### LMDS Holdings, Inc.

#### **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 D 2

For the Calendar Year of January 1 - December 31, \_\_\_2008

APR 1 5 2009

Missouri Public Service Commission

|                      | lect how the company is certificated or registered with the Commission under<br>any Name as shown above (check all that apply):   |
|----------------------|---|
|                      | Competitively Classified Incumbent Local Exchange Telecommunications Carrier (ILEC)   |
|                      | Competitive Local Exchange Telecommunications Carrier (CLEC)  |
| X                    | Competitive Interexchange Telecommunications Carrier (IXC)  |
|                      | Interconnected Voice over Internet Protocol Service Provider (VoIP) *   |
| Please ch<br>filing: | oose <u>one</u> of the following filing options to indicate the security level of the   |
| X                    | Public submission (NOT Proprietary or Highly Confidential)  |
|                      | Non-Public submission (Highly Confidential or Proprietary filing) (For this filing to be considered highly confidential or proprietary, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540 and Section 392.210, RSMo, as found in the instructions inside this form.) |

\*VoIP Providers are required to submit a Proprietary and Public Version regarding customer line counts pursuant to H.B. 1779 and Section 392.550 RSMo. See Instructions Page 1 for details.

|   | Annual Report of   | 101  |  | January 1 - December 31, 2008   |
|---|--|--|--|---|
|   | Note: So foll the commonster   | information hala   |  |   |
| ٠ | State in full the company's  | intormation beio   | w:   | <b>700 547 0000</b>   |
|   |  | nrise Valley Drive   | <u> </u>   | 703-547-2288  |
|   | Compan   | y Street Address   |  | Telephone Number  |
|   |  |  |  | 703-547-2881  |
| _ | Company  | / Mailing Address  | **   | Fax Number  |
|   | Herndon  | VA   | 20171  |   |
|   | City   | State  | Zip  | E-Mail Address  |
| ( | Missouri Commission Auth (A.) Identify the most recent   | case number(s) a   | and the effective date(  | (s) of any Commission orders<br>P services. Include cases in which the  |
|   | Missouri Public Service Com  | mission approved   | a company name ch  | ange. Explanation should explain  |
|   | Commission action (e.g., "Gr   | anted certificate to   | o provide basic local t  | telecommunications services" or   |
| , | 'Approved name change from   | n Company A to C   | Company B").   |   |
| Г |  | tive Date  |  | Explanation   |
| ŀ | Case Namber Elice  | ALIVO BULO   | ·  |   |
| ļ |  |  |  |   |
| ١ |  |  |  |   |
| L | 1  |  |  |   |
|   | (B.) If the company is an inc  | cumbent local tele   | communications com   | pany with status as a competitive   |
|   | company, identify the case n<br>classification:  | umber and effecti  | ive date of the Commi  | ission Order granting competitive   |
|   |  |  |  |   |
|   | Case No.:  |  | Date:  |   |
|   | Case No.: This company is currently  | a (check approp  | _  |   |
| • | This company is currently  | -  | riate box):  |   |
|   | This company is currently  Corporation   | Sole Proprietorship  | riate box):<br>☐ ம   |   |
|   | This company is currently  Corporation   | -  | riate box):  | ain   |
|   | This company is currently  Corporation   | Sole Proprietorship  | riate box):<br>☐ ம   | ain   |
| • | This company is currently  Corporation   | Sole Proprietorship  | riate box):<br>☐ ம   | ain   |
|   | This company is currently  Corporation Partnership  Annual Report Contact Info   | Sole Proprietorship<br>  LLC<br>  ormation: State  | riate box):  LP  Other - Expl  |   |
|   | This company is currently  Corporation Partnership  Annual Report Contact Inference in the comp  | Sole Proprietorship  LLC  ormation: State any personnel or f   | riate box):  LP  Other - Expl  | ess, telephone number, and  |
|   | This company is currently  Corporation Partnership  Annual Report Contact Inference in the comp  | Sole Proprietorship<br>  LLC<br>  ormation: State  | riate box):  LP  Other - Expl  | ess, telephone number, and ompleting this Annual Report:  |
|   | This company is currently  Corporation Partnership  Annual Report Contact Inference in address of the comp   | Sole Proprietorship LLC  ormation: State any personnel or the paron Adams Name   | in full the name, addr   | ess, telephone number, and ompleting this Annual Report:  |
|   | Annual Report Contact Infee-mail address of the comp   | Sole Proprietorship  LLC  ormation: State any personnel or the aron Adams Name unrise Valley Dri   | in full the name, addr   | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630  |
|   | Annual Report Contact Infee-mail address of the comp   | Sole Proprietorship LLC  ormation: State any personnel or the paron Adams Name   | in full the name, addr   | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number                                       |
|   | Annual Report Contact Infeermail address of the comp   | Sole Proprietorship  LLC  ormation: State any personnel or the aron Adams Name unrise Valley Driveet Address   | in full the name, addr   | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number sharon.e.adams@xo.com                 |
|   | Annual Report Contact Infeermail address of the comp   | Sole Proprietorship  LLC  ormation: State any personnel or the aron Adams Name unrise Valley Dri   | in full the name, addr   | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number                                       |
|   | Annual Report Contact Infeermail address of the comp   | Sole Proprietorship  LLC  ormation: State any personnel or the aron Adams Name unrise Valley Driveet Address   | in full the name, addrthird-party preparer co  | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number sharon.e.adams@xo.com                 |
|   | Annual Report Contact Infeermail address of the comp  Sh  13865 St  Herndon  | Sole Proprietorship  LLC  ormation: State any personnel or the state of the state o | in full the name, addrthird-party preparer co  | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number sharon.e.adams@xo.com                 |
| • | Annual Report Contact Infee-mail address of the composite Structure Structur | Sole Proprietorship  LLC  ormation: State any personnel or to the state of the stat | in full the name, addrathird-party preparer cove   | ess, telephone number, and ompleting this Annual Report:  |
|   | Annual Report Contact Inferential address of the comp  Sh  13865 St  Herndon City  Consumer Complaint Con  | Sole Proprietorship  LLC  ormation: State any personnel or any personnel o | in full the name, addrawd preparer control of the c | ess, telephone number, and completing this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number sharon.e.adams@xo.com E-mail Address |
|   | This company is currently  Corporation Partnership  Annual Report Contact Infee-mail address of the comp  Sh  13865 St  Herndon City  Consumer Complaint Concomplaint is received from a   | ormation: State any personnel or faron Adams Name Inrise Valley Driveet Address VA State tact Information:   | in full the name, addrawd preparer continued by the second continued by the se | ess, telephone number, and ompleting this Annual Report:  703-547-2615 Telephone Number 703-547-2630 Fax Number sharon.e.adams@xo.com E-mail Address  |
| • | This company is currently  Corporation Partnership  Annual Report Contact Infee-mail address of the comp  Sh  13865 St  Herndon City  Consumer Complaint Concomplaint is received from a   | ormation: State any personnel or faron Adams Name Inrise Valley Driveet Address VA State tact Information:   | in full the name, addrawd preparer control of the c | ess, telephone number, and ompleting this Annual Report:  |

