

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

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

**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 Company (not competitively classified ILEC)
- ☐ Incumbent Local Exchange Telecommunications Company (competitively classified ILEC)
- ☐ Competitive Local Exchange Telecommunications Company (CLEC)
- ☐ Interexchange Telecommunications Company (IXC)
- ☐ Local Non-switched Telecommunications Provider (classified in EFIS as IXC)
- ☐ Interconnected Voice over Internet Protocol Service Provider (IVOLP)

**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:**

- ☐ 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 Proprietary or Highly Confidential)
- ☐ **Non-Public submission** (Highly Confidential or Proprietary)  
(See instructions for special requirements.)

Please review the instructions document before proceeding by using the link below:  
[Instructions - 2010 Annual Report Telco and IVOLP](#)

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 |                |              | _____<br>Fax Number       |
| _____<br>City                    | _____<br>State | _____<br>Zip | _____<br>E-Mail Address   |

**2. This company is currently a (check appropriate box):**

- |                                      |                                              |                                          |
|--------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LP              |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC                 | <input type="checkbox"/> Other - Explain |

\_\_\_\_\_  
\_\_\_\_\_

**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>Telephone Number |
| _____<br>Street Address  |                |              | _____<br>Fax Number       |
| _____<br>Mailing Address |                |              | _____<br>E-mail Address   |
| _____<br>City            | _____<br>State | _____<br>Zip |                           |

**4. Identify the principal or general officers of the company at the end of the year.** Please include an additional sheet, if enough space is not provided on this page, to completely provide the requested information.

| Title of General Officer | Name of Person Holding Office |
|--------------------------|-------------------------------|
| _____                    | _____                         |
| _____                    | _____                         |
| _____                    | _____                         |
| _____                    | _____                         |

**5. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year.** Do not include internal company reorganizations or personnel issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

| Row              | Revenues:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MO Jurisdictional<br>(Column A) | Total Company <sup>1</sup><br>(Column B) |  |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|--|
| <b>I. RETAIL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                          |  |
| 1.               | <b>Local Service Revenues</b> 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 IVolP service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                          |  |
| 2.               | <b>Interexchange Revenues</b> include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVolP services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                          |  |
| 3.               | <b>Non-Switched Telecommunications Service Revenues</b> 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.               | <b>Bundled or Packaged Revenues</b> 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.               | <b>Retail Uncollectible Revenues</b> from telecommunications revenues.<br>(This amount is generally a negative number.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                          |  |
| 6.               | <b>RETAIL TOTAL</b><br>(This amount should equal the total of Rows 1 - 5 above and should also match your <b>Missouri Universal Service Fund Net Jurisdictional Revenue Report</b> amount)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                          |  |
| <b>II. OTHER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                          |  |
| 7.               | <b>Wholesale Revenues</b> include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                          |  |
| 8.               | <b>Miscellaneous Revenues<sup>2</sup> associated with non-retail services</b> , such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. <b>NOTE FOR ILEC ONLY:</b> refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                          |  |
| 9.               | <b>Other Uncollectible Revenues</b> from other revenues.<br>(This amount is generally a negative number.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                          |  |
| 10.              | <b>High-Cost Federal USF Revenues</b> include all revenues received as support from the Universal Service Fund for the High-Cost program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                             |                                          |  |
| 11.              | <b>Other Federal USF Revenues</b> 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.              | <b>State USF Revenues</b> include all revenues received as support from the Universal Service Fund.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                          |  |
| 13.              | <b>TOTAL REVENUES</b> (This amount should equal the total of Rows 6 - 12 above.)<br>Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the <b>Statement of Revenue</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                          |  |

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

"Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

<sup>1</sup> List total regulated revenue and IVolP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at the top of this page. (This form may be submitted by an affiliate, but a separate form must be completed by each certificated or registered entity. 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.

