



Missouri Public Service Commission

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; include any Commission approved d/b/a or fictitious name, if applicable.)

## TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of

|   | January 1 - De  | ecember 31,                | 2012                                  |  |  |  |  |  |
|---|---|----------------------------|---------------------------------------|--|--|--|--|--|
|   | Please select how the company is certificated or registered with the Commission under the Company Name as shown above (check all that apply): |                            |                                       |  |  |  |  |  |
|   | Incumbent Local Telecommunications Co   | mpany (not competit        | ively classified ILEC)                |  |  |  |  |  |
|   | Incumbent Local Exchange Telecommun   | cations Company (co        | ompetitively classified ILEC)         |  |  |  |  |  |
| $\square$   | Competitive Local Exchange Telecommu  | nications Company (        | CLEC)                                 |  |  |  |  |  |
|   | Interexchange Telecommunications Com  | pany (IXC)                 |                                       |  |  |  |  |  |
|   | Local Non-switched Telecommunications   | Provider (classified in    | n EFIS as IXC )                       |  |  |  |  |  |
|   | Interconnected Voice over Internet Protoc   | col Service Provider       | (IVoIP)                               |  |  |  |  |  |
| If more than one certificate or registration is held by the company then keep in mind that you must file an annual report in the Commission's Electronic Filing and Information System (EFIS) based on each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the following: |   |                            |                                       |  |  |  |  |  |
| T   | The various annual reports filed in EFIS a  | re <b>identical.</b>       |                                       |  |  |  |  |  |
| T   | The various annual reports filed in EFIS a  | re different.              |                                       |  |  |  |  |  |
|   | Not applicable (Company only has one certific<br>was filed in EFIS.)  | ate or registration; there | fore only one annual report           |  |  |  |  |  |
| Please cho  | oose <u>one</u> of the following filing op  | tions to indicate          | the security level of the filing:     |  |  |  |  |  |
| F   | Public submission (NOT Proprietary o  | r Highly Confidential      |                                       |  |  |  |  |  |
|   | Non-Public submission (Highly Confid<br>(See instructions for special requirements.)  | ential or Proprietary      | )                                     |  |  |  |  |  |
|   | ew the instructions document before pro<br>Annual Report Telco and IVoIP  | ceeding by using the       | e link below:                         |  |  |  |  |  |
| Adobe Rev. 12/07  | 7/2011  | Dage 1                     | For use when filing under seal.       |  |  |  |  |  |
|   | Form  | Page 1                     | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |

|    | Annual Report of   | on relevan, LCC  |
|----|--|--|
|    | for the calendar year of .   | January 1 - December 31, ZOIZ  |
| 1. | State in full the company's information below:  525 Some Sheet  Company Street Address  Company Mailing Address (if different from street address)  City State Zip   | Telephone Number  Toy -731 - 0647  Fax Number  bribers Play books (con. (a)    |
| 2. | This company is currently a (check appropriate box):  Corporation Sole Proprietorship Partnership Ctc Other - Explain  |  |
| 3. | Annual Report Contact Information: List the contact information of the person completing the form, whether this may differ from the address in Item No. 1.  Name   | ner an employee or a third-party preparer.  704 - 662 - 7575  Telephone Number |
|    | Street Address  Mailing Address  Out of the control | Fax Number  brusers Odavidson (elecom. (  E-mail Address                       |
| 4. | Identify the principal or general officers of the company at the sheet, if enough space is not provided on this page, to completely pr   |  |
|    | Title of General Officer   | Name of Person Holding Office  |
|    | President<br>VP - Customes Care<br>Seria- Engineer   | Barry Rubens  Jang Rubens  John Eckhorst                                       |
| 5. | Please provide a list of all mergers, consolidations, and reorgan certificated company and completed during the last year. Do no personnel issues.   |  |
|    |  |  |

| Annual Report of | avidson   | 1elelom            | LLC                    |      |
|------------------|-----------|--------------------|------------------------|------|
|                  | for the c | alendar year of Ja | nuary 1 - December 31, | 7017 |

6. Please provide the following information concerning the company's revenues for this calendar year:

|       |   |    | MO Jurisdictional |    |    | Total Company <sup>1</sup> |    |
|-------|---|----|-------------------|----|----|----------------------------|----|
| Row   | Revenues  |    | (Column A)        | ,  |    | (Column B)                 |    |
| I. RE | TAIL  | ** |                   | ** | ** |                            | ** |
| 1.    | Local Service Revenues include tariffed revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related  |    | 208,832.34        |    |    | 203,832.34                 |    |
| 2.    | services, etc. and for IVoIP service.  Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.   |    | _                 |    |    | _                          |    |
| 3.    | Non-Switched Telecommunications Service Revenues include revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).   |    |                   |    |    | _                          |    |
| 4.    | Bundled or Packaged Revenues include any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column. |    |                   |    |    |                            |    |
| 5.    | Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)   |    |                   |    |    |                            |    |
|       | RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.)  |    | Z03-73:Z-34       |    |    | 203,73Z,3Y                 |    |
|       | THER  |    |                   |    |    |                            |    |
| 7.    | Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.  |    |                   |    |    | _                          |    |
| 8.    | Miscellaneous Revenues <sup>2</sup> associated with non-retail services, such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (NOTE FOR ILEC ONLY: refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)   |    | _                 |    |    | _                          |    |
| 9.    | Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)   |    |                   |    |    |                            |    |
| 10.   | High-Cost Federal USF Revenues include all revenues received as   |    | NI/A              |    |    |                            |    |
|       | support from the Universal Service Fund for the High-Cost program.  Other Federal USF Revenues include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.  |    | N/A               |    |    |                            |    |
| 12.   | State USF Revenues include all revenues received as support from the Universal Service Fund.  |    | ,                 |    |    |                            |    |
|       | TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.   |    | 203,83234         |    |    | 203, 737.34                |    |

<sup>&</sup>quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

<sup>&</sup>quot;Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

<sup>&</sup>lt;sup>1</sup> List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as <sup>-</sup> listed at the top of this page.