|  |                    | for the calendar  | r year of January 1 - December 31, 2008   |
|--|--------------------|-------------------|---|
| •  | ormation should be | the same as sho   | le-mail address for the regulatory conta<br>own in the Electronic Filing and Information<br>ions companies. |
| Kel  | lly Faul           |                   | 703-547-2536  |
| Name   |                    |                   | Telephone Number  |
| 13865 Sunr   | ise Valley Drive   | 4                 | 703-547-2630  |
| Street Address   |                    |                   | Fax Number  |
|  |                    |                   | kelly.faul@xo.com   |
| Mailing Address  |                    |                   | E-mail Address  |
| Herndon  | VA                 | 20171             |   |
| City   | State              | Zip               |   |
|  |                    |                   |   |
| Title of General   | Officer            |                   |   |
|  | Officer            |                   | Name of Person Holding Office   |
| SEE ATTACHMENT   | Onices             | <u> </u>          | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | Offices            |                   | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | - Cincer           | <del></del> -     | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | Offices            |                   | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | Offices            |                   | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | Offices            |                   | Name of Person Holding Office   |
| · · · · · · · · · · · · · · · · · · ·  | Offices            |                   | Name of Person Holding Office   |
| SEE ATTACHMENT   |                    | es, and reorganiz | Name of Person Holding Office   |
| SEE ATTACHMENT   | ers, consolidation | _                 |   |
| SEE ATTACHMENT  ase provide a list of all merge tificated company and comple | ers, consolidation | _                 |   |
| SEE ATTACHMENT  ase provide a list of all merge                              | ers, consolidation | _                 |   |
| SEE ATTACHMENT  ase provide a list of all merge tificated company and compl  | ers, consolidation | _                 |   |
| SEE ATTACHMENT  ase provide a list of all merge tificated company and compl  | ers, consolidation | _                 |   |
| ease provide a list of all merge   | ers, consolidation | _                 |   |
| ease provide a list of all merge   | ers, consolidation | _                 |   |

Annual Report of LMDS Holdings, Inc.

