# **Telplex Communications**

#### **Company Name**

(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 - December 31, 2016

	elect how the company is certificate e Company Name as shown above (		Commission
	Incumbent Local Telecommunications Co		ified ILEC)
	Incumbent Local Exchange Telecommuni	ications Company (competitivel	y classified ILEC)
X	Competitive Local Exchange Telecommun	nications Company (CLEC)	
X	Interexchange Telecommunications Comp	pany (IXC)	
	Local Non-switched Telecommunications	Provider (classified in EFIS as	IXC)
	Interconnected Voice over Internet Protoc	col Service Provider (IVolP)	
that you i	nan one certificate or registration is must file an annual report in the Co on System (EFIS) based on each ce pate the annual reports to be identi.  The various annual reports filed in EFIS at The various annual reports filed in EFIS at Not applicable (Company only has one certification was filed in EFIS.)	mmission's Electronic Filertificate or registration. I cal; however please verifiere identical.  are different.	ling and In such situations, y the following:
Please ch	noose <u>one</u> of the following filing op	tions to indicate the secu	rity level of the filing:
X	Public submission (NOT Proprietary o	or Highly Confidential)	
	Non-Public submission (Highly Confid (See instructions for special requirements.)	dential or Proprietary)	
Please rev	riew the instructions document on the pre	vious page before proceeding	<b>J</b> .
		Г	
Excel Issue Da	ate: 12/21/2016	Form Page 1	For use when filing under seal.

below:  0  street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Expla  colleting the form, w	preferred@aol.com E-Mail Address  The Explain  The Explain  (818) 380-9090  Telephome Number  (818) 380-9099  Fax Number  (818) 380-9099  E-mail Address  436
street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Explain  colleting the form, w	Telephone Number  (818) \$80+9099  Fax Number  preferred@aol.com  E-Mail Address  Telephone Number  (818) 380-9090  Telephone Number  (818) 380-9099  Fax Number
street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Explain  colleting the form, w	Telephone Number  (818) \$80+9099  Fax Number  preferred@aol.com  E-Mail Address  Telephone Number  (818) 380-9090  Telephone Number  (818) 380-9099  Fax Number
street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Explain  colleting the form, w	Telephone Number  (818) \$80+9099  Fax Number  preferred@aol.com  E-Mail Address  Telephone Number  (818) 380-9090  Telephone Number  (818) 380-9099  Fax Number
street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Expla  colleting the form, w  ate Zip  the company at the don this page, to	(818) \$80-9099  Fax Number  Porm, whether an employee or a third-party preparer.  (818) \$80-9090  Telephome Number  (818) \$80-9099  Fax Number  (818) \$80-9099  E-mail Address  Address
street address)  A 91436  ate Zip  riate box):  □ LP □ Other - Expla  colleting the form, w  ate Zip  the company at the don this page, to	Property of the year. Please include an age, to completely provide the requested information.  Fax Number  (818) 380-9090  Telephome Number  (818) 380-9099  Fax Number  (818) 380-9099  E-mail Address  A36  Sip  Name of Person Holding C) ffice  Jerry Nussbaum
A 91436  ate Zip  riate box):  LP  Other - Explain  Other	preferred@aol.com E-Mail Address  The Explain  The Explai
riate box):  LP  Other - Explain of the form, which is the company at the don this page, to dations, and reor dations, and reor dations, and reor dations.	E-Mail Address  orm, whether an employee or a third-party preparer.  (818) 380-9090 Telephone Number (818) 380-9099 Fax Number (818) 380-9099 E-mail Address  436  Ip  Name of Person Holding C)ffice  Jerry Nussbaum
contact box):    LP	Telephone Number  (818) 380-9090 Telephone Number  (818) 380-9099 Fax Number  (818) 380-9099 E-mail Address  436 Sip  Name of Person Holding C)ffice  Jerry Nussbaum
Other - Expla	(818) 380-9090 Telephome Number (818) 380-9099 Fax Number (818) 380-9099 Fax Number (818) 380-9099 E-mail Address  436 Lip  In at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding () ffice  Jerry Nussbaum
Other - Explain Dieting the form, which was a second of the company at the company at the don this page, to dations, and reor	(818) 380-9090 Telephome Number (818) 380-9099 Fax Number (818) 380-9099 Fax Number (818) 380-9099 E-mail Address  436 Lip  In at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding () ffice  Jerry Nussbaum
bleting the form, w  60  A 91436  ate Zip  the company at the don this page, to	(818) 380-9090 Telephome Number (818) 380-9099 Fax Number (818) 380-9099 Fax Number (818) 380-9099 E-mail Address  436 Lip  In at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding () ffice  Jerry Nussbaum
A 91436 ate Zip the company at the don this page, to	(818) 380-9090 Telephome Number (818) 380-9099 Fax Number (818) 380-9099 E-mail Address  436 Lip  The end of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436 ate Zip the company at the don this page, to	Telephome Number  (818) 380-9099  Fax Number  (818) 380-9099  E-mail Address  436  Lip  In any at the end of the year. Please include an eage, to completely provide the requested information.  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436  ate Zip  the company at the don this page, to	Telephome Number  (818) 380-9099  Fax Number  (818) 380-9099  E-mail Address  436  Lip  In any at the end of the year. Please include an eage, to completely provide the requested information.  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436  ate Zip  the company at the don this page, to	(818) 380-9099  Fax Number  (818) 380-9099  E-mail Address  436  Lip  The state and of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436  ate Zip  the company at the don this page, to	Fax Number  (818) 380-9099  E-mail Address  436  Lip  In a the end of the year. Please include an eage, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436  ate Zip  the company at the don this page, to	(818) 380-9099 E-mail Address  436  Inp  Iny at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
A 91436  ate Zip  the company at the don this page, to	E-mail Address  436  Lip  In y at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
the company at the company at the don this page, to	ny at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
the company at the company at the don this page, to	ny at the end of the year. Please include an age, to completely provide the requested information  Name of Person Holding C)ffice  Jerry Nussbaum
the company at the don this page, to	Name of Person Holding C)ffice  Jerry Nussbaum
	Jerry Nussbaum
	d reorganizations involving the registered or
	d reorganizations involving the registered or
	d reorganizations involving the registered or
	d reorganizations involving the registered or
	ear. Do not include internal company reorganizations

