Legent Comm LLC d/b/a Long Distance America

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 31,2021
This filing	is required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please se	elect how the company is certificated and/or registered with the Commission(check
	Incumbent Local Telecommunications Company (ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
Χ	Interexchange or Local Non-switched Telecommunications Company (IXC)
	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
registrati	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 dentical.
	The various annual reports filed in EFIS aredifferent.
X	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please ch	noose one of the following filing options to indicate the security level of the filing:
Χ	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 4 CSR 240-2.135.
Evcel Issue Da	te: 2/14/2022

Form Page 1

	Annual Report	i o t	L	egent Comm	LLC d/b/a Long Distance America
		fo	r the cale	ndar year of J	lanuary 1 - December 31, <u>2021</u>
Sta	te in full the company	's informat	ion belov	v:	
	10161	Park Run Dr.			949-753-7000
	Company	/ Street Addre	ess		Telephone Number
	10161	Park Run Dr.			
	Company Mailing Address			ldress)	
	Las Vagas	NIV 90145	0071		
	City	NV 89145-	State	Zip	
	ŕ			·	
The	company's contact inf	ormation in	EFIS has	been reviewe	d (and updated as applicable)
	✓ Yes	☐ No			
Ann	nual Report Contact Info		completin	us the form wh	nether an employee or a third-party preparer. This
	y differ from the address i			ig the form, wh	lettier an employee of a tillid-party preparer. This
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Legent Comm LLC d/b/a Long Distance America

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

5. Please provide the following revenue information:

			MO Intrastate			Total Company	
Row	RETAIL END USER REVENUES	**	(Column A)	**	**	(Column B)	**
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)		\$0.00			\$0.00	
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).		\$1,204.00			\$392,301.00	
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).		\$0.00			\$0.00	
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.)		-\$120.00			-\$39,230.00	
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.)		\$1,084.00			\$353,071.00	
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FU	JND	REVENUES				•
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		\$0.00			\$0.00	
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.)		\$0.00			\$0.00	
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.)		N/A			n/a	
11.	State USF Revenue		\$0.00			\$0.00	
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.		\$1,084.00			\$353,071.00	

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.

For use when filing under seal.

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

		Line Quantities				
Exchange	**	Residential	**	**	Business	**
N/A						
Totals:						

About reporting line quantities:

For use v	when	filing	under	seal.

^{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 the calendar year of January 1 - December 31, 2021

Relay Missouri Assessment¹

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

Relay Missouri Revenue Remitted to Relay Missouri Fund	\$0.00
8. Please indicate the per line value of the Relay Missouri Surcharge	e applied to your customers in December.
9. If your firm did not impose the Relay Missouri Surcharge, please	explain:
¹ ILECs, CLECs and IVoIP providers are required to complete this page; however, compa	nies classified solely as IXCs are not expected to complete
this page.	

For use when filing under seal.

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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.

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State Of	Nevada			}	
				_ } _{ss:}	
County Of	Clark			}	
,	Olank			_ ,	
	:	Scott A. Whit	ce	makes oath and	says that
	Name of Affiant (Co	mpany Offic	ial/Representative)		•
s/he is			Managing Member		
	Official	Title of the Af	fiant (Company Offic	cial/Representative)	
of			LLC d/b/a Long Dis	tance America Ce <i>rtificated Company I</i>	Vame)
	Exact Logar Titl	c or realise o	tile Respondent (Community 1	vame
and is located at	10161 Park	Run Dr Suite	223 Las Vegas NV 8	9145-8871 , 949-753-700	10
and is rotated at				ompany Official/Repres	
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