

Tuesday, May 18, 2021

Missouri Public Service Commission Attention: Data Center 200 Madison Street, Suite 100 Jefferson City, MO 65101

Re: In the matter of Mercury Wireless Kansas, LLC.'s 2020 Annual Report for Telecommunications Companies and IVoIP Providers

Dear Data Center:

Enclosed for filling regarding the above-captioned matter please find the 2020 Telecommunications Company or IVoIP Provider Annual Report to the Missouri Public Service Commission. The attached report is the public version and contains redactions to the following information:

- 1. Form Page 3: Revenues
- 2. Form Page 4: Line Quantities for Local Voice Service & IVoIP Service
- 3. Form Page 5: Relay Missouri Annual Billing, Collections, and Retention

All inquiries for this form and its data should be directed to:

Mercury Wireless Kansas LLC Attn: Matthew Sams – Chief of Staff 1100 Walnut St, Ste 2050 Kansas City, Missouri 64106 <u>matthew.sams@mercurywireless.com</u> (800) 354-4915 x504

Sincerely,

attlien aus

Matthew Sams

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,

This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 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 or 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 4240-2.135.

Excel Issue Date: 11/08/2019

For use when filing under seal.

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

Company Street Address				Telephone Number				
Company Mailing Address (if different fro		from street	address)	-				
City		State	Zip	-				
The company's conta	t information in	EFIS has	been revie	ved (and updated as applicable).				
Yes	No							
List the contact information from the address in Iter		o completing	g the form,	hether an employee or a third-party preparer. This may different				
		i completing	g the form, y	whether an employee or a third-party preparer. This may diffe				
	No. 1.	i completing	g the form, y	/hether an employee or a third-party preparer. This may diffe				
	n No. 1.	a completing	g the form, [,]	/hether an employee or a third-party preparer. This may diff -				
	No. 1.	i completing	g the form, '	/hether an employee or a third-party preparer. This may diff - -				
	No. 1. Name Street Address	State	g the form, '	/hether an employee or a third-party preparer. This may diff - - -				
from the address in Iter	No. 1. Name Street Address	State		/hether an employee or a third-party preparer. This may diff - - -				
from the address in Iter	No. 1. Name Street Address Mailing Address	State		/hether an employee or a third-party preparer. This may diff - - - -				

ify the L Title Name

for the calendar year of January 1 - December 31,

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES		MO Intrastate			Total Company	
		**	(Column A)	**	**	(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).						
3.	Non-Switched Services (Dedicated non-switched private line services typically used by business customers. <i>Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7</i>).						
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	**
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.

For use when filing under seal.

for the calendar year of January 1 - December 31,

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 IXCs are not expected to complete this page.

For use when filing under seal.

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

		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	Missouri	}				
		} ss:				
County Of	Jackson	}				
	Matthew Sams	makes oath and says that				
		(Company Official/Representative)				
s/he is	Chief of Staff					
	Offic	ial Title of the Affiant (Company Official/Representative)				
of	Mercury Wireless	Kansas, LLC.				
	Exact Legal	Title or Name of the Respondent (Certificated Company Name)				
and is located at		te 2050, Kansas City, MO 64106 - (800) 354-4915x504 elephone Number of the Affiant (Company Official/Representative)				
all statements of f business and affa	fact contained in the s irs of the above-name at information in EFIS	g report; to the best of his or her knowledge, information, and belief, said report are true and the said report is a correct statement of the ed respondent, and 2) examined (and updated as applicable) the ; to the best of his or her knowledge, information, and belief, all				
from	January 1	_,2020,to and includingDecember 31,2020				
	Month/Day	Year Month/Day Year				
		Signature of Affiliant (Somparty Official/Representative)				
		(If electronic signatures are used, you <u>must</u> use "/s/" before the name.)				
Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, this						
	M	issouri Revised Statutes § 392.210 or §393.140				

See the instructions for more information to complete this page.