Do not include revenues for any company NOT listed at the top of the page.

 $<sup>^2</sup>_{-}$  If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

| Annual Report of | Davidson           | Felecom.       | Lu     |      |
|------------------|--------------------|----------------|--------|------|
| for the caler    | ndar year of Janua | ry 1 - Decembe | er 31, | 2012 |

## 7. Line Quantities for Local Voice Service & IVoIP Service<sup>1</sup>

|                       |    |             | Ref |    | Wholesale to<br>Non-Registered<br>Nomadic IVoIP |    |    |                        |    |
|-----------------------|----|-------------|-----|----|---|----|----|------------------------|----|
| Exchange <sup>2</sup> | ** | Residential | **  | ** | Business  | ** | ** | Providers <sup>3</sup> | ** |
| CaDue                 |    | *           |     |    | 367   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
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|                       |    |             |     |    |   |    |    |                        |    |
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|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
|                       |    |             |     |    |   |    |    |                        |    |
| Totals:               |    |             |     |    | 362   |    |    |                        |    |

<sup>&</sup>lt;sup>1</sup> See instructions for additional clarification about filling out this page.

<sup>&</sup>lt;sup>2</sup> Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

<sup>&</sup>lt;sup>3</sup> Wholesale to Non-registered Nomadic IVoIP Providers refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)

| Annual Report of | $\Box$ | aund | 150 | Tele | com, | ul |  |
|------------------|--------|------|-----|------|------|----|--|
|                  |        |      |     |      |      |    |  |

for the calendar year of January 1 - December 31, Zo/2

## Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below.1 (The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert \$0 in the total row for each of the three columns.)

| Month     | Relay Missouri Revenue  Collected  (collected or received, according to your record- keeping methods) |      |    |    | Relay Missouri<br>Retention Amount<br>(of the amount collected | Relay Missouri Revenue Remitted to Commission (of the amount collected) |    |        |    |
|-----------|---|------|----|----|--|---|----|--------|----|
|           | **  |      | ** | ** |  | **  | ** |        | ** |
| January   |   | 371  |    |    | 30,000   |   |    | 10.21  |    |
| February  |   | 370  |    |    | 31.00  |   |    | 10,70  |    |
| March     |   | 366  |    |    | 30.07  |   |    | 10.26  |    |
| April     |   | 374  |    |    | 30,00  |   |    | 11.14  |    |
| May       |   | 374  |    |    | 30,00  |   |    | 11.14  |    |
| June      |   | 372  |    |    | 30,50  |   |    | 10,92  |    |
| July      |   | 374  |    |    | 30.00  |   |    | 11,14  |    |
| August    |   | 372  |    |    | 30.00  |   |    | 10,52  |    |
| September |   | 372  |    |    | 30,00  |   |    | 10,52  |    |
| October   |   | 375  |    |    | 30.00  |   |    | 1/, 25 |    |
| November  |   | 377  |    |    | 30,00  |   |    | 11.47  |    |
| December  |   | 362  |    |    | 30,00  |   |    | 9.82   |    |
| Total     |   | 4459 |    |    | 360  |   |    | 130.49 |    |

| 9. | Please indicate the per line value of the Relay Missouri Surcharge applied to your customers |
|----|--|
|    | in December.   |

| If your firm did not impose the Relay Missouri Surcharge, please explain: |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

<sup>&</sup>lt;sup>1</sup> Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

| A      | D         |
|--------|-----------|
| Annuai | Report of |

for the calendar year of January 1 - December 31, 7012

## **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  | North (  | Zuolina }   |  |  |  |
| County Of   | Mecklen  | 1 burg } ss:  |  |  |  |
|   | Name of Affiant (Comp  | makes oath and says that upany Official/Representative)   |  |  |  |
| s/he is   |  | Resident  |  |  |  |
|   | Official   | Title of the Affiant (Company Official/Representative)  |  |  |  |
| of  | Annual Contract Contr | tle or Name of the Respondent (Certificated Company Name)   |  |  |  |
| and is located at   | Po Bax   | 2342, Davidsn, NC 28036/704-66  |  |  |  |
|   | Address and Telep  | ephone Number of the Affiant (Company Official/Representative)  |  |  |  |
| statements of fac   |  | ; that to the best of his or her knowledge, information, and belief, all<br>ort are true and the said report is a correct statement of the business |  |  |  |
| from  | January 1 ,  | , to and including,   |  |  |  |
|   | Month/Day  | Year Month/Day Year   |  |  |  |
|   |  |   |  |  |  |
|   | -  | Signature of Affiant (Company Official/Representative)  |  |  |  |
| Subscril  | bed and sworn to before me   | e, a Notary Public, in and for the State and County above named,  |  |  |  |
| this  | 8  | day of APRIL , 2013.  |  |  |  |
| My Com  | mission expires  | 02/27 , 2016  |  |  |  |
|   | nnah S. Schmidt  |   |  |  |  |
| 1   | OTARY PUBLIC<br>edell County, NC   |   |  |  |  |
|   | on Expires February 27, 2016   | - Manto S. Silved   |  |  |  |
|   |  | Signature of Notary Public  |  |  |  |

Missouri Revised Statutes § 392.210 or §393.140