

Tel 914 421 6700 Fax 914 421 6777

AboveNet, Inc. 360 Hamilton Avenue White Plains, NY 10601 www.obove.net

FILED³

Missouri Public Service Commission

Certified Mail # 7010 1060 0000 6036 3591

September 1, 2011

Data Center Manager Missouri Public Service Commission 200 Madison Street – Suite # 100 P.O. Box 360 Jefferson City, MO 65102-0630

Re: AboveNet Communications, Inc.

Revised - 2010 Telecommunications Company or IVoIP Provider Annual Report

Gentleman/Madam:

This is reference to the E-mail (Copy enclosed) from Ms. Myron Couch of your office requested changes in AboveNet Communications 2010 Telecommunications Company or IVoIP Provider Annual Report.

Please be advised as per your request we made change reporting zero located in Row 13 Column A.

Enclosed is the Revised 2010 Telecommunications Company or IVoIP Annual Report for AboveNet Communications, Inc.

If you have any questions or need any additional information please feel free to contact me at (914) 421-7546.

I appreciate your assistance and cooperation in this matter.

Best Regards,

William T. Scheppy Phone: (914)-421-7546 Fax: (914)-421-6716 Email: wscheppy@above.net

Scheppy, William

From:

Scheppy, William

Sent:

08/31/2011 2:12 PM

To: Cc: 'Couch, Myron' Holsman, Laura

Subject: Attachments:

RE: Annual Report Deficiency for AboveNet Communications, Inc. (BMAR-2011-1595) AboveNet Communications Inc. - 2010 Revised Missouri Telecommunications Annual

Report.pdf

Ms. Couch:

Please find attached AboveNet Communications Inc. 2010 Revised Missouri Annual Report with Zero located in Row 13 Column A.

If you have any further questions please feel free to contact me at (914) 421-7546 or e-mail me at wscheppy@above.net.

Sorry for any problems this matter has caused.

Best Regards,

William T. Scheppy

From: Couch, Myron [mailto:myron.couch@psc.mo.gov]

Sent: 08/23/2011 4:15 PM To: Scheppy, William Cc: Holsman, Laura

Subject: FW: Annual Report Deficiency for AboveNet Communications, Inc. (BMAR-2011-1595)

Your company has failed to respond to the deficiencies identified in the email below. Failure to respond to the deficiency within seven days will cause this matter to be brought to the attention of the Missouri PSC's legal department for further action.

Myron Couch Utility Operations Technical Specialist Missouri Public Service Commission 573-751-8496

From: Couch, Myron

Sent: Monday, June 13, 2011 1:35 PM

To: 'wscheppy@above.net'

Cc: Holsman, Laura

Subject: Annual Report Deficiency for AboveNet Communications, Inc. (BMAR-2011-1595)

Land State of the Control

This email is a deficiency notice for your annual report. Your annual report is considered deficient until the following issue(s) are addressed: The revenue table on page 3 of the company's annual report fails to address if the company generated any total Missouri Jurisdictional revenue in Row 13 Column A. This box must contain a number or 0 and cannot be left blank..

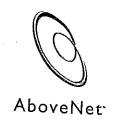
Please resubmit your revised annual report in its entirety if your annual report needs to be revised to correct the deficiency. Any revised annual report/response must be filed within the Missouri Commission's Electronic Filing and

Information System (EFIS) using the identification number previously supplied upon your initial annual report submission to the Commission.

Please be aware that per Commission rule 4CSR 240-3.540(4) a company is required to respond within 20 days of being notified of a deficiency in a company's annual report. Failure to respond within 20 days may subject the company to a penalty of \$100 per day that it is late in filing a response to the deficiency.

