## **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           | s 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 by):  |
|                          | 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)   |
| the Comn<br>registration | an one certificate or registration is held by the company you must file an annual report in<br>nission's Electronic Filing and Information System (EFIS) for each certificate or<br>on. In such situations, we anticipate the annual reports to be identical; however please<br>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 ch                | noose one of the following filing options to indicate the security level of the filing:  |
| ✓                        | Public submission (NOT Confidential)   |
|                          | <b>Non-Public submission</b> (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.  |
| Excel Issue Da           | te: 02/14/2022 For use when filing under seal.   |

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| Claro | Enterprise | Solutions. | LLC |

| Annual F | Report | of |
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for the calendar year of January 1 - December 31, 2021

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

| Row | RETAIL END USER REVENUES   |    | MO Intrastate |    |    | Total Company |    |
|-----|--|----|---------------|----|----|---------------|----|
|     |  | ** | (Column A)    | ** | ** | (Column B)    | ** |
| 1.  | <b>Local Service</b> (Basic local telecommunications service, IVoIP service and features associated with these services)   |    | \$ 0.00       |    |    |               |    |
| 2.  | Interexchange Service (Message toll services, 800 services, interexchange operator services).  |    | \$ 0.00       |    |    |               |    |
| 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       |    |    |               |    |
| 4.  | Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods  |    | \$ 0.00       |    |    |               |    |
| 5.  | Retail Uncollectibles. (Amount is typically a negative number.)  |    | \$ 0.00       |    |    | \$ 0.00       |    |
| 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.)   |    |               |    |    |               |    |
|     | WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND   | RE | VENUES        |    |    |               |    |
| 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       |    |    |               |    |
| 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).   |    | \$ 0.00       |    |    |               |    |
| 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.)   |    | \$ 0.00       |    |    |               |    |
| 11  | State USF Revenue  |    | \$ 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.   |    |               |    |    |               |    |

#### 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.

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

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

|          | Line Quantities |             |    |    |          |    |
|----------|-----------------|-------------|----|----|----------|----|
| Exchange | **              | Residential | ** | ** | Business | ** |
|          | **              |             | ** | ** |          | ** |
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|          | _               |             |    |    |          |    |
| Totals:  | **              |             | ** | ** |          | ** |

#### 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 subscr bed 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.)
- 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.

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| Annual Report of                       | Claro Enterprise                              | e Solutions, LLC  |  |  |  |
|--|---|---|--|--|--|
|  | for the calendar year o                       | f January 1 - December 31, <u>2021</u>                        |  |  |  |
|  | Relay Missouri Assessment <sup>1</sup>        |   |  |  |  |
| _                                      |   | Annual Totals   |  |  |  |
| 7. Revenue Collected From Relay        |   | \$ 0.00   |  |  |  |
| Amount Retained for Billing and        |   | \$ 0.00   |  |  |  |
| Relay Missouri Revenue Remitt          | ed to Relay Missouri Fund                     | \$ 0.00   |  |  |  |
| 0.00                                   | alue of the Relay Missouri Surcharge          | e applied to your customers in December.  explain:            |  |  |  |
| We currently do not have               | e any such customers in your                  | state.  |  |  |  |
| 1 ILECs, CLECs and IVoIP providers are | required to complete this page; however, comp | panies classified solely as IXCs are not expected to complete |  |  |  |

this page.

For use when filing under seal.

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

### **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.

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| State Of  | Florida  |   | ]  | }  |  |
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| County Of   | Broward  |   | j  |  |  |
|   |  |   |  |  |  |
|   | Luis Segovia   |   |  | makes oath and   | d says that  |
|   | Name of Affiant (0   | Company Off   | icial/Representative)  |  |  |
| s/he is   | Chief Financial Office   |   | Affiant (Company Offici  | al/Poprocontativo)   |  |
|   |  |   | Amant (Company Onici   | avRepresemative)   |  |
| of  | Claro Enterprise Sol   |   | of the Respondent (Ce  | rtificated Company   | Name)  |
|   | Exact Logar 11   | tio or realise v  | or the respondent (se  | rundated company i   | ( and  |
| and is located at   | 3350 SW 148th Ave  | Suite 400   | Miramar, FL 33027 /  | 954-517-7301   |  |
| and is located at   |  |   | per of the Affiant (Com  |  | sentative)   |
| all statements of f<br>business and affa<br>company's contact   | camined the foregoing of<br>fact contained in the sa<br>irs of the above-named<br>ct information in EFIS; t                      | report; to the<br>id report are<br>respondent,  | best of his or her kno<br>true and the said repo<br>, and 2) examined (and   | wledge, information<br>ort is a correct state<br>I updated as applic   | ement of the   |
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Company Name:

Claro Enterprise Solutions, LLC

|                                      |   | VERIFICATION   |
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| The foregoing repo                   | ort must be verified by the Oat                                   | h of the President, Treasurer, General Manager or Receiver of the Company.   |
|                                      |   | OATH   |
| State Of                             | Florida   | }  |
|                                      |   | } ss:  |
| County Of                            | Broward   | }  |
|                                      | Luis Segovia  | makes oath and says that   |
|                                      | Name of Affian  | t (Company Official/Representative)  |
|                                      |   |  |
| s/he is                              | Chief Financial   |  |
|                                      |   | Official Title of the Affiant (Company Official/Representative)  |
| of                                   | Claro Enterprise  | e Solutions, LLC   |
| OI .                                 | Exa   | ct Legal Title or Name of the Respondent (Certificated Company Name)   |
|                                      | 3350 SW 148th A   | ve, Suite 400, Miramar, FL 33027 / 954-517-7301  |
| and is located at                    |   | s and Telephone Number of the Affiant (Company Official/Representative)  |
| statements of fact of the above-name | contained in the said report are<br>d respondent, and 2) examined | nat to the best of his or her knowledge, information, and belief, all e true and the said report is a correct statement of the business and affairs I (and updated as applicable) the Company's contact information in EFIS; to d belief, all listed contacts are correct. |
| from                                 | January 1 ,   | 2021, to and including December 31 , 2021  |
|                                      | Month/Day   | Year Month//Day Year   |
|                                      |   | Signature of Affiant (Company Official/Representative)   |
|                                      |   | (If electronic signatures are used, you <u>must</u> use /s/ before the name.)  |
| Under penatly of pe                  | erjury, I declare that the forego                                 | ing is true and correct to the best of my knowledge and belief.  |
|                                      |   | /s/ Naisleth Rodriguez Digitally signed by /s/ Naisleth Rodriguez Date: 2022.04.13 00:39:59 -04'00'  |
|                                      |   | 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.