## EXOP of Missouri d/b/a FairPoint Communcations

#### **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, 2015

Please sel under the	lect how the company is certificated or registered with the Commission 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)							
X	Competitive Local Exchange Telecommunications Company (CLEC)							
X	Interexchange Telecommunications Company (IXC)							
	Local Non-switched Telecommunications Provider (classified in EFIS as IXC)							
	Interconnected Voice over Internet Protocol Service Provider (IVoIP)							
that you n	an one certificate or registration is held by the company then keep in mind nust file an annual report in the Commission's Electronic Filing and on System (EFIS) based on each certificate or registration. In such situations, bate the annual reports to be identical; however please verify the following:							
X	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 ch	loose one of the following filing options to indicate the security level of the filing:							
X	Public submission (NOT Proprietary or Highly Confidential)							
	Non-Public submission (Highly Confidential or Proprietary) (See instructions for special requirements.)							
Please revi	Please review the instructions document on the previous page before proceeding.							
Excel Issue Da	te: 12/16/2015 For use when filing under seal.							

Ŭ	ate in full the company's informa 908 W. FRONTVIE			620-227-4400
	Company Street Add		<u></u>	Telephone Number
	P.O. BOX 199			620-227-8576
-	Company Mailing Address (if different	from stree	t address)	Fax Number
	DODGE CITY	KS	67801	srichardson@fairpoint.com
	City	State	Zip	E-Mail Address
<b></b>	nis company is currently a (check ap	nronriata l	hov):	
i	Corporation Sole Proprieto Partnership LLC		LP Other - Ex	plain
Li	nnual Report Contact Information: st the contact information of the persor	n completing	g the form, wh	ether an employee or a third-party preparer.
1	nis may differ from the address in Item			620-227-4400
	SANDY RICHARDS Name	SON	· · · · · · · · · · · · · · · · · · ·	Telephone Number
	908 W. FRONTVIE	=\^/		620-227-8576
				020 22, 00,0
_	Street Address			Fax Number
	Street Address			Fax Number <u>srichardson@fairpoint.com</u> E-mail Address
	Street Address P.O. BOX 199		67801	srichardson@fairpoint.com
	Street Address P.O. BOX 199 Mailing Address	)	67801 Zip	srichardson@fairpoint.com
lo s	Street Address P.O. BOX 199 Mailing Address DODGE CITY City	KS State	Zip ompany at th	srichardson@fairpoint.com E-mail Address e end of the year. Please include an addition
lo si	Street Address P.O. BOX 199  Mailing Address  DODGE CITY  City  Lentify the principal or general office the provided or general provided or general office.	KS State	Zip ompany at th	e end of the year. Please include an addition provide the requested information.
lo s	Street Address P.O. BOX 199  Mailing Address  DODGE CITY  City  Sentify the principal or general office neet, if enough space is not provided or Title of General Officer	KS State	Zip ompany at th	e end of the year. Please include an addition provide the requested information.  Name of Person Holding Office  Chief Executive Officer
	Street Address P.O. BOX 199  Mailing Address  DODGE CITY  City  Lentify the principal or general office meet, if enough space is not provided or the company of the company	KS State	Zip ompany at th	srichardson@fairpoint.com E-mail Address  e end of the year. Please include an addition provide the requested information.  Name of Person Holding Office
lo si	Street Address P.O. BOX 199  Mailing Address  DODGE CITY City  Sentify the principal or general officenteet, if enough space is not provided of the company of the principal of the company of the compan	KS State	Zip ompany at th	srichardson@fairpoint.com E-mail Address  e end of the year. Please include an addition provide the requested information.  Name of Person Holding Office  Chief Executive Officer  Exec. VP External Affairs & Operational Suppo

for the calendar year of January 1 - December 31, 2015

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

Row	Revenues		MO Jurisdictional (Column A)			Total Company <sup>1</sup> (Column B)	
I. RE	TAIL	**		•	**		**
1.	Local Service Revenues include tariffed revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related services, etc. and for IVoIP service.		\$599,064.00			\$599,064.00	
2.	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.		\$0.00			\$209,879.00	1000 1000 1000 1000 1000 1000 1000 100
3.	Non-Switched Telecommunications Service Revenues include revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).		\$0.00			\$24,338.00	
	Bundled or Packaged Revenues include any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column.		\$14,689.00			\$1,385,177.00	
5.	Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)		\$30,720.00	2		\$30,720.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.	RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.)	200 April 100 Ap	\$644,473.00	TOTAL STATE OF THE		\$2,249,178.00	de de la companya de
	THER				27.13	And the second s	
7.	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.		\$114,406.00			\$114,406.00	200 200 200 200 200
	Miscellaneous Revenues <sup>2</sup> associated with non-retail services, such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (NOTE FOR ILEC ONLY: refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)		\$0.00			\$41,252.00	1000
9.	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)		\$0.00			\$0.00	100 mm (100 mm) (100
	High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program.		N/A			\$0.00	7.50 (100 (100 (100 (100 (100 (100 (100 (1
	Other Federal USF Revenues include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.		N/A			\$0.00	100 100 100 100 100 100 100 100 100 100
	State USF Revenues include all revenues received as support from the Universal Service Fund.		\$0.00			\$0.00	100
13.	TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.		\$758,879.00			\$2,404,836.00	1000 1000 1000 1000 1000 1000 1000 100

<sup>&</sup>quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

the top of this page.