6. w	Please provide the following information concerning the company  Revenues	's revenues for this calend MO Jurisdictional (Column A)	ar year: Total Company <sup>1</sup> (Column B)
RE		** **	The second secon
	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 services, etc. and for IVoIP service.	\$898,902.00	\$23,850,667.00
	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.	\$69,235.00	\$5,368,016.00
	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).		
	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.		
	Retail Uncollectible Revenues from telecommunications revenues.  (This amount is generally a negative number.)	-\$26,181.00	-\$694,468.00
1	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.)	\$941,956.00	\$28,524,215.00
OT	HER		
	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.		
	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.)		
- 6	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number)		
	High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program.	N/A	
	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	
	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.	\$941,956.00	\$28,524,215.00

For use when filing under seal.

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

	Retail				Wholesale to Non-Registered Nomadic IVoIP				
Exchange <sup>2</sup>	**	Residential	**	**	Business	**	**	Providers <sup>3</sup>	*
SEE SCHEDULE #1 ATTACHED					895				
									T
·									
									1
									T
									1
			1			1			1
						1			1
									1
			1			1		TANKE TO STANKE	
	1					+			1
	+		+		~~~	1			1
	1					1	1		1
	+		$\vdash$	-			1		+
	+			1					1
	+					1			1
The state of the s			-		p. v.t	-			+
	1					-			1
Totals:	-		-	-	895	-			1

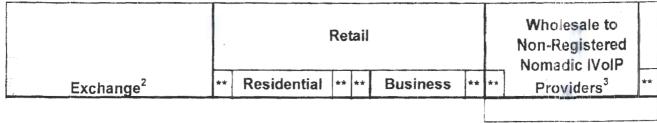
<sup>&</sup>lt;sup>1</sup> See instructions for additional clarification about filling out this page.

<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.)

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.)

for the calendar year of January 1 - December 31, 2016

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



For use when filing under seal.

### SCHEDULE # 1

#### Line Quantities for Local Voice Service & IVOIP Service

	Retail /
	Business
	Facilties-
Exchange	Based
ARGYLE	1
BELTON	13
BLUE SPRINGS	12
CAPE GIRARDEU	21
CARTHAGE	49
CHESTERFIELD	12
CHILICOTHE	18
CREVE COEUR	8
ELDON	35
FARMINGTON	8
HARVESTER	14
JOPLIN	12
KANSAS CITY	198
KIRKWOOD	11
KNOB KNOSTER	1
LADUE	47
LINN	2
MANCHESTER	7
MARSHALL	13
MCDANIEL	61
MEHLVILLE	10
MEXICO	11
MOBERLY	12
POPLAR BLUFF	19
SAPPINGTON	6
SEDALIA	21
SPRINGFIELD	20
ST CHARLES	3
ST LOUIS	250
TOTAL	895

Annual Report of	Telplex Communications
	for the calendar year of January 1 - December 31, 2016

#### Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below. 
(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)		Collected Relay Missouri  (collected or received, according to your record-  (of the amount collected)		Relay Missouri Revenue Remitted to Commission (of the amount collected)				
	**		ww	**		**	**		**
January		\$42.24			\$30.00			\$12.24	
February		\$42.72			\$30.00			\$12.72	
March		\$50.47			\$30.00			\$20.47	
April		\$39.72			\$30.00			\$9.72	
May		\$42.68			\$30.00			\$12.68	
June		\$43.32	_		\$30.00			\$13.31	
July		\$42.67			\$30.00			\$12.67	
August		\$43.24			\$30.00			\$13.24	
September		<b>\$55</b> .05			\$30.00			\$25.05	
October		<b>\$41</b> .73			\$30.00			\$11.73	
November		\$49.16			\$30.00			\$19.16	
December		\$42.73			\$30.00			\$12.73	
Total		\$53 <b>5</b> .73			\$360.00			\$175.72	

9,	Please indicate the per line value of the Relay Missouri Surcharge applied to your ca	ustomers
	in December.	