Myron Couch Utility Operations Technical Specialist Missouri Public Service Commission 573-751-8496

Internal Use: 6c



Tel 914 421 6700 Fox 914 421 6777

AboveNet, Inc. 360 Hamilton Avenue White Plains, NY 10601 www.above.net

Certified Mail # 7010 1060 0000 6037 0629

May 24, 2011

Data Center Manager Missouri Public Service Commission 200 Madison Street – Suite # 100 P.O. Box 360 Jefferson City, MO 65102-0630

Re: AboveNet Communications, Inc.
2010 Telecommunications Company or IVoIP Provider Annual Report

Gentleman/Madam:

Enclosed is the 2010 Telecommunications Company or IVoIP Annual Report for AboveNet Communications, Inc.

If you have any questions or need any additional information please feel free to contact me at (914) 421-

I appreciate your assistance and cooperation in this matter.

Best Regards,

William T. Scheppy Phone: (914)-421-7546 Fax: (914)-421-6716

Email: wscheppy@above.net

AboveNet Communications Inc. (F/K/A MetroMedia Fiber Network Services Inc.)

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, 2010

Missouri Public Service Commission

	Gervide Commiss
Please select how the company is certificated or registered wit Company Name as shown above (check all that apply):	th the Commission under the
Incumbent Local Telecommunications Company (not competitive	aly classified II ECV
Incumbent Local Exchange Telecommunications Company (com	Detitively elections II For
Competitive Local Exchange Telecommunications Company (CL	EC/
Interexchange Telecommunications Company (IXC)	=6)
Local Non-switched Telecommunications Provider (classified in E	FEIS an IVO
Interconnected Voice over Internet Protocol Service Provider (IV	old)
If more than one certificate or registration is held by the compa must file an annual report in the Commission's Electronic Filing based on each certificate or registration. In such situations, we be identical; however please verify the following:	ny then keep in mind that you
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 was filed in EFIS.)	only one annual report
Please choose one of the following filing options to indicate the	Constitute to the second
Public submission (NOT Proprietary or Highly Confidential)	security level of the filing:
Non-Public submission (Highly Confidential or Proprietary) (See instructions for special requirements.)	
Please review the instructions document before proceeding by using the link	below;
Adobe Interactive Rev. 1/28/2011	For use when filing under seal.
F D	

	fo	or the calenc	c. (F/K/A MetroMedia Fiber Network Services li lar year of January 1 - December 31, 2010
1. State in full the com	pany's information belo		2010
	Hamilton Avenue - 7th Floo		
(Company Street Address	or	(914) 421-7546
	Hamilton Avenue -7th Floo		Telephone Number
C	ompany Mailing Address	<u>r </u>	(914) 421-7688
White Plain			Fax Number
City	s NY State	10601	wscheppy@above.net
71.	•	Zip	E-Mail Address
This company is curr	ently a (check appropri	ate box):	
✓ Corporation	Sole Proprietorship	□ LP	
Partnership	☐ rrc	Other -	Evoluio
			LAPIGIII
Annual Report Contac	4 Infa		
List the contact information	of the name		
differ from the address in I	tem No. 1.	the form, whe	ther an employee or a third-party preparer. This ma
	Villiam T. Scheppy		rang properties. This the
	Name		(914) 421-7546
360 Hai	milton Avenue - 7th Floor		Telephone Number
	Street Address		(914) 421-7688
360 Har	milton Avenue - 7th Floor		Fax Number
- · · · · · · · · · · · · · · · · · · ·	Mailing Address		wscheppy@above.net
White Plains	NY	-10601	E-mail Address
City	State	Zip	
dontituu.		•	
dditional sheet if anguab	general officers of the	company a	t the end of the year. Please include an
		s page, to cor	t the end of the year. Please include an nepletely provide the requested information.
Title of Genera	l Officer		
resident & CFO			Name of Person Holding Office
VP & CFO			William G. LaPerch
P,Secretary & General C	inuncal		Joseph P. Ciavarella
			Robert J. Sokota
ease provido a lint as	,,		
rtificated company and	ii mergers, consolidatio	ons, and rec	organizations involving the registered or
sonnel issues.	completed during the	last year. D	organizations involving the registered or one on the include internal company reorganizations or
ne- In the past year			i my reorganizations of
			

