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### 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, <u>2021</u>
This filing is	required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please se all that appl	lect how the company is certificated and/or registered with the Commission (check
	Incumbent Local Telecommunications Company (ILEC)
✓	Competitive Local Exchange Telecommunications Company (CLEC)
1	Interexchange or Local Non-Switched Telecommunications Company (IXC)
<b>✓</b>	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
registration	nission's Electronic Filing and Information System (EFIS) for each certificate or on. In such situations, we anticipate the annual reports to be identical; however please 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 ch	oose one of the following filing options to indicate the security level of the filing:
<b>V</b>	Public submission (NOT Confidential)
	<b>Non-Public submission</b> (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 Da	te: 11/08/2019 Public For use when filing under seal.

Annual Report o		Jandan voor of	Airus, Inc.
	for the ca	sendar year of	January 1 - December 31,
State in full the company's 840 S. Canal Street, 7		ow:	(312) 878-4160
·	Street Address	<del></del>	Telephone Number
Сопрану о	Alleet Address		releptione Number
Company Mailing Address (i	if different from stre	et address)	
Chicago	IL	60607	
City	State	Zip	
The company's contact infor	mation in EFIS has	s been reviewe	d (and updated as applicable).
✓ Yes	☐ No		
List the contact information of t from the address in Item No. 1. John McCluskey		ing the form, wh	ether an employee or a third-party preparer. This may dif
	ame		
840 S. Canal Street, 7	th Floor		
Street	Address		
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	g Address	00007	
Chicago City	IL State	60607 Zip	
(312) 878-4160	State	۲ıh	
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regulatory@air Email Identify the company's top the	Address	eneral officers	
regulatory@air Email	Address	eneral officers	at the end of the year.  Name  President/CEO

Annual Report of	Airus, Inc.
	for the calendar year of January 1 - December 31, 2021

#### 5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	32	MO Intrastate (Column A)	**	k#	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).	**		**	**		**
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 FUNI	RE	VENUES		Constant Constant		
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.

Public

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

	Line Quantities						
Exchange	**	Residential	**	**	Business	**	
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#### 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.

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Airus, Inc.

for the calendar year of January 1 - December 31, 2021

## Relay Missouri Assessment<sup>1</sup>

#### **Annual Totals**

7.	Revenue Collected From Relay Missouri Surcharge		\$ 0.00	
	Amount Retained for Billing and Collecting the Surcharge	5000	\$ 0.00	
	Relay Missouri Revenue Remitted to Relay Missouri Fund		\$ 0.00	1220

8. Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in De	
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9. If your firm did not impose the Relay Missouri Surcharge, please explain:

Airus, Inc. did not generate any revenues in Missouri from end user voice communications upon which TRS is imposed.

Public

For use when filing under seal.

<sup>1</sup> ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

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Airus, Inc.

for the calendar year of January 1 - December 31, 2021

### **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	Georgia }
County Of	Forsyth ss:
-11	Orvin Moore makes oath and says that  Name of Affiant (Company Official/Representative)
s/he is	Attorney-in-Fact Official Title of the Affiant (Company Official/Representative)
of	Airus, Inc.
	Exact Legal Title or Name of the Respondent (Certificated Company Name)
and is located at	840 S. Canal Street, 7th Floor, Chicago, IL 60607
	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  January 1	
	Month/Day Year Month/Day Year
Cubacificational	Signature of Afficiant (Company) Afficial/Representative) If dectrone signatures are used, you must use """ before the name.)
this 13±	orn to before me, a Notary Public, in and for the State and County above named,
My Commission exp	pires Sentan lea 29 2024
CASSAND, CASSAND,	Berdell Cassandra Tukes Signature of Notary Public
ON OTAR, OUBLIC COUNTY,	(If electronic signatures are used, you must use "/s/" before the name.)
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SMBER 29	Notary Commission Number
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