Telplex Communications

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, 2016

| | January 1 - Decem | ber 31, | | | | | | |
|-----------------------|---|--|---------------------------------|--|--|--|--|--|
| | select how the company is certificated or se Company Name as shown above (chec | • | ommission | | | | | |
| | Incumbent Local Telecommunications Company | y (not competitively classifi | ied ILEC) | | | | | |
| | Incumbent Local Exchange Telecommunication | s Company (competitively | classified ILEC) | | | | | |
| × | Competitive Local Exchange Telecommunication | ns Company (CLEC) | | | | | | |
| × | Interexchange Telecommunications Company (| IXC) - | | | | | | |
| | Local Non-switched Telecommunications Provide | der (classified in EFIS as I) | XC) | | | | | |
| | Interconnected Voice over Internet Protocol Ser | rvice Provider (IVoIP) | | | | | | |
| | | | | | | | | |
| that you Informati | than one certificate or registration is held must file an annual report in the Commis tion System (EFIS) based on each certific cipate the annual reports to be identical; h | ssion's Electronic Fili ate or registration. In | ng and n such situations, | | | | | |
| | The various annual reports filed in EFIS are ide | ntical. | | | | | | |
| | The various annual reports filed in EFIS are diff | ferent. | | | | | | |
| | Not applicable (Company only has one certificate or r was filed in EFIS.) | egistration; therefore only one | annual report | | | | | |
| Please cl | choose <u>one</u> of the following filing options | to indicate the securi | ity level of the filing: | | | | | |
| × | Public submission (NOT Proprietary or High | nly Confidential) | | | | | | |
| | Non-Public submission (Highly Confidential (See instructions for special requirements.) | or Proprietary) | | | | | | |
| Please rev | Please review the instructions document on the previous page before proceeding. | | | | | | | |
| | | Г | | | | | | |
| Excel Issue Da | Date: 12/21/2016 Form | n Page 1 | For use when filing under seal. | | | | | |

| | Annual Report of | | Telpl | ex Communications |
|---|---|---------------|--------------------|---|
| | | for the | calendar year of | January 1 - December 31, 2016 |
| | State in full the company's info | ormation be | low: | |
| | 16830 Ventura Bive | | | (818) \$80-9090 |
| | Company Street | | | Telephone Number |
| | . , | | | • • |
| | 16830 Ventura Blvo Company Mailing Address (if diffe | | ant address) | (818) 380-9099 Fax Number |
| | Company Mailing Address (If diffe | | eet address) | Fax Number |
| | Encino, | CA | 91436 | preferred@aol.com |
| | City | State | Zip | E-Mail Address |
| | This company is currently a (chec | k appropriat | te box): | |
| | ☑ Corporation ☐ Sole Proprie | etorship | □ LP | |
| | ☐ Partnership ☐ LLC | | ☐ Other - Explain | n |
| | Annual Report Contact Information of the per | | ing the form wh | ether an employee or a third-party preparer. |
| | This may differ from the address in i | | ing the lonn, with | ether an employee of a third-party preparer. |
| | Jerry Nussb | aum | | (818) 380-9090 |
| • | Name | | | Telephone Number |
| | 16830 Ventura Blvo | d., Suite 350 | | (818) 380-9069 |
| • | Street Add | | | Fax Number |
| | 16830 Ventura Blvo | l., Suite 350 | | (818) 380-9099 |
| | Mailing Add | ress | | E-mail Address |
| | Encino | CA | 91436 | |
| | City | State | Zip | |
| | | not provided | | e end of the year. Please include an completely provide the requested information. Name of Person Holding Office |
| | President | | - | Jerry Nussbaum |
| | 7 1000011 | | - | 0017) 110000000 |
| | | | | |
| | | | | |
| _ | | | | |
| | | | | anizations involving the registered or not include internal company reorganizations of |
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| | | | | |
| | | | NONE | |
| Į | | | NONE | |

| or the calendar | year of January | 1 - December 31, |
|-----------------|-----------------|------------------|
|-----------------|-----------------|------------------|

2016

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

MO Jurisdictional Total Company Row (Column B) Revenues (Column A) I. RETAIL Local Service Revenues include tariffed revenues attributed to local telecommunications services, extended area service, secondary features \$ 535,731.00 \$ 23,850,667.00 such as call forwarding, caller ID, local operator services, directory-related services, etc. and for IVoIP service. Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, \$ 5,368,016.00 interexchange operator services and interexchange IVoIP services. 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). 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. Retail Uncollectible Revenues from telecommunications revenues. (\$-694,468.00) (This amount is generally a negative number.) 6. RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match \$ 535,731.00 \$ 28,524,215.00 your Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.) II. OTHER Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers. Miscellaneous Revenues² 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.) Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.) High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program. N/A 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 12. State USF Revenues include all revenues received as support from the Universal Service Fund. 13. TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) \$ 535,731.00 \$ 28,524,215.00 Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.

listed at the top of this page.