6. Please nre	rt of AboveNet Communications Inc.	for the calendar year	ar of January 1 - De	cember 31.	2010
р, с	ovide the following information concern	ing the company's	revenues for this	calendar	Vear
Row I RETAIL	Revenues:		MO Jurisdicti	onal	Total Company ¹
	Para Para Para Para Para Para Para Para		(Column A	eniseen aan en	(Column B)
telecommun	ce Revenuesinclude tariffed revenues attributed	d to locat			
as call forwa	cations services, extended area service, secon ding, caller ID, local operator services, director old services.	dary features such			
etc. and for I	/oIP service	y-related services,			
2. Interexchan	le Revenuecinclude revenue				
		rexchange		聖監	
3. Non-Switche	ices and interexchange IVoIP services.	ces, merexchange			
A. Lingua OMICHE	Q Telecommunications o	lude revenues	<u> </u>	\$ \$	
				三	
4. Bundled or P	ate line services provided to other telecommunakaged Revenuesiacude apvisaged Revenuesiacude apv	ications carriers).		宣	
providing voic	Services in combination will	reby the company is			
can not be ear	silv attributed to tocal interest	whereby revenue		園園	
such bundles	ncludes Internet video as a secondinge or non-swi	itched categories. If 闥			
company's rev	enue shall be based on the company's rate offe excess revenue associated with the transition	service then the	12 13 14		
the amount	excess revenue associated with the bundled seated to revenue associated with the bundled seated to revenue associated with units and	ervice which is a			
recorded in the	ated to revenue associated with the bundled seated to revenue associated with voice only serv	ice shall be		類	
a bundled serv	Total Company column. If voice service is onlice, the company shall identify all reverse	y offered as part of		崖崖	
bundle of servi	ice, the company column. If voice service is onlice, the company shall identify all revenue assoces in the Missouri Jurisdictional column.	ciated with the			
Į.	and an adjusticitotial column.				
Retail Uncolle	ctible Revenuesfrom telecommunications reve				
	gordany a negative number (nues.			
IKE I AIL TOT	\L				
(This amount sho	uld equal the total of Rows 1 - 5 above and should	also majob va		最多	
OTHER 100 200	sal Service Fund Net Jurisdictional Revenue Re	port amount)			
revenues, carrie	enuesinclude intrastate switched, special accer	ss service			医超過數學與
from other teleco	mmunications carriers	revenues derived			
Miscellaneous	Revenues associated to				
advertising rever	illes, rent revenues, corporate operations revenues, customer operations plant	s,such as,			
billing arrangeme	ints, customer operations, plant operations, others, and other revenue settlement, the contract of the contrac	nues, special			*
regulated revenu	es, and other revenue settlements. NOTE FOR	I FC ON V			
5270 \	ount #s: 5230, 5240, 5250, 5261, 5262, 5263, 5	264 5269 and			** (\$272.040.000 a
Other Uncollecti	ble Revenuesfrom other revenues.	1401, 0200, and			\$372,819,000.0
(This amount is a	enerally a negative number.)				
High-Cost Feder	al USF Revenuesinclude all revenues received	(A)			———
from the Universa	Service Fund for the High-Cost program.	d as support		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
odolaj ot	T REVENIES INClude all	277 277 277	N/A		
the Universal Sen	ice Fund for the following programs: Low Inco	support from		整變	
and Libraries, and	Rural Health.	mie, Schools		憲憲	
Iniversal Saudi	ues include all revenues received as support fro	om the	N/A	變影	
				至当	
TOTAL REVENUE	S(This amount should equal the total of Rows	6 - 12 above \		醫屬	
Operating Revenue	on the Statement of Revenue	Gross Intrastat	. <u></u>		
		指注	<u>(')</u>		\$372,819,000.00
lecommunications Serconnected Voice	ervice" as defined by Missouri Revised Statutes Se	ection 386.020/54\		題類	
St total construct	over Internet Protocol service" as defined by Section	л 386.020(23) RSMo.			
the top of this nage	/enue and IVoIP revenue provided by a registered	company and if applicate	lo no ·		
o not include revent	venue and IVoIP revenue provided by a registered (This form may be submitted by an affiliate, but a es for any company NOT listed at the top of the pa	separate form must be n	is, non-regulated reve	nue for comp	any name as listed
				uncated or re	gistered entity.
- moonalit	ous revenue related to retail telecommunications s	services, then enter it in R	ow 1.		

