use the lines below the boxes to explain.
- **No. 4** This information is the contact information of the person <u>completing</u> the form, whether it is an employee of the company or a third-party preparer. This may differ from Item No. 1.

Detailed Form Information

Page Definitions and/or Instructions

- **Page 1** No. 5 Provide the contact person's name, telephone number, and e-mail address relating to consumer complaints.
- Page 2 No. 6 List all contact information for the person who will be handling regulatory issues, include name, address, telephone number, fax number, and e-mail address.
 - **No. 7** List the principal or general officers, and their titles at the end of the reporting year.
 - **No. 8** List mergers, consolidations, and reorganizations of the company during the reporting year. Do not include departmental internal company reorganizations or personnel issues.
- Page 3 No. 9 Complete all Missouri Jurisdictional and Total Company Revenues requested including Local Service Revenues, Interexchange Revenues, Non-Switched Telecommunications Service Revenues, Bundled or Packaged Revenues, Wholesale Revenues, Miscellaneous Revenues, Federal USF and State USF Revenues, and Uncollectible Revenues, which were received by the company named at the top of the form.

Wholesale Revenue (Row 7) should only reflect income derived from services provided to other carriers, whether it (the revenue) is derived from switched access, special access and private line, and payphone revenue provided to other carriers. USF Revenues refer to the support received from the Universal Service Fund for the following programs: High-Cost, Low Income, Schools and Libraries, and Rural Health.

Net Jurisdictional Revenues (Row 14) shall equal Retail Subtotal (Row No. 6).

Page 4 No. 10 Check the appropriate box indicating if your company offers basic local telecommunications service or IVoIP service under 386.020 (CLEC, ILEC, VoIP).

If the box for 'yes' is checked, **complete** the chart that follows including the number of low income and Missouri disabled subscribers you served.

Pages 5(a) and 5(b)

Access Lines Report for Residential and Business Access Lines A. Instructions for Section A: Local Voice Service and IVoIP Service.

Use these columns to report residential and business exchange access lines used to provide local voice service, as defined by Subsection 392.245.5(3) RSMo, and interconnected VoIP service, as defined by Subsection 386.020(23) RSMo., as amended by H.B. 1779, if the end-user's rates for these services are set by the filer. Lines should include all analog and digital (whether circuit switched or packet switched) exchange lines and single and bi-directional Key/PBX trunk facilities connecting end-users to the Public Switched Telephone Network, or permitting such connections pursuant to Subsection 386.020 (23) RSMo., as amended by H.B. 1779. Do not use these columns for any exchange access lines or interconnected VoIP lines that enable another provider to serve end-user customers. Use these columns only in instances where the filer sets the rates paid by end-users.

(Pages 5(a) and 5(b): Access Lines Report for Residential and Business Access Lines continued on the next page.)

Detailed Form Information

Page

Pages 5(a) and 5(b)

Access Lines Report for Residential and Business Access Lines

B. Instructions for Section B: Other Integrated Voice over Internet Protocol (I-VoIP).

Use these columns to reflect Interconnected VoIP residential or business lines that enable another provider to serve end-user customers. Do not report lines in Section B if the filer of this annual report provides Interconnected VoIP service or local voice service whereby the filer sets the end-user's rates for the service; instead report such lines in the appropriate column in Section A. This column (column B) is also used for C-LECs reporting lines for affiliated entities pursuant to Subsection 392.550.3(7) RSMo.

C. Instructions for Section C: Internet Service Provider Lines.

If data collection methods permit, use this column to reflect dial-up ISP lines provided to Internet Service Providers. Otherwise, report dial up ISP lines in Section A.

Definitions:

Exchange Access Lines:

Exchange Access Lines refers to analog or digital lines used in the provisioning of local voice service or interconnected VoIP service. For DS-1 or higher band-width facilities, whether circuit or packet switched, a voice grade equivalency must be used. For channelized service, report the number of channels subscribed to by the customer. For example, a fully configured DS-1 facility is to be counted as 24 voice-grade equivalent lines. For partially equipped DS-1 facilities, count only the number of channels actually subscribed to by the end-user. For non-channelized facilities, filers are instructed to use a good-faith estimate of the number of voice grade equivalent lines used for voice communications.

Exchange:

Exchange is used as that term is defined by Subsection 386.020 (16) RSMo. Exchange refers to the telephone exchange listings as found in the tariffs of local exchange carriers. Rate centers, wire centers, and central offices are not always the same as exchanges.

Local Voice Service and Interconnected VoIP (I-VoIP) Service:

Local Voice Service refers to voice-grade telephone lines as that term is defined by Subsection 392.245.5 (3) RSMo.