Page 2

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

for the calendar year of January 1 - December 31,2008

9. Please provide the following information concerning the company's revenues for this calendar year:

| Row      | Revenues:  | MO Jurisdictional          | Total Company <sup>1</sup>                       |
|----------|--|----------------------------|--|
| 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.   | REDACTED                   | SEE ATTACHMENT                                   |
| 2.       | Interexchange Revenues includes revenues attributed to interexchange                 |                            |  |
| }        | telecommunications services such as toll services, 800 services,                     |                            | }  |
|          | interexchange  | REDACTED                   |  |
| 3.       | Non-Switched Telecommunications Service Revenues includes revenues                   | 5                          |  |
|          | attributed to retail local and interexchange private line services (but not special  |                            |  |
| }        | access or private line services provided to other telecommunications carriers        | ).                         | ]  |
| [        |  | REDACTED                   |  |
| 4.       | Bundled or Packaged Revenues includes any revenues whereby the                       |                            |  |
| <u> </u> | company is providing voice services in combination with multiple services            |                            | <u>.</u>   |
|          | 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            |                            |  |
| 1        | Company column. If voice service is only offered as part of a bundled                |                            | t:   |
|          | service, the company shall identify all revenue associated with the bundle of        |                            |  |
|          | services in the Missouri Jurisdictional column.                                      | REDACTED                   |  |
| 5        | Retail Uncollectible Revenues from telecommunications revenues.                      |                            |  |
|          | (This amount is generally a negative number.)  | REDACTED                   |  |
| 6.       | RETAIL SUBTOTAL  |                            |  |
|          | (This amount should equal the total of Rows 1 - 5 above                              | e.) \$ -                   | \$ -   |
| 7.       | Wholesale Revenues includes intrastate switched, private line, and special           |                            |  |
|          | access service revenues, carrier billing and collection revenues, and any other      |                            |  |
| 1        | revenues derived from other telecommunications carriers.                             | REDACTED                   | <u> </u>   |
| 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.   | REDACTED                   |  |
| 9.       | Other Uncollectible Revenues from other revenues.                                    | 1100010100                 | <del></del>                                      |
|          | (This amount is generally a negative number.)  | REDACTED                   |  |
| 10.      |  |                            |  |
|          | from the Universal Service Fund for the High-Cost program.                           | REDACTED                   |  |
| 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.   | REDACTED                   |  |
| 12.      | State USF Revenues includes all revenues received as support from the                |                            |  |
|          | Universal Service Fund.  | REDACTED                   | }  |
| 13.      | TOTAL  | KEDAOTED                   | <del>                                     </del> |
| '        | (This amount should equal the total of Rows 6 - 12 above                             | L                          | \$ -   |
|          | MO Invicational Povenues (Pour 13) should match revenues reported for PSC assistance | coment numeros as reportes |  |

Total MO Jurisdictional Revenues (Row 13) should match revenues reported for PSC assessment purposes as reported by the company in its Statement of Revenue form.

|     |   | MO Ju | risdictional |
|-----|---|-------|--------------|
| 14. | Net Jurisdictional Revenues used for MoUSF assessment purposes. |       |              |
|     | (This amount should equal the Retail Subtotal (Row 6) above.)   | \$    |              |

For additional definitions see:

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

"Interconnected voice over internet protocol service" as defined by Section 386.020(23) RSMo.