Annual Report of	AboveNet Communications Inc. (F/K/A MetroMedia Fiber Network Services Inc.
	to the calculatives of January 4 December 4
w Income and Dis	abled Universal Service 5

Low Income and Disabled Universal Service Fund Subscriber Quantities

7. Do you offer basic local telecommunications se under 386.020 RSMo.?	ervice or IVoIP service as listed
□ vos	

Yes No

If yes, please quantify the number of low income and disabled subscribers as reported to USAC (federal support, Form 497) and to the Missouri Universal Service Fund administrator for the past calendar year. (Insert "0"s if you do not have such subscribers.)

	Number of Missouri Low Income Subscribers	Number of Missouri Disabled Subscribers	
January		Odpsclipers	
February			
March			
April			
May			
June			
July			
August			767 262
September			
October			74.T
November	e me semble en un per	A Company of the Comp	
December			
TOTAL:			

	·	er en en en en en	
		For use whe	n filing under seal

For use when filing under seal.

∞;

troMedia Fiber Network Services Inc.)

for the calendar year of January 1 - December 31, 2010 Line Quantities for Local Voice Service & IVoIP Service¹

Wholesale to	Nomaricantella	Providens	1						(A)												/ 2		
Service	2	Resale/UNE4																					(2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3
Refail	Bus	delitty-based		1.4		H P CO							Alfaha Alfaha				意がい						Control of the Contro
	Resale/UNE	Τ				0			age of the second								英語	1300 2000 2000 2000 2000 2000 2000 2000					
Re	Facility-base		(基本) (基本) (基本)											1 7	-								37. X1 1.14 x x
							7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5	ALL VIEW	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			2000 P				100 g		9 公 () () ()		77 57 52 5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1000 H	

¹ See instructions for additional clanification about filling out this page,

For use when filing under seal,

Form Page 5

² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.) ³ Facility-based refers to lines served whereby your company or an affiliate owns the switch and/or local loop.

⁵ 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 ⁴ Resale/UNE refers to lines served whereby your company leases all switch and loop facilities from a non-affiliated carrier either through an agreement or a discounted tariffed rate.