Interconnected VolP Service is used as that term is defined by Subsection 386.020 (23) RSMo.as amended by H.B. 1779.

Full Facility:

Facility is used as that term is defined in Subsection 386.020 (53) RSMo., as amended by H.B. 1779.

Full Facility refers to arrangements where your company or an affiliate owns the switch and the local loop.

Partial Facility:

Partial Facility refers to arrangements where your company or an affiliate owns either the switch or the local loop, but not both.

Resale:

Resale refers to the provision of service pursuant to Subsection 386.020 (47) RSMo., as amended by H.B. 1779.

Resale refers to arrangements where your company does not own, operate, or control any telecommunications facilities but rather, leases facilities from another carrier (such as an incumbent LEC), either through a negotiated or arbitrated agreement, or via a tariffed discounted rate.

Completion of Page 5(a) and 5(b) required only for companies providing local voice services as listed under 392.245.5(3) RSMo. or IVoIP service as listed under 386.020 RSMo.

Detailed Form Information

Page Definitions and/or Instructions

Page 5(a) No. 11 Use the definitions on the previous pages to complete the chart.

VoIP providers must submit this page as proprietary **(P)**; **see Instructions Page 1 for submission requirements**.

Page 5(b) No. 12 Use the definitions on the previous pages to complete the chart.

VoIP providers must submit this page as proprietary **(P)**; **see Instructions Page 1 for submission requirements**.

Page 6 No. 13 Check the appropriate box indicating if your company offers basic local telecommunications service or IVoIP service under 386.020 (CLEC, ILEC, VoIP).

If the box for 'yes' is checked, **complete** the chart that follows including the revenues in each category.

- **No. 14** List the amount charged to your customers **monthly per line** for the Relay Missouri Surcharge.
- **No. 15** If you answered '**yes'** to No. 13, **explain** why the Relay Missouri Surcharge was not imposed.

Verification Page

The verification page must be completed in full, including notary seals, if or where applicable.

The **State Of** and **County Of** fields shall be filled with the location where the notary operates and where this document was notarized.

Legal **Name of Affiant:** Any representative of the company authorized to attest to the accuracy of the annual report.

Official Title of the Affiant: Title of the representative named on the line just above this one.

The verification page must be completed in full, including notary seals, if or where applicable.

Exact Legal **Title or Name of the Respondent:** Company Name as certificated/registered with the Commission, as listed on the cover and the top of the verification sheet.

Signature of Affiant: Signature of authorized company representative named above on the verification page.

The remaining fields are for completion by the notary including the date, month and year of the notarization, the notary's commission expiration date, notary signature, and placement of the notary stamps or seals, where applicable.

When submitting the annual report form electronically, complete the verification page in full. Electronic signatures are acceptable pursuant to Sections 432.200 through

432.295 RSMo.

The original document shall be notarized and kept for your records. On the electronic version, type the electronic signatures (/s/ John Doe) and dates that are reflected on the original document.

(A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Pub Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation		Annual Repor					
Company Street Address Company Mailling Address Fax Number City State Zip E-Mail Address Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Poservice Commission approved a company name change. Explanation should explain Commission aproved name change. (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation (B.) If the company is an incumbent local telecommunications company with status as a competitive company, identify the case number and effective date of the Commission Order granting competitive company, identify the case number and effective date of the Commission Order granting competitive classification: Case No.: Date: This company is currently a (check appropriate box): Date: Date:		for the calendar year of January 1 - December 31,					
Company Mailing Address City State Zip E-Mail Address Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Pub Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation	١.	State in full the company's information below:					
Company Mailing Address City State Zip E-Mail Address Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Pub Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation (B.) If the company is an incumbent local telecommunications company with status as a competitive company, identify the case number and effective date of the Commission Order granting competitive classification: Case No: Date: This company is currently a (check appropriate box): Cappany is currently a (check appropriate box): Partnership LLC Name Telephone number, and e-mail address of the company personnel or third-party preparer completing this Annual Report: Name Telephone Number Mailing Address E-mail Address City State Zip Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber.							
City State Zip E-Mail Address Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Poservice Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation		C	Company Street Address		Telephone Number		
2. Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Pub Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company B"). Case Number Effective Date Explanation		C	ompany Mailing Address		Fax Number		
2. Missouri Commission Authorization (A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Pub Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B"). Case Number Effective Date Explanation		City	State	 Zip	E-Mail Address		
(B.) If the company is an incumbent local telecommunications company with status as a competitive company, identify the case number and effective date of the Commission Order granting competitive classification: Case No.:		(A.) Identify the most the company to provid Service Commission a (e.g., "Granted certification.")	recent case number(s) ar e telecommunications and approved a company nam ate to provide basic local	d/or VoIP services. Incl e change. Explanation	ude cases in which the Missouri Public should explain Commission action		
company, identify the case number and effective date of the Commission Order granting competitive classification: Case No.: Date:		Case Number	Effective Date	E	Explanation		
company, identify the case number and effective date of the Commission Order granting competitive classification: Case No.: Date:							
Corporation		company, identify the classification: Case No.:	case number and effective	e date of the Commission	•		
Annual Report Contact Information: State in full the name, address, telephone number, and e-mail address of the company personnel or third-party preparer completing this Annual Report: Name	3.	This company is cur	rently a (check appropri	ate box):			
Annual Report Contact Information: State in full the name, address, telephone number, and e-mail address of the company personnel or third-party preparer completing this Annual Report: Name		Corporation	Sole Proprietorship	☐ LP			
e-mail address of the company personnel or third-party preparer completing this Annual Report: Name	į	Partnership	□ LLC	Other - Explain			
Street Address Mailing Address E-mail Address City State Zip Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber. Name: Telephone Number:	ŀ.	-	company personnel or th		leting this Annual Report:		
Mailing Address City State Zip Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber. Name: Telephone Number:			Name		relephone Number		
City State Zip 5. Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber. Name: Telephone Number:			Street Address		Fax Number		
Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber. Name: Telephone Number:			Mailing Address		E-mail Address		
Complaint is received from a company subscriber. Name: Telephone Number:		City	State	Zip			
Telephone Number:	5 .				y contact information in the event a		
E well Address.		Name:					
E well Address.		Telephone Number:_					
					<u> </u>		