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filing under  
seal

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

**7. Low Income and Disabled Universal Service Fund Subscriber Quantities**

**Do you offer basic local telecommunications service or IVolP service as listed under 386.020 RSMo.?**

☐ 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.)

|               | <b>Number of<br/>Missouri Low Income<br/>Subscribers</b> | <b>Number of<br/>Missouri Disabled<br/>Subscribers</b> |
|---------------|----------------------------------------------------------|--------------------------------------------------------|
| January       |                                                          |                                                        |
| February      |                                                          |                                                        |
| March         |                                                          |                                                        |
| April         |                                                          |                                                        |
| May           |                                                          |                                                        |
| June          |                                                          |                                                        |
| July          |                                                          |                                                        |
| August        |                                                          |                                                        |
| September     |                                                          |                                                        |
| October       |                                                          |                                                        |
| November      |                                                          |                                                        |
| December      |                                                          |                                                        |
| <b>TOTAL:</b> |                                                          |                                                        |



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

[illegible]

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

<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>3</sup> **Facility-based** refers to lines served whereby your company or an affiliate owns the switch and/or local loop.

<sup>4</sup> **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.

<sup>5</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.)

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

9. Do you offer basic local telecommunications service or IVoIP service as listed under 386.020 RSMo.?

☐ Yes ☐ No

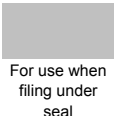
If yes, complete the following:

| Month     | Relay Missouri Revenue Collected<br>(collected or received, according to your record-keeping methods) |    | Relay Missouri Retention Amount<br>(of the amount collected) |    | Relay Missouri Revenue Remitted to Commission<br>(of the amount collected) |    |
|-----------|-------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------|----|----------------------------------------------------------------------------|----|
|           | **                                                                                                    | ** | **                                                           | ** | **                                                                         | ** |
| January   |                                                                                                       |    |                                                              |    |                                                                            |    |
| February  |                                                                                                       |    |                                                              |    |                                                                            |    |
| March     |                                                                                                       |    |                                                              |    |                                                                            |    |
| April     |                                                                                                       |    |                                                              |    |                                                                            |    |
| May       |                                                                                                       |    |                                                              |    |                                                                            |    |
| June      |                                                                                                       |    |                                                              |    |                                                                            |    |
| July      |                                                                                                       |    |                                                              |    |                                                                            |    |
| August    |                                                                                                       |    |                                                              |    |                                                                            |    |
| September |                                                                                                       |    |                                                              |    |                                                                            |    |
| October   |                                                                                                       |    |                                                              |    |                                                                            |    |
| November  |                                                                                                       |    |                                                              |    |                                                                            |    |
| December  |                                                                                                       |    |                                                              |    |                                                                            |    |
| Total     |                                                                                                       |    |                                                              |    |                                                                            |    |

10. Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month.

\_\_\_\_\_

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



## Annual Customer Proprietary Network Information (CPNI) Compliance Certificate

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

12. The company affirms having established operating procedures that are adequate to ensure compliance with the Missouri Public Service Commission's CPNI rules of 4 CSR 240-33.160(7).

Indicate which of the following apply with Y (Yes) or N (No).

☐

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 of the company's system.

☐

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.

☐

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.

☐

D. The company has a supervisory review process for outbound marketing situations. Attached is a brief description of the company's review process.

☐

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.

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:

☐

1. The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI.

☐

2. 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:

☐

1. The company does not share CPNI with joint venture partners or independent contractors (except for billing and collection services)

☐

2. 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 240-33.160(3)(A)3 if the company shares CPNI with agents, affiliates, joint venture partners, or independent contractors. Attached is a description of how the agreements comply with MoPSC rules for sharing information with such entities.

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, **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, and **3)** read the CPNI Certification, chosen the applicable alternatives and attached all required documentation, which is a true and correct description of the company's CPNI safeguards.

from \_\_\_\_\_, \_\_\_\_\_, to and including \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year Month/Day Year

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

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