9. Do you offer basic local telecommunications service or IVOIP service as fisted under 386.020 RSMo.? Yes V No If yes, complete the following: Relay Missouri Revenue Collected (collected or received, according to your record-keeping methods) Month Relay Missouri Revenue (of the amount collected) Relay Missouri Revenue (according to your record-keeping methods) January February March April August September October November December Total \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:	9 Do.,		<u>iay iviissouri An</u>	nual B	Illing,	Collections and R	etention	
If yes, complete the following: Relay Missouri Revenue Collected (collected or received, according to your record-keeping methods) Relay Missouri Retention Amount (of the amount collected) Relay Missouri Revenue Remitted to Commission (of the amount collected)	9. Do you offer bas	sic loca	l telecommunication	s servic	e or IVo	P service as listed und	er 386 020 pow	~ ?
ff yes, complete the following: Relay Missouri Revenue Collected (collected or received, according to your record-keeping methods) Relay Missouri Retention Amount (of the amount collected) Remitted to Commission (of the amount collected)			Yes				000.020 AOM). <u>(</u>
Relay Missouri Revenue Collected (collected or received, according to your record-keeping methods) Month Relay Missouri Retention Amount (of the amount collected) Amount (of the amount collected) Pebruary February March April May June July August September October November December Total Please Indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$0.00 Relay Missouri Retention Amount (of the amount collected) Relay Missouri Retention Amount (of the amount collected) Relay Missouri Retention Amount (of the amount collected) Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month.					[4] 14	U		
Collected (collected or received, according to your record-keeping methods) Month *** January February March April July July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) *** *** *** *** *** *** *** *	If yes, complete	the foll	owing:					
Collected (collected or received, according to your record-keeping methods) Month *** January February March April July July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) *** *** *** *** *** *** *** *								
Collected (collected or received, according to your record-keeping methods) Month *** January February March April July July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) Relay Missouri Revenue, Remitted to Commission (of the amount collected) *** *** *** *** *** *** *** *		R	elav Missouri Do	*****		·		
Month Collected or received, according to your record-keeping methods September Se		'``	Collected	enue i	Relay	Missouri Retention	Polov Mi-	
Month It your record-keeping methods) (of the amount collected) (of the		(col	lected or received, ac	cording	•	Amount		uri Revenue
January February March April May June July August September October November December Total Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:		to y	our record-keeping m	ethods)	(of t		(of the amount	Commission
January February March April April May June July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: do Customers in Missouri	Month	_L	, , , , , ,			,	(or the amou	nt collected)
February March April May June July August September October November December Total Total Please Indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00		₹		**	**	\$		
February March April May June July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: do Customers in Missouri	January					**	**	<u> </u>
April May June July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: Is Coustomers in Missouri								
May June July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: lo Customers in Missouri	March		<u></u>					
July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: So Customers in Missouri	April						H.	
July August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: So Customers in Missouri	May				<u> </u>			
August September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: No Customers in Missouri	June							
September October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: No Customers in Missouri	July							
October November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:	August				登 	E		1993 1993 1993 1993 1993 1993 1993 1993
November December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:								
December Total Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: No Customers in Missouri		180						
Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:		響			<u> </u>			
Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:	December	墨			E			
Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:	Total				월 5		導	
Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:	· · · · · · · · · · · · · · · · · · ·			工程	<u> </u>		(B) (B)	i i
Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month. \$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain:			e produce and the contract of	**	* #	en e	***************	
\$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: No Customers in Missouri	Please indicate the						and the second of the second	
\$ 0.00 If your firm did not impose the Relay Missouri Surcharge, please explain: No Customers in Missouri	month.	e per II	ne value of the Re	lay Miss	ouri Su	rcharge you charge ve	OUR oughers	_
If your firm did not impose the Relay Missouri Surcharge, please explain:						o y a vilaige y	our customers e	∌ach
			\$ 0.00					
								
	f vour firm did not	lmn	- 41 - 50 - 1					
	a Customore in Min.	impos	e the Relay Missor	ıri Surc	harge, p	lease explain:		
	- Secretaria in Missoff	(1		- <u></u> -				
			<u> </u>					
	v.,							
								

For use when filing under seal.

for the calendar year of January 1 - December 31, 2010

Annual Customer Proprietary Network Information (CPNI) Compliance Certificate

(A copy of a company's FCC CPNI filling will suffice for the required descriptions for all items, unless H.2 is chosen, then an additional description must be attached.) 12. Th

Misso	company affirms having established operating procedures that are adequate to ensure compliance with the puri Public Service Commission's CPNI rules of 4 CSR 240-33.160(7).
Indic N	A. The company has implemented a system by which the status of a customer's CPNI approval can be clearly established prior to the use of CPNI. Attached is a brief description
N	B. The company has implemented personnel training as to when personnel are or are not authorized to use CPNI including an express disciplinary process. Attached is a brief description of the company's training and disciplinary process.
N	C. The company maintains records for at least one year of sales and marketing campaigns of its own, its agents, affiliates, joint venture partners and any independent contractors, that use its customers' CPNI. Such records include a description of each campaign, the specific CPNI that was used in the campaign and what products and services were offered as a part of the campaign. Attached is a brief description of the company's record maintenance system.
N	D. The company has a supervisory review process for outbound marketing situations. Attached is a brief description of the company's review process.
N	E. The company has procedures in place whereby the company will provide the Missouri Commission written notice within five business days of any instance where the opt-out mechanisms do not work properly, to such a degree that customers' inability to opt-out is more than an anomaly. Attached is a brief description of the company's procedures.
8-0-6-1-1	 F. Actions Taken - Select one of the options below: 1. The company has not taken any actions against any individual or entity that unlawfully obtains, uses, discloses or sells CPNI. 2. The company has taken actions against an individual or entity that unlawfully obtains, uses, discloses or sells CPNI, a description of which is attached.
	G. Complaints Received - Select one of the options below:
	 The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI. The company has received customer complaints in the past year concerning the unauthorized release of CPNI, a summary of which is attached.
	 H. Sharing CPNI Information - Select one of the options from below: The company does not share CPNI with joint venture partners or independent contractors (except for billing and collection services) The company obtains OPT-IN approval from customers before disclosing a customer's CPNI to its joint venture partners or independent contractors (except for billing and collection services). The company enters into confidentiality agreements that comply with 4 CSR 240-independent contractors. Attached is a description of how the agreements comply with MoPSC rules for sharing information with such entities.