(See Instructions Pages 6 - 7 for more information to complete this page.)

Annual Report of	
fo	or the calendar year of January 1 - December 31,
	ne number and e-mail address for the regulatory contains the same as shown in the Electronic Filing and Information telecommunications companies.
Name	Telephone Number
Street Address	Fax Number
Mailing Address	E-mail Address
City State	Zip
	<u> </u>
pase provide a list of all margers, consolidations	and reorganizations involving the registered or
	s, and reorganizations involving the registered or st year.
ease provide a list of all mergers, consolidations rtificated company and completed during the las	

(See Instructions Page 7 for more information to complete this page.)

An	nual Report of						
	for the calendar year of January 1 - December 31,						
9.	Please provide the following information concerning the company's revenues for	this calendar year:					
	Revenues:	MO Jurisdictional	Total Company ¹				
1.	Local Service Revenues includes 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 VoIP service.						
2.	Interexchange Revenues includes revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange VoIP services.						
3.	Non-Switched Telecommunications Service Revenues includes 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 includes 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.)						
6.	RETAIL SUBTOTAL (This amount should equal the total of Rows 1 - 5 above.)						
7.	Wholesale Revenues includes intrastate switched, private line, and special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.						
8.	Miscellaneous Revenues includes directory revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements.						
9.	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)						
10.	High-Cost Federal USF Revenues includes all revenues received as support from the Universal Service Fund for the High-Cost program.	N/A					
11.	Other Federal USF Revenues includes all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries and Rural Health.						
12.	State USF Revenues includes all revenues received as support from the Universal	IV/A					

Total MO Jurisdictional Revenues should match revenues reported for PSC assessment purposes as reported by the company in its Statement of Revenue form.

		MO Jurisdictional	
14.	Net Jurisdictional Revenues used for MoUSF assessment purposes.		
	(This amount should equal the Retail Subtotal (Row 6) above.)		

For additional definitions see:

TOTAL (This amount should equal the total of Rows 6 - 12 above.)

FCC Part 32-Uniform System of Accounts for Telecommunications Companies.

(See Instructions Page 7 for more information to complete this page.)

(Footer, if needed.)

13.

[&]quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

[&]quot;Interconnected voice over internet protocol service" as defined by Section 386.020(23) RSMo.

List total regulated (including interconnected VoIP revenue) and, if applicable, non-regulated revenue for company name as listed at the top of this page. Do not include revenues for any company NOT listed at the top of the page.

(This box is to be used for the security level designation, if required.)

Annual Report of
for the calendar year of January 1 - December 31,
10. Low Income and Disabled Universal Service Fund Subscriber Quantities
Do you offer basic local telecommunications service or IVoIP service as listed under 386.020 RSMo.?
Yes
No

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.)

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

(See Instructions Page 7 for more information to complete this page.)

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

11. Exchange Access Lines Provided to <u>RESIDENTIAL</u> Customers

	Section A:			Section B: Other
	Local Voice Service & IVoIP Service			IVoIP Provided to
Exchange	Full Facility	Partial Facility	Resale	Other Entities
Totals:				

Completion of Page 5(a) **required only** for companies providing local voice services as listed under 392.245.5(3) RSMo. or IVoIP service as listed under 386.020 RSMo.