\$0.06

10. If your firm did not impose	the Relay Missouri Surcharge, please exp	lain:
<sup>1</sup> Companies classified in the Mo	pPSC's EFIS system solely as IXCs are not expected	to complete this page.
	Form Page 5	For use when filing under sea

#### **VERIFICATION**

		OATH			
State Of		California	}		
			} s:	S:	
County Of	L	os Angeles	}}		
		erry Nussbaum		akes oath and	says that
	Name of Affiant (C	Company Official/Represent	tative)		
s/he is		Preside	nt		
~~	Officia	Title of the Affiant (Compa	ny Official/Rep	presentative)	
of		Preferred Long Di	stance Inc		
	Exact Legal Ti	tle or Name of the Respond		ed Company Na	me)
and is located at		30 Ventura Blvd., Suite 3			
belief, all statements statement of the bus	s of fact contained in siness and affairs of ompany's contact in	report; to the best of his in the said report are true the above-named respo formation in EFIS; to the s are correct.	and the said ndent, and 2	report is a cor examined (ar	rect id updated
			aludina De	cember 31 ,	
from	January 1,	2016 , to and inc			2016
from	January 1 ,	2016 , to and inc		Ionth/Day	2016 Year
from			N	Digitally signed by Je	Year  ITY Nussbaum  Ith o out,  com, c=US
from		Year	sbaum	Digitally signed by Je DN: rn=Jerry Nussbar email=preferred@aol Date 2017.03.16 10:2	Year  iry Nussbaum im o ou, icom, c=US 6:20 -07'00'
<del>-</del> -	Month/Day	Jerry Nus	ssbaum	Digitally signed by Je DN: rn=Jerry Nussbar ernall=preferreo@aol Date 2017.03.16 i0:2 fficiall/Represent	Year  Iry Nussbaum Irm o pu, Icom, (=U\$ 6:20 -07'00'  ative)
<del>-</del> -	Month/Day	Jerry Nus Signature of Affian Notary Public, in and for t	ssbaum	Digitally signed by Je DN: rn=Jerry Nussbar ernall=preferreo@aol Date 2017.03.16 i0:2 fficiall/Represent	Year  Iny Nussbaum Inm o pti, Icom, (=U\$ 6:20 -07'00'  ative)
Subscribed and swo	Month/Day	Jerry Nus Signature of Affian Notary Public, in and for t	ssbaum of (Company O	Digitally signed by Je DN: rn=Jerry Nussbar ernall=preferreo@aol Date 2017.03.16 i0:2 fficiall/Represent	Year  Iry Nussbaum Irm o btt, Icom, (=U\$ 6:20 -07'00'  ative)
Subscribed and swo	Month/Day	Jerry Nus Signature of Affian Notary Public, in and for t	ssbaum of (Company O	Digitally signed by Je DN: rn=Jerry Nussbar ernall=preferreo@aol Date 2017.03.16 i0:2 fficiall/Represent	Year  Iry Nussbaum Irm o btt, Icom, (=U\$ 6:20 -07'00'  ative)
Subscribed and swo	Month/Day	Jerry Nus Signature of Affian Notary Public, in and for t	ssbaum of (Company O	Digitally signed by Je DN: rn=Jerry Nussbar ernall=preferreo@aol Date 2017.03.16 i0:2 fficiall/Represent	Year  Iny Nussbaum Inm o pu, Icom, c=U5 6:20 -07'00'  ative)

#### **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		California	}
-		Camornia	<u>}</u>
County Of	L	os Angeles	} ss: _}
		erry Nussbaum Company Official/Representative	makes oath and says that
s/he is		President	
	Officia	Title of the Affiant (Company Of	ficial/Representative)
_			
of _	Fac-43 - 47	Preferred Long Distance	
	Exact Legal Ti	tle or Name of the Respondent (	Sertificated Company Name)
and is located at _		30 Ventura Blvd., Suite 350E ephone Number of the Affiant (Co	
belief, all statement statement of the bu- as applicable) the c	s of fact contained in siness and affairs of	n the said report are true and the above-named responden formation in EFIS; to the best	t, and 2) examined (and updated
from	January 1 ,	2016 , to and includin	g December 31 , 2016
_	Month/Day	Jerry Nussbaum	Month/Day Year
		Signature of Affiant (Cor	mpany Official/Representative)
		3.12.12.1	
Subscribed and swe	orn to before me, a N		tate and County above named,
Subscribed and swo	orn to before me, a N		tate and County above named,
this _	orn to before me, a N	Notary Public, in and for the S	tate and County above named,
this _		Notary Public, in and for the Siday of	tate and County above named,
this _		Notary Public, in and for the Siday of	tate and County above named,

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this day of 1, 20, by

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOBUO HIRAKO
COMM. #2178057
NOTARY PUBLIC CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires Feb. 5, 2021

Signature

(Seal)

When filing this form electronically, electronic signatures are acceptable. See the instructions for details.