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| | Mercura. | |

[&]quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

[&]quot;Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

¹ List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as

Do not include revenues for any company NOT listed at the top of the page.

 $^{^{2}}$ If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

7.

Line Quantities for Local Voice Service & IVoIP Service¹

| | Retail | | | | | | | Wholesale to Non-Registered Nomadic IVoIP | |
|--------------------------|--------|-------------|----|----|-----------------|----|----|--|----|
| Exchange ² | ** | Residential | ** | ** | Business | ww | ** | Providers ³ | ** |
| SEE SCHEDULE #1 ATTACHED | | | | | 895 | | | | |
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| | | | | | | | | | |
| Totals: | | | | | 895 | | | | |

¹ See instructions for additional clarification about filling out this page.

² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate contents and central offices.)

³ 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.)

ANNUAL REPORT OF PREFERRED LONG DISTANCE, IN SCHEDULE # 1

Line Quantities for Local Voice Service & IVOIP Service

| | Retail / |
|---------------|------------|
| | Business |
| | Facilties- |
| Exchange | Based |
| ARGYLE | 1 |
| BELTON | 13 |
| BLUE SPRINGS | 12 |
| CAPE GIRARDEU | 21 |
| CARTHAGE | 49 |
| CHESTERFIELD | 12 |
| CHILICOTHE | 18 |
| CREVE COEUR | 8 |
| ELDON | 35 |
| FARMINGTON | 8 |
| HARVESTER | 14 |
| JOPLIN | 12 |
| KANSAS CITY | 198 |
| KIRKWOOD | 11 |
| KNOB KNOSTER | 1 |
| LADUE | 47 |
| LINN | 2 |
| MANCHESTER | 7 |
| MARSHALI. | 13 |
| MCDANIEL. | 61 |
| MEHLVILLE | 10 |
| MEXICO | 11 |
| MOBERLY | 12 |
| POPLAR BLUFF | 19 |
| SAPPINGTON | 6 |
| SEDALIA | 21 |
| SPRINGFIELD | 20 |
| ST CHARLES | 3 |
| ST LOUIS | 250 |
| TOTAL | 895 |

| Annual Report of | Telplex Communications |
|------------------|--|
| | for the calendar year of January 1 - December 31, 2016 |

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 | Relay Missouri Revenue Collected (collected or received. according to your record- keeping methods) | | | Relay Missouri Retention Amount (of the amount collected) | | | Relay Missouri Revenue Remitted to Commission (of the amount collected) | | |
|-----------|---|----------|----|---|----|----|---|----|--|
| | ** | ** | ** | | ** | ** | | ** | |
| January | | \$42.24 | | \$30.00 | | | \$12.24 | | |
| February | | \$42.72 | | \$30.00 | | | \$12.72 | | |
| March | | \$50.47 | | \$30.00 | | | \$20.47 | | |
| April | | \$39.72 | | \$30.00 | | | \$9.72 | | |
| May | | \$42.68 | | \$30.00 | | | \$12.68 | | |
| June | | \$43.32 | | \$30.00 | | | \$13.31 | | |
| July | | \$42.67 | | \$30.00 | | | \$12.67 | | |
| August | | \$43.24 | | \$30.00 | | | \$13.24 | | |
| September | | \$55.05 | | \$30.00 | | | \$25.05 | | |
| October | | \$41.73 | T | \$30.00 | | | \$11.73 | | |
| November | | \$49.16 | | \$30.00 | | | \$19.16 | | |
| December | | \$42.73 | | \$30.00 | | | \$12.73 | | |
| Total | | \$535.73 | T | \$360.00 | | | \$175.72 | | |

| 9. | Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in December. | | | | | | |
|----|---|--|--|--|--|--|--|
| | \$0.06 | | | | | | |
| | | | | | | | |
| 0. | If your firm did not impose the Relay Missouri Surcharge, please explain: | | | | | | |
| 0. | If your firm did not impose the Relay Missouri Surcharge, please explain: | | | | | | |

¹ Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

Form Page 5

For use when ling under seal.

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or

| | mpany. The oath req c) by the laws of the | | | | administer an |
|--|--|--|---|---|--|
| | | 0 | ATH | | |
| State Of | | California | | } | |
| | | | | } ss: | |
| County Of | L | os Angeles | | } | |
| | | lerry Nussbau Company Offic | um sial/Representative) | makes oath and | I says that |
| s/he is | | | President | | |
| • | Officia | I Title of the A | ffiant (Company Offici | al/Representative) | |
| of | | | red Long Distance, | | and the second part of the secