Voice Telco Services

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. 2020

oundary in Booombon on,_	
This filing is required pursuant to Commission Rule 20 CSR 4240-2	8.012 and/or Section 392.210 RSMO.
Please select how the company is certificated and/or regis all that apply):	stered with the Commission (check
Incumbent Local Telecommunications Company (ILEC)	
Competitive Local Exchange Telecommunications Compa	ny (CLEC)
X Interexchange or Local Non-Switched Telecommunications	s Company (IXC)
Interconnected Voice over Internet Protocol Service Provide	der (IVoIP)
If more than one certificate or registration is held by the certificate commission's Electronic Filing and Information Syste registration. In such situations, we anticipate the annual everify the following:	m (EFIS) for each certificate or
The various annual reports filed in EFIS are identical.	
The various annual reports filed in EFIS are different.	
X Not applicable (Company only has one certificate or registration; to was filed in EFIS.)	herefore only one annual report
Please choose one of the following filing options to indica	ate the security level of the filing:
X Public submission (NOT Confidential)	
Non-Public submission (Confidential) (See instructions for this filing to be considered Confidential, additional submission of Rule 20 CSR 4240-2.135.	

For use when filing under seal.

	rt of		Voice Telco Services
	for the ca	lendar year of	January 1 - December 31, 2020
State in full the compan	y's information belo	w:	
100 Mathilda Place, Su	uite 600, Sunnyvale, CA	94086	650-352-4216
	y Street Address	,, 5 . 5 . 5	Telephone Number
100 Mathile	da Place, Suite 600		
Company Mailing Addres		t address)	
Sunnyvale	CA	94086	
City	State	Zip	
The company's contact inf	formation in EFIS has	been reviewed	(and updated as applicable).
✓ Yes	☐ No		
from the address in Item No.	. 1.		her an employee or a third-party preparer. This may diff
Mark Lammert, CPA	, Tax Preparer for Com	pany	
	• •		
	Name		
242 Rangeline Ro		' 50	
	Name oad, Longwood, FL 327 eet Address	750	
Stre	oad, Longwood, FL 327	750	
Str 242 R	pad, Longwood, FL 327 eet Address	750	
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Annual Report of	Voice Telco Services
	for the colondary and forward Brown at 1000

for the calendar year of January 1 - December 31, 2020

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	**	MO Intrastate (Column A)	**	Total Company (Column B)	**
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).			55 96. 35 20. 3 20. 16 4 11 21 6		
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.)					
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.)					
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND	RE	VENUES			
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.					
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).					
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.					

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.

For use when filing under seal.

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

		Line Quantities						
Exchange	**	Residential	**	**	Business	**		
n/a	1,37							
	District.							
	int.							
						企业 证		
	5 856							
						500		
	12.0							
						45		
						ALC: NO.		
	- duit							
						150		
						A TOTAL OF		
				100		13.5		
Totals:								

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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for the calendar year of January 1 - December 31, 2020

Relay Missouri Assessment¹

		Annual Totals	
7.	7. Revenue Collected From Relay Missouri Surcharge		
	Amount Retained for Billing and Collecting the Surcharge	Water	
	Relay Missouri Revenue Remitted to Relay Missouri Fund		
۰	3. Please indicate the per line value of the Relay Missouri Surcharg	ne applied to your customers in December	
ο.	5. Flease indicate the per line value of the Relay Missouri Surcharg	ge applied to your customers in December.	
	n/a		
۵) If your firm did not improve the Delay Microsoft Courtement where	a avalain.	
9.	9. If your firm did not impose the Relay Missouri Surcharge, please	e expiain:	_
			_
1	1		
	ILECs, CLECs and IVoIP providers are required to complete this page; however, con this page.	mpanies classified solely as IXCs are not expected to complete	е
	tillo pago.		

For use when filing under seal.

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Voice Telco Services

For the calendar year January 1 - December 31, 2020

		VERIFICATION			
The foregoing report r	nust be verified by the Oath	of the President, Treasure	er, General I	Manager or Receiver of th	e Company.
		OA	тн		
State Of	Florid	da	}		
			}	ss:	
County Of	Semin	ole	}		
_	Ma	rk Lammert		makes oath ar	d says that
	Name of Affian	nt (Company Official/Represer	ntative)		
s/he is		Attorne	y-in-Fact		
		Official Title of the Affic	int (Company	Official/Representative)	
of _	Ex	Voice Tele act Legal Title or Name of the	o Services	nt (Certificated Company Nar	ne)
		•		The second secon	,
and is located at		100 Mathilda Place, Suite	600, Sunnyv	ale, CA 94086	
	Addr	ess and Telephone Number	of the Affiant	(Company Official/Represent	ative)
fact contained in the s respondent, and 2) ex	ned the foregoing report; tha aid report are true and the s amined (and updated as appi nn, and belief, all listed conta	aid report is a correct stat licable) the Company's co	ement of th	e business and affairs of	the above-named
from	January 1	, to and in	cluding _	December 31	2020
	Month/Day	Year		Month/Day	Year
		***	/s/ l	Mark Lammert	
		Sign	ature of Aff	iant (Company Official/Rep	presentative)
		(If elect	ronic signature:	s are used, you must use "/s/"	before the name.)
Inder penatly of perju	ry, I declare that the foregoi	ng is true and correct to t	ne best of m	ny knowledge and belief.	
		·		Mark Lammert	
		522 12 U 97		nature of Declarant	
		(If electronic s	gnatures are u	sed, you must use "/s/" before to	ne name.)

Missouri Revised Statutes § 392.210 or §393.140 and §509.030 See the Instructions for more information to complete this page.