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

			OATH				
State Of		New York		}	}		
County Of		Westchester		}	'ss:		
_	W	illiam T. Sche	enny				
	Name of Afflant	(Company Offic	ial/Represen	lative)	_ ma	ikes oath a	and says that
s/he is			Tax M	anagor			
	(Official Title of th	e Affiant (Co	mpany Officia	al/Repres	entativa	
of						~induve)	
	Exact Le	ADOVA	einet Com	munication	s Inc.		
and is located at	200	egal Title or Nam	ie di ille Kes	pondent (Cer	tificated (Company N	ame)
io localeu al	360 H	lamilton Aver	nue, 7th Fl	oor, White	Plains.	NY 1060	11
		repriorie 140	minat of tU6 \	\ffiant (Comn	any Offic	al/Danes	
FIS: to the hest of h	nined the foregoing rep ntained in the said rep amed respondent, 2) e is or her knowledge, in the applicable afternet	xamined (and ı	updated as	not is a con	po som	ment of th	e business and
FIS: to the hest of h	amed respondent, 2) e is or her knowledge, in he applicable alternati ipany's CPNI safeguar	xamined (and i formation, and ves and attach ds.	updated as belief, all lis ed all requir	applicable) to sted contacts ed documer	ect state he comp are cor tation, w	ement of the any's cont rect, and) rhich is a ti	e business and act information ir read the CPNI ue and correct
FIS; to the best of hertification, chosen to escription of the com	amed respondent, 2) e is or her knowledge, in he applicable alternati ipany's CPNI safeguar	xamined (and ı	updated as belief, all lis ed all requir	applicable) to sted contacts ed documer	ect state he comp are cor tation, w	ement of the any's cont rect, and) rhich is a ti	e business and act information ir read the CPNI ue and correct
FIS; to the best of hertification, chosen to escription of the com	amed respondent, 2) e is or her knowledge, in he applicable alternati ipany's CPNI safeguar	xamined (and u formation, and ves and attacheds. ,2010 Year	updated as belief, all tis ed all requir , to and in	applicable) to ted contacts and document cluding	December Month	ement of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct
FIS; to the best of hertification, chosen to escription of the comfrom	amed respondent, 2) e is or her knowledge, in he applicable alternati pany's CPNI safeguar January 1 Month/Day	xamined (and information, and information, and ves and attacheds	updated as belief, all lised all require, to and in	applicable) to the decimal state of the decimal sta	December Month	ement of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct , 2010 Year
FIS; to the best of hertification, chosen to escription of the comfrom	amed respondent, 2) e is or her knowledge, in he applicable alternati pany's CPNI safeguar January 1 Month/Day	xamined (and information, and information, and ves and attacheds	updated as belief, all lised all require, to and in	applicable) to the decimal state of the decimal sta	December Month	ement of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct , 2010 Year
FIS; to the best of hertification, chosen to escription of the comfrom	amed respondent, 2) e is or her knowledge, in he applicable alternati ipany's CPNI safeguar	xamined (and information, and information, and ves and attacheds	updated as belief, all lised all require, to and in	applicable) to steed contacts and document cluding	December Month	ement of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct , 2010 Year
FIS; to the best of hertification, chosen to escription of the comfrom	amed respondent, 2) e is or her knowledge, in he applicable alternati pany's CPNI safeguar January 1 Month/Day and sworn to before me	xamined (and a formation, and ves and attacheds,	updated as belief, all lised all require, to and in Signature of lic, in and for	applicable) to steed contacts and document cluding	December Month	ament of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct , 2010 Year
FIS; to the best of hertification, chosen to escription of the comfrom Subscribed a	anned respondent, 2) e is or her knowledge, in he applicable alternati pany's CPNI safeguar January 1 Month/Day and sworn to before me 23 an expires SADO e of New York 71775	xamined (and a formation, and ves and attacheds,	updated as belief, all lised all require, to and in Signature of lic, in and for	applicable) to steed contacts and document cluding	December Month	ament of the any's control of the any's control of the angle of the an	e business and act information in read the CPNI tue and correct , 2010 Year

