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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 IVOLP PROVIDER  
ANNUAL REPORT  
TO THE  
MISSOURI PUBLIC SERVICE COMMISSION**

**For the Calendar Year of  
January 1 - December 31, \_\_\_\_\_**

This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.

**Please select how the company is certificated and/or registered with the Commission (check all that apply):**

- ☐ Incumbent Local Telecommunications Company (ILEC)
- ☐ Competitive Local Exchange Telecommunications Company (CLEC)
- ☐ Interexchange or Local Non-Switched Telecommunications Company (IXC)
- ☐ Interconnected Voice over Internet Protocol Service Provider (IVoIP)

**If more than one certificate or registration is held by the company you must file an annual report in the Commission's Electronic Filing and Information System (EFIS) for each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the 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 choose one of the following filing options to indicate the security level of the filing:**

- ☐ **Public submission** (NOT Confidential)
- ☐ **Non-Public submission** (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.

Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

**1. State in full the company's information below:**

|                                                                     |                |              |                           |
|---------------------------------------------------------------------|----------------|--------------|---------------------------|
| _____<br>Company Street Address                                     |                |              | _____<br>Telephone Number |
| _____<br>Company Mailing Address (if different from street address) |                |              |                           |
| _____<br>City                                                       | _____<br>State | _____<br>Zip |                           |

**2. The company's contact information in EFIS has been reviewed (and updated as applicable).**

☐ Yes ☐ No

**3. Annual Report Contact Information:**

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

|                           |                |              |
|---------------------------|----------------|--------------|
| _____<br>Name             |                |              |
| _____<br>Street Address   |                |              |
| _____<br>Mailing Address  |                |              |
| _____<br>City             | _____<br>State | _____<br>Zip |
| _____<br>Telephone Number |                |              |
| _____<br>Email Address    |                |              |

**4. Identify the company's top three principal or general officers at the end of the year.**

| Title | Name  |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

| Row                                                                    | RETAIL END USER REVENUES                                                                                                                                                                                                                                                                                                                                                     | ** | MO Intrastate<br>(Column A) | ** | ** | Total Company<br>(Column B) | ** |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------|----|----|-----------------------------|----|
| 1.                                                                     | <b>Local Service</b> (Basic local telecommunications service, IVoIP service and features associated with these services)                                                                                                                                                                                                                                                     |    |                             |    |    |                             |    |
| 2.                                                                     | <b>Interexchange Service</b> (Message toll services, 800 services, interexchange operator services).                                                                                                                                                                                                                                                                         |    |                             |    |    |                             |    |
| 3.                                                                     | <b>Non-Switched Services</b> (Dedicated non-switched private line services typically used by business customers. <i>Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).</i>                                                                                                 |    |                             |    |    |                             |    |
| 4.                                                                     | <b>Bundled Voice Service</b> (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.                                                                     | <b>Retail Uncollectibles.</b> (Amount is typically a negative number.)                                                                                                                                                                                                                                                                                                       |    |                             |    |    |                             |    |
| 6.                                                                     | <b>RETAIL END-USER TOTAL</b> (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)                                                                                                                                                                                                                                    |    |                             |    |    |                             |    |
| <b>WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND REVENUES</b> |                                                                                                                                                                                                                                                                                                                                                                              |    |                             |    |    |                             |    |
| 7.                                                                     | <b>Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider.</b> 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.                                                                     | <b>Miscellaneous Carrier's Carrier Revenue</b> (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).                                                                                                                                                                                                                      |    |                             |    |    |                             |    |
| 9.                                                                     | <b>Wholesale Uncollectibles.</b> (Amount is typically a negative number.)                                                                                                                                                                                                                                                                                                    |    |                             |    |    |                             |    |
| 10.                                                                    | <b>Federal USF Revenue</b> (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.                                                                    | <b>State USF Revenue</b>                                                                                                                                                                                                                                                                                                                                                     |    |                             |    |    |                             |    |
| 12.                                                                    | <b>TOTAL REVENUES</b> (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% or more of the customer's private line network traffic is considered interstate traffic.

For use when filing under seal.

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

[illegible]

**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 estimate 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.

Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

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

| Annual Totals |                                                          |  |  |
|---------------|----------------------------------------------------------|--|--|
| 7.            | Revenue Collected From Relay Missouri Surcharge          |  |  |
|               | Amount Retained for Billing and Collecting the Surcharge |  |  |
|               | Relay Missouri Revenue Remitted to Relay Missouri Fund   |  |  |

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

9. If your firm did not impose the Relay Missouri Surcharge, please explain:

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

For use when filing under seal.

Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

### 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 \_\_\_\_\_ }  
\_\_\_\_\_  
County Of \_\_\_\_\_ } SS:  
\_\_\_\_\_ }

\_\_\_\_\_ makes oath and says that  
Name of Affiant (Company Official/Representative)  
s/he is \_\_\_\_\_  
Official Title of the Affiant (Company Official/Representative)  
of \_\_\_\_\_  
Exact Legal Title or Name of the Respondent (Certificated Company Name)  
and is located at \_\_\_\_\_,  
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, \_\_\_\_\_, to and including December 31, \_\_\_\_\_  
Month/Day Year Month/Day Year

\_\_\_\_\_  
Signature of Affiant (Company Official/Representative)  
(If electronic signatures are used, you **must** use "/s/" before the name.)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,  
this \_\_\_\_\_ day of \_\_\_\_\_,  
My Commission expires \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public  
(If electronic signatures are used, you must use "/s/" before the name.)

\_\_\_\_\_  
Notary Commission Number

Missouri Revised Statutes § 392.210 or §393.140

See the instructions for more information to complete this page.

For the calendar year January 1 - December 31, 2020

Company Name: \_\_\_\_\_

### VERIFICATION

The foregoing report must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the Company.

### OATH

State Of \_\_\_\_\_ }

ss:

County Of \_\_\_\_\_ }

makes oath and says that

\_\_\_\_\_  
Name of Affiant (Company Official/Representative)

s/he is

\_\_\_\_\_  
Official Title of the Affiant (Company Official/Representative)

of

\_\_\_\_\_  
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at

\_\_\_\_\_  
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; that 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  
Month/Day

2020  
Year

, to and including

December 31  
Month/Day

2020  
Year

/s/ Matt W. Dean

\_\_\_\_\_  
Signature of Affiant (Company Official/Representative)

(If electronic signatures are used, you **must** use "/s/" before the name.)

Under penalty of perjury, I declare that the foregoing is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Declarant

(If electronic signatures are used, you must use "/s/" before the name.)

Missouri Revised Statutes § 392.210 or §393.140 and §509.030

See the Instructions for more information to complete this page.