VoIP providers must submit this page as proprietary (P); see Instructions Page 1 for submission requirements.

(See Instructions Pages 7 -9 for more information to complete this page.)

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

12. Exchange Access Lines Provided to <u>BUSINESS</u> Customers

	Local Voice Ser	Section A: Local Voice Service & Interconnected VoIP Service			Section C: ISP
Exchange	Full Facility	Partial Facility	Resale	IVoIP to Non-Certificated Carriers	Internet Service Provider
Totals					
Totals:					

Completion of Page 5(b) **required only** for companies providing local voice services as listed under 392.245.5(3) RSMo. or IVoIP service as listed under 386.020 RSMo. VoIP providers must submit this page as proprietary (P); see Instructions Page 1 for submission requirements.

(See Instructions Pages 7 -9 for more information to complete this page.)

Relay Missouri Annual Billing, Collections and Retention						
	Do you offer basic local RSMo.?	telecommunications s	service or IVoIP servi	ce as listed under 386.020		
			Yes No			
ı	If yes, complete the follow	ing:				
	Month	Relay Missouri Revenue Collected	Relay Missouri Retention Amount	Relay Missouri Revenue Remitted to Commission		
_	January - ·					
	February					
_	March					
	April					
	May					
_	June					
Т	July					
_	August Santambar					
	September October					
_	November					
г	December					
Н	Total					
	Please indicate the per I customers each month.	ine value of the Relay	Missouri Surcharge y	ou charge your		
	:	\$	_			
			-			
I	If your firm did not impo	se the Relay Missouri	Surcharge, please ex	plain:		
	•	•	U / I			
_						
_						
_						

level designation, when requried)

for the calendar	year of January	y 1 - December 31,
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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.

		OA	ATH		
State Of				}	
				} ss:	
County Of				}	
-	Name of Affiant (Con	nnany Official/Re	enresentative)	makes oath and	I says that
	rame or mark (con	ipany omolayra	sproodinavo)		
s/he is	Offici	al Title of the Aff	fiant (Company Off	icial/Representative)	
of					
	Exact Legal	Title or Name of	the Respondent (0	Certificated Company Nan	ne)
and is located at _					
statements of fact c	ned the foregoing report; the	nat to the best o	of his or her know		belief, all
statements of fact c	ned the foregoing report; the ontained in the said report named respondent. January 1	nat to the best of are true and the	of his or her know	ledge, information, and correct statement of the December 31	belief, all business and
statements of fact c affairs of the above-	ned the foregoing report; the ontained in the said report named respondent.	nat to the best of are true and the	of his or her know e said report is a	ledge, information, and correct statement of the	belief, all
statements of fact c affairs of the above-	ned the foregoing report; the ontained in the said report named respondent. January 1	nat to the best of are true and the year	of his or her know e said report is a to and including	ledge, information, and correct statement of the December 31 Month/Day	belief, all business and , Year
statements of fact c affairs of the above-	ned the foregoing report; the ontained in the said report named respondent. January 1	nat to the best of are true and the year	of his or her know e said report is a to and including	ledge, information, and correct statement of the December 31	belief, all business and , Year
statements of fact c affairs of the above- from	ned the foregoing report; the ontained in the said report named respondent. January 1	nat to the best of are true and the year Year	of his or her know e said report is a to and including ignature of Affiant (ledge, information, and correct statement of the December 31 Month/Day Company Official/Represe	belief, all business and Year
statements of fact c affairs of the above- from	ned the foregoing report; the ontained in the said report in the said	nat to the best of are true and the year Year	of his or her know e said report is a to and including ignature of Affiant (ledge, information, and correct statement of the December 31 Month/Day Company Official/Represe	belief, all business and Year
statements of fact c affairs of the above- from Subscribe this	ned the foregoing report; the ontained in the said report in the said	y Year Si	of his or her know e said report is a to and including ignature of Affiant (ledge, information, and correct statement of the December 31 Month/Day Company Official/Represe	belief, all business and Year
statements of fact c affairs of the above- from Subscribe this	ned the foregoing report; the ontained in the said report named respondent. January 1 Month/Day ed and sworn to before me,	y Year Si	of his or her know e said report is a to and including ignature of Affiant (ledge, information, and correct statement of the December 31 Month/Day Company Official/Represe	belief, all business and Year
statements of fact c affairs of the above- from Subscribe this	ned the foregoing report; the ontained in the said report named respondent. January 1 Month/Day ed and sworn to before me,	y Year Si	of his or her know e said report is a to and including ignature of Affiant (ledge, information, and correct statement of the December 31 Month/Day Company Official/Represe	belief, all business and Year