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

AboveNet Communications, Inc. Statement of Operations For the Year Ended December 31, 2010 (In Thousands of Dollars)

REVENUE\$	372,819
Cost of revenue:	•
Cost of network and operations	
	116,129
Total cost of revenue	14,415
	130,544
Selling, general and administrative expense	
Depreciation and amortization	85,596
Total operating expenses	56,093
Total operating expenses	141,689
OPERATING INCOME (LOSS) OTHER INCOME (EXPENSE):	100,586
Interest income	429
Other income/(expense), net	(5,199)
INCOME (LOSS) REFORE INCOMP	2,489
TAXES	98,305
Benefit from income taxes	
NIEW MICO.	39,599
NET INCOME (LOSS)\$	58,706

AboveNet Communications, Inc. Balance Sheet December 31, 2010

(In Thousands of Dollars)

ASSETS	Dec 2010
Current assets:	
	•
Cash	\$ 50,910
Restricted cash	3,465
Accounts receivable, net Prepaid expenses and other current seed	21,724
	12,174
Total current assets.	88,273
Fixed assets, net Deferred tax assets	,,
	502,861
Due from subsidiaries, investment in subsidiaries and other assets	141,679
subsidiaries and other assets	60,557
Total assets	\$ <u>793,370</u>
LIABILITIES	-
Current liabilities:	
Accounts payable	
	6,080
Deferred revenue, current portion	57,414
Current portion of note payable	23,484
Total current liabilities	7,560
	94,538
Deferred revenue	
and outer long-lefth habitation	78,580
Note Payable.	9,789
Total liabilities	42,210
Total liabilities	225,117
STOCKHOLDERS' EQUITY	
Common stock	
Common stock Treasury stock Additional paid-in capital	264
Additional paid-in capital	(22,773)
	332,385
Cumulative comprehensive loss	258,724
Cumulative comprehensive loss Total stockholders' equity	(347)
Total stockholders' equity	568,253
Total liabilities and stockholders' equity\$	793,370
	.,,5,5,0

FEIN: 13-3982836

Significant events, dates & data:

05/20/02

Filed for chapter 11 bankruptcy

09/08/03

Emerged from bankruptcy

Affliliates merged in:

AboveNet Communications, Inc.

Sitesmith, Inc.

Changed name from:

Metromedia Fiber Network Services, Inc.

AboveNet Communication, Inc.

100% Parent Company:

Metromedia Fiber Network, Inc.

changed name to AboveNet, Inc.

on 09/08/03.

All of these entities are headquartered at:

360 Hamilton Avenue

7th Floor

White Plains, NY 10601

914-421-6700

914-421-6716 (F)

T:\I-Structure & Ownership\[MFNS events.xls]Sheet]

IET COMMUNICATIONS, INC. Iton Avenue, 7th Floor ins, NY 10601
Department

\$ 06.630 \$ 000653833 SEP 01 2011 \$ MAILED FROM ZIP CODE 10601

0000 kosk ssyl

Data Center Manager
Missouri Public Service Commission
200 Madison Street -- Suite # 100
PO Box 360
Jefferson City, MO 65102-0630