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/IVoIP ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, 2023

| This filing | is required pursuant to Commission Rule 20 CSR 4240-28.012 and Section 392.210 RSMo. |
|--------------|--|
| Please so | elect how the company is certificated and/or registered with the Commission (check |
| | Incumbent Local Telecommunications Company (ILEC) |
| | Competitive Local Exchange Telecommunications Company (CLEC) |
| X | Interexchange or Local Non-Switched Telecommunications Company (IXC) |
| | Interconnected Voice over Internet Protocol Service Provider (IVoIP) |
| If unsure of | the company's authorization, see list of companies at: https://psc.mo.gov/Forms/Telecommunications Forms |
| • | ny's annual report must be filed for each certificate or registration held by the company. e the annual reports will be identical; however please verify: |
| | 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 authorization) |
| Please cl | noose <u>one</u> of the following filing options to indicate the security level of the filing: |
| X | Public |
| | Confidential (See instructions for how to file an annual report under seal) |

Public

For use when filing under seal.

| Provide | the following | company | information: | | | |
|---|--|--|--|--|--|-------------------|
| | 3340 W | Market St | | | 330-835-2466 | |
| Compan | y Street | | | ' | Telephone Number | |
| | | | | | https://www.firstcomm.com/ | |
| | y Mailing Addres ent from street ac | | | Compa | ny Website Address (if no website inser | rt "non |
| | Akron, (| OH 44333 | | | | |
| City | | State | Zip | | | |
| The com | npany's contact | t informatio | on in EFIS has been re | viewed and | updated as applicable. | |
| | ✓ Yes | ☐ No | | | | |
| Provide | the following in | nformation | for the person comple | eting this an | inual report: | |
| | Name: | L | aura Sanders | _ s | treet Address: | |
| | | | | | | o 1550 |
| E | - | atlantaregula | atory@ticket.claconnect.com | _ | 3575 Piedmont Rd NE, Bldg 15, Ste | e 1550 |
| E | mail Address: | | atory@ticket.claconnect.com | | 3575 Piedmont Rd NE, Bldg 15, Ste Atlanta, GA 30305 | e 1000 |
| | mail Address: | 6 | | | Atlanta, GA 30305 | e 1330 |
| I am (che | Telephone: eck as appropria | (ate): ☐ An e | employee of the company ual report contact: | ✓ Yes [| Atlanta, GA 30305 irty preparer □ No | - 133 |
| I am (che | Telephone: eck as appropriation EFIS as the cotton the company's | top three p | employee of the company | ✓ Yes [| Atlanta, GA 30305 orty preparer No year. Name | e 1000 |
| I am (che | Telephone: eck as appropriation EFIS as the control the company's Preside | top three point & CFO | employee of the company ual report contact: | ✓ Yes [| Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger | e 1000 |
| I am (che | Telephone: eck as appropriation EFIS as the control the company's Preside | top three p | employee of the company ual report contact: | ✓ Yes [| Atlanta, GA 30305 orty preparer No year. Name | e 1330 |
| I am (che | Telephone: eck as appropriation EFIS as the company's Telephone: d in EFIS as the control of the company's Telephone: General | top three pritteent & CFO | employee of the company ual report contact: principal officers at the | Yes [| Atlanta, GA 30305 arty preparer No No Name Mark Sollenberger Sandi Murphy | |
| I am (che | Telephone: eck as appropriation EFIS as the company's Telephone: d in EFIS as the control of the company's Telephone: General | top three pritteent & CFO | employee of the company ual report contact: principal officers at the | Yes end of the | Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | |
| I am (che I am listed Identify | Telephone: eck as appropriation of the company's The company's The Company's General | ate): ☐ An e company's ann top three p itle ent & CFO Il Counsel | employee of the company ual report contact: principal officers at the are required to provide Relay Missouri: 2023 | Yes end of the | Atlanta, GA 30305 arty preparer No No Year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | |
| I am (che I am listed Identify ILECs, | Telephone: eck as appropriation EFIS as the company's Telephone: d in EFIS as the control of the company's Telephone: CLECs and IVolume Collected From | top three prittle ent & CFO all Counsel P companies | employee of the company ual report contact: principal officers at the are required to provide Relay Missouri: 2023 | Yes Yes Eend of the | Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | |
| I am (che I am listed Identify ILECs, Revenue | Telephone: eck as appropriation EFIS as the control of the company's Telephone: The company's Telephone: CLECs and IVolume Collected From Retained for Bill | inte): | employee of the company ual report contact: principal officers at the are required to provide Relay Missouri: 2023 souri Surcharge | Yes Yes the following | Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | ** |
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| I am (che I am listed Identify ILECs, Revenue Amount I | Telephone: eck as appropriation EFIS as the company's Telephone: d in EFIS as the control of the company's Telephone: CLECs and IVoll e Collected From Retained for Bill issouri Revenue | top three prittle ent & CFO al Counsel P companies a Relay Missing and Coll Remitted to | employee of the company ual report contact: principal officers at the are required to provide Relay Missouri: 2023 Souri Surcharge ecting the Surcharge | Yes Yes the following calendar yea | Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | ** |
| I am (che I am listed Identify ILECs, Revenue Amount I Relay Mi | Telephone: eck as appropriation of the company's CLECs and IVolidation of the company's Eck as appropriation of the company's Eck as a propriation of the co | inte): | employee of the company ual report contact: principal officers at the are required to provide Relay Missouri: 2023 couri Surcharge ecting the Surcharge p Relay Missouri Fund er line in December 202 | Yes Peend of the the following calendar yea *** *** *** *** | Atlanta, GA 30305 arty preparer No year. Name Mark Sollenberger Sandi Murphy Relay Missouri assessment information: | ** |