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

<sup>&</sup>lt;sup>1</sup> 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.

| Annual | Report | of | LMDS | Holdings, | Inc. |
|--------|--------|----|------|-----------|------|
|--------|--------|----|------|-----------|------|

for the calendar year of January 1 - December 31, 2008

#### 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

X 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.)

|           | Number of                          | Number of                     |
|-----------|------------------------------------|-------------------------------|
| Month     | Missouri Low Income<br>Subscribers | Missouri Disabled Subscribers |
| January   |                                    |                               |
| February  | ì                                  |                               |
| March     |                                    |                               |
| April     |                                    |                               |
| May       |                                    |                               |
| June      |                                    |                               |
| July      |                                    |                               |
| August    |                                    |                               |
| September |                                    |                               |
| October   |                                    |                               |
| November  |                                    |                               |
| December  |                                    |                               |
| TOTAL:    | 0                                  | 0                             |

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

| Annual | Report of |
|--------|-----------|
|--------|-----------|

| LMDS Holdings, Inc. |
|---------------------|
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2008

#### 11.

#### Exchange Access Lines Provided to RESIDENTIAL Customers

|          |  | Section A: Local Voice Service & IVolP Service |        |                |  |
|----------|--|--|--------|----------------|--|
| Exchange | Full Facility                                    | Partial Facility                               | Resale | Other Entities |  |
|          | 0  | 0  | 0      | 0              |  |
|          |  |  |        |                |  |
|          |  |  |        |                |  |
|          |  | <del></del>                                    |        |                |  |
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|          | <u> </u>   | <del>-</del>                                   |        |                |  |
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|          | <del>                                     </del> |  |        |                |  |
|          |  |  |        |                |  |
| Totals:  | 0  | 0  | 0      | 0              |  |

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

LMDS Holdings, Inc.

for the calendar year of January 1 - December 31,

2008

12.

#### Exchange Access Lines Provided to BUSINESS Customers

|          |               | Section A:<br>Section A:<br>Service & Interconnected | Section B:<br>Other | Section C:<br>ISP                     |                           |
|----------|---------------|--|---------------------|---------------------------------------|---------------------------|
|          | Full Facility | Partial Facility                                     | Resale              | IVoIP to<br>Non-Certificated Carriers | Internet Service Provider |
| Exchange |               |  |                     |                                       | 0                         |
|          | 0             | 0  | 0                   | 0_                                    | 0                         |
|          |               | :  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               | 46.8   |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
|          |               |  |                     |                                       |                           |
| Totals:  | 0             | 0  | 0                   | 0                                     | 0                         |

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.)

|                  | Yes X No                            | Relay Missouri Revenu<br>Remitted to Commissio |
|------------------|-------------------------------------|--|
| Missouri Revenue | Yes  X No  Relay Missouri Retention | Relay Missouri Revenu                          |
|                  | X No  Relay Missouri Retention      |  |
|                  | •                                   |  |
|                  | •                                   |  |
|                  | •                                   |  |
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| <del>-</del>     | \$ -                                | \$   |
|                  | y Missouri Surcharge you d          | charge your customers each                     |
|                  | ıri Surcharge, please explai        | n:   |
|                  | e value of the Rela                 | e value of the Relay Missouri Surcharge you    |

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

#### **VERIFICATION**

|                         |                       | C                         | PATH                    |   |           |
|-------------------------|-----------------------|---------------------------|-------------------------|---|-----------|
| State Of                | ,                     | Virginia                  | }                       |   |           |
|                         |                       | } ss:                     |                         |   |           |
| County Of               |                       | Fairfax                   | }}                      |   |           |
|                         | Name of Affiant (C    | John Calys                | /Representative)        | _ makes oath and                                | says that |
| s/he is                 | ·                     | , ,                       | Controller              |   |           |
|                         | Off                   | icial Title of the        | Affiant (Company Offic  | ial/Representative)                             |           |
| of                      |                       |                           | MDS Holdings, Inc.      |   |           |
|                         | Exact Leg             | al Title or Name          | of the Respondent (Ce   | ertificated Company Nan                         | ne)       |
| and is located at       |                       | 13865 Sunrise             | Valley Drive Herndo     | on, VA 20171                                    |           |
| affairs of the above-na |                       | , 2008                    | , to and including      | orrect statement of th                          | . 2008    |
|                         | Month/Day             | Year                      | , to and incidenty      | Month/Day                                       | Year      |
|                         |                       |                           |                         |   |           |
|                         |                       |                           | Signature of Affiant (C | ompany Official/Represe                         | entative) |
| Subscribed              | and sworn to before n |                           |                         | ompany Official/Represo<br>tate and County abov | ·         |
| Subscribed<br>this      | and sworn to before n |                           | ublic, in and for the S |   | ·         |
|                         |                       | ne, a Notary Pu<br>day of | ublic, in and for the S | tate and County abov                            | ·         |
| this                    |                       | ne, a Notary Pu<br>day of | ublic, in and for the S | tate and County abov                            | ·         |