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<sup>&</sup>quot;Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

<sup>1</sup> List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at

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.

for the calendar year of January 1 - December 31, 2015

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

			Re	Wholesale to Non-Registered Nomadic IVolP					
Exchange <sup>2</sup>		Residential	**	**	Business	**	**	Providers <sup>3</sup>	**
270 FARRELVIEW	The control of the co	5		Control of the Contro	0	To Joseph Are To comment and To comment and	To the second se		5,0,000 5,000 5,000 1,000 1,000 5,000
431 PLATTE CITY		2	Annual Control of the		22				-204.0 - 204.0 - 204.0 - 204.0
464 FARRELVIEW	VIII A	11	20,000,000 20,000,000 20,000,000 20,000,00	CASTLA CA	0	70-500 77-500 77-500			
628 KEARNEY		310	Section and Con-	Sure A	109				5749 77536
635 KEARNEY		1			21				
858 PLATTE CITY		142			108				
902 KEARNEY		20	021313		32				3.17 3.17 3.17
903 KEARNEY		368	55,500 55		229				
	61.000 Angless		ACCOUNTS OF THE PARTY OF T						
	ablicate particular particular						343		
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			F90003			12000			
	100 A		NEW Y			The state of the s			10 10 10 10 10 10 10 10 10 10 10 10 10 1
Totals:		859	Total control of the		521	1000000 100000000000000000000000000000			

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

 For use when	filing under seal

<sup>&</sup>lt;sup>2</sup> Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

<sup>&</sup>lt;sup>3</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.)

<b>EXOP of Mi</b>	esouri d/h/s	a FairPoint	Commune	ations
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for the calendar year of January 1 - December 31, 2015

### Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below. 
(The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert \$0 in the total row for each of the three columns.)

Month	į	Collected (collected or received, eccording to your record-keeping methods)			(collected or received, according to your record-keeping methods)  Retention Amount (of the amount collected)				Relay Missouri Revenue Remitted to Commission (of the amount collected)		
	A design of the second of the		**	**		***	**	I was			
January		\$126.83			\$30.00			\$96.83			
February		\$121.20			\$30.00	The control of the co	All and the second seco	\$91.20			
March		\$119.19			\$30.00			\$89.19			
April	Number (Alak	\$117.67	ALCONO.	da Colo	\$30.00			\$87.67			
May		\$115.83	STATE OF THE PARTY		\$30.00			\$85.83			
June		\$116.90			\$30.00			\$86.90			
July		\$115.31		HANNA HANNA	\$30.00			\$85.31			
August	NA STATE	\$108.55			\$30.00	enc Ferr		\$78.55			
September		\$107.87		ranger Friedr	\$30.00			\$77.87			
October		\$110.53			\$30.00	And Art of the second s		\$80.53			
November		\$102.69			\$30.00		The second secon	\$72.69			
December		\$106.89			\$30.00		CONTROL OF	\$76.89			
Total		\$1,369.46		50 200 200 200	\$360.00		WEST A	\$1,009.46			

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

\$0.06

10.	0. If your firm did not impose the Relay Missouri Surcharge, please explain:								
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<sup>&</sup>lt;sup>1</sup> Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

#### **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.

dati (Notary Public) by the laws of the State III which the same is taken.									
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State Of		KANSAS		}					
			· · · · · · · · · · · · · · · · · · ·	} ss:					
County Of		FORD	:	}					
	S	ANDY RICHAR	DSON	makes oath an	d says that				
	Name of Affia	nt (Company Offi	cial/Representative)						
s/he is			SENIOR MANAGER  Affiant (Company Officia	I/Renresentative)					
	On	iciar fale of the P	unani (Company Omcia	wrepresentative)					
of	EXOF	of MISSOURI	d/b/a FAIRPOINT C	OMMUNICAITONS	3				
,			of the Respondent (Cert						
and is located at			DODGE CITY, KS 6						
	Address and	Telephone Numb	er of the Affiant (Comp	any Official/Represe	entative)				
belief, all statemen statement of the b as applicable) the	nts of fact containe cusiness and affairs	ed in the said re s of the above-r t information in	ne best of his or her he port are true and the named respondent, a EFIS; to the best of t.	said report is a connd 2) examined (a	orrect and updated				
from	January 1	, 2015	, to and including	December 31	, 2015				
•	Month/Day	Year		Month/Day	Year				
		Sa	rely Ruhan	don					
		Sign	ature of Affiant (Compa	any Official/Represe	ntative)				
Subscribed and sv	Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,								
this	24	day of '	March	. 2016					
My Comr	mission expires	never	Noer 16		. <u>2018</u>				
BE My Ap	BLIC - State of Kansas TTYE J. YOUNG opt. Exp. YOUNG	Rettij		Notary Public					
Missouri Revise	d Statutes § 392.2	210 or §393.140	1						