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¹ For information about the Relay Missouri assessment see https://psc.mo.gov/Telecommunications/Asse

| Annual | Report of | |
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First Communications, LLC

for the calendar year of January 1 - December 31, 2023

7. Please provide the following revenue information:

If no revenue was collected for any box insert \$0.

| | in no revenue was consisted for any box most ve. | | Missouri | | | Missouri Interstate | | | Missouri | |
|-----|--|----|------------|----|----|---------------------|----|----|----------------------------|----|
| Row | RETAIL END USER REVENUES | | | | | | | | | |
| Row | RETAIL END USER REVENUES | | Intrastate | | | & International | | | Total Company ³ | |
| | | ** | (Column A) | ** | ** | (Column B) | ** | ** | (Column C) | ** |
| 1. | Voice Local Service (Basic local telecommunications service, IVoIP service including revenue with other features associated with these services. Includes any bundled service whereby these services are bundled with other non- regulated services. ⁵) | ** | | ** | ** | | ** | ** | | ** |
| 2. | Interexchange Service (Message toll services, 800 services, interexchange operator services). | ** | | ** | ** | | ** | ** | | ** |
| 3. | Non-Switched Services ⁶ (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 6). | ** | | ** | ** | | ** | ** | | ** |
| 4. | Retail Uncollectibles. (Amount is typically a negative number.) | ** | | ** | ** | | ** | ** | | ** |
| 5. | RETAIL END-USER TOTAL (Row 1+2+3+4) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.) | ** | | ** | ** | | ** | ** | | ** |
| | WHOLESALE AND UNIVERSAL SERVICE FUND REVENUES | | | | | | | | | |
| 6. | Wholesale Revenue ⁷ | ** | | ** | ** | | ** | ** | | ** |
| 7. | Wholesale Uncollectibles. (Amount is typically a negative number.) | ** | | ** | ** | | ** | ** | | ** |
| 8. | Federal USF Revenue (This revenue will be usually listed in Column B; however, list in column A any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions.) | ** | | ** | ** | | ** | ** | | ** |
| 9. | State USF Revenue | ** | | ** | ** | | ** | ** | | ** |
| 10. | TOTAL REVENUES (Row 5+6+7+8+9) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form. | ** | | ** | ** | | ** | ** | | ** |

| D. J. II. |
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³ Total Company Revenue (Column C) = Column A revenue + Column B revenue.

⁴ 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 of 35.1% intrastate and 64.9% interstate or as otherwise adjusted by the FCC.

⁵ **Bundled Service Revenue:** 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.

⁶ Retail Non-Switched Private Line Service Revenue: If 10% of more of the customer's private line network traffic is considered interstate traffic then 100% of the customer's non-switched private line service revenue can be classified as interstate traffic.

⁷ Wholesale Revenue: Revenue from telecommunications or IVoIP services sold to other service providers including revenue associated with switched access service, special access service, billing and collection and any remaining carrier's carrier revenue provided in FCC Form 4.ዓዋታሉ በቅር ካይር አይደርል settlements should be reported in Column B.

Annual Report of First Communications, LLC

for the calendar year of January 1 - December 31, 2023

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

| | Line Quantities (as of December 31, 2023)* | | | | | | |
|----------|--|-------------|----|----|----------|----|--|
| Exchange | ** | Residential | ** | ** | Business | ** | |
| Cole | ** | | ** | ** | | ** | |
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| Totals: | ** | | ** | ** | | ** | |

^{*} Line quantities can be provided for a date other than December 31, 2023 if the date is within the month of December.

Clarifications about reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in Section 386.020(4) and (23), RSMo.
- 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 estimate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs.
- 4. IVoIP line quantities must be filed on a confidential basis per Section 392.550(7)(c) RSMo. See instructions for how to file on a confidential basis.

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VERIFICATION

| Note: Prefer Affiant | to be President. | Treasurer. | General Manager | or Receiver o | f Company * |
|----------------------|------------------|------------|-----------------|---------------|-------------|
| | | | | | |

| Company Name: | First Communications, LLC | |
|------------------|--|---------------|
| Annual Report | for calendar year 2023 | |
| | Affiant Information | |
| Name | Laura Sanders | |
| Title | Attorney-in-Fact | |
| City, State | Atlanta, GA | |
| | f perjury, I declare the information contained in this annual report is test of my knowledge and belief. | rue and |
| | he President, Treasurer, General Manager or Receiver of the company the verify the accuracy of the information presented: | n explain |
| Affiant is the d | esignated third-party filing agent for the Company with direct access to bill revenue data to support the submitted information. | ing files and |
| | 3/2024 | |
| D | ate Signature of Affiant (If electronic signatures are used, you must use "/s/" before the | e name.) |

Missouri Revised Statutes §392.210, §393.140 and §509.030