

FILED

APR 19 2021

Missouri Public Service Commission

Integrated Services of Nevada, 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, 2020

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)
[X] 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.
[X] 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:

- [X] 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.

For use when filing under seal.

Integrated Services of Nevada, Inc.

Annual Report of Integrated Services of Nevada, Inc.
 for the calendar year of January 1 - December 31, 2020

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

2000 Town Center, Suite 1900 678-436-5590
 Company Street Address Telephone Number

4330 South Lee Street, Building 800B
 Company Mailing Address (if different from street address)
Buford GA 30518-3072
 City State ZIP

2. This company's contact information in EFIS has been reviewed (and updated as applicable).

Yes No

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third party preparer. This may differ from the address in Item No. 1.

Federico Colman
 Name
4330 South Lee Street, Building 800B
 Street Address
 Mailing Address
Buford GA 30518-3072
 City State Zip
678-436-5590
 Telephone Number
fcolman@rtcteam.net
 Email Address

4. Identify the company's top three principal or general officers at the end of the year.

Title	Name
CEO	Belinda Tibbitts
CFO	Belinda Tibbitts
Secretary	Alisha Bennett

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).		1,319.15			71,987.42	
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 typically 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.)		1,319.15			71,987.42	
WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND REVENUES							
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.	Wholesale 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.		1,319.15			71,987.42	

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.

Relay Missouri Assessment¹

		Annual 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 indicate 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 IXC are not expected to complete this page

For use when filing under seal.

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 Michigan }
County Of Macomb } ss:

Alisha J Bennett makes oath and says that
Name of Affiant (Company Official/Representative)

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

of Integrated Services of Nevada, Inc.
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 2000 Town Center, Suite 1900 Southfield MI 48075-1152
Address and Telephone number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; 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, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct.

from January 1, 2020, to and including December 31, 2020

Alisha J Bennett
Signature of Affiant (Company Official/Representative)
(if electronic signatures are used, you must use "/s/" before the name.)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, this 8th day of April, 2021
My Commission expires _____

Heather Wrone
Signature of Notary Public
(if electronic signatures are used, you must use "/s/" before the name.)

Notary Commission Number _____

Missouri Revised Statutes § 392.210 or §393.140

See the instructions for more information to complete this page.

HEATHER WRONE
Notary Public, State of Michigan
County of Macomb
My Commission Expires 05-06-2025
Acting in the County of Macomb



RTC Associates, LLC
4330 South Lee Street, Building 800B
Buford, GA 30518-3072

RECEIVED

APR 19 2021

MO PUBLIC SERVICE COMMISSION
MAIL ROOM

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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