MAY 4 2020

Missouri Public Service Commission

Communications Network Billing, Inc.

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 240-28.012 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 and 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 240.2-135.



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Annual Report of	<u></u>		unications Network Billin	
	for the ca	llendar year of Janua	ary 1 - December 31,	2019
State in full the company's info	rmation below:			
2000 Town Center, Suite 1900			678-436-5590	
	y Street Address		Telep	hone Number
4330 South Lee Street, Building 8	300B			
Company Mailing Address (if diffe		address)		
Buford	GA	30518-3072		
City	State	ZIP		
Yes Annual Report Contact Informa List the contact information of the		ng the form, whethe	r an employee or a third par	ty preparer. This may dif
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Identify the company's top three prinicpal or general officers at the end of the year. 4.

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Title		Name			
CEO	Belinda	Tibbitts			
CFO	Belinda	Tibbilts			

Communications Network Billing, Inc.

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

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUE		MO Intrastate (Column A)	**	**	Total Company (Column B) **
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services.		0.00			0.00
2.	Interexchange Services (Message toll services, 800 services, interexchange operator services).		1,558.80			0.00
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).		0.00			0.00
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.)		0.00			0.00
5.	Retail Uncollectibles. (Amount is typicalli a negative number.)		0.00			0.00
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.)		1,558.80			0.00
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND RE	VEN	UES			
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.		0.00			0.00
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).		0.00			0.00
9.	Whotesale Uncollectibles. (Amount is typically a negative number.)		0.00			0.00
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.)		0.00			0.00
11.	State USF Revenue		0.00			0.00
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.		1,558.80			0.00

Revenue reporting clarifications:

Total Company Revenue (Column B) = Missouri Intrastate revenue in Column A + Interstate revenues + International revenues.

IVolP 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.

For use when filling under seal.

Form Page 3

Annual Report of

Communications Network Billing, Inc. for the calendar year of January 1 - December 31, 2019

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Exchange ²	**	Residential	**	**	Business	**
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Totals:		C)

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

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.

For use when filing uder seal

Communications Network Billing, Inc. Annual Report of

for the calendar year of January 1 - December 31,

2019

Relay Missouri Assessment¹

	A	nnual 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 indictae 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

For use when filing under seal.

Annual Report of Communications Network Billing, Inc.

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

		VERIFIC	CATION			
of the company. Th	oort must be verified he Oath required may is s of the State in which	oe taken before	any person auth	Treasurer, Ge orized to admi	neral M nister ar	anager or Receiver a oath (Notary
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s/he is	SECRETA		ffiant (Company (
	Offic					
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See the instructions for more information to complete this page.

4330 South Lee Street Building 800B Buford, GA 30518 CIRTEM M. TREAT Second Control LECTOR .



MO Public Service Commission Manager of the Data Center 200 Madison Street, Suite 100, P.O. Box 360 Jefferson City, MO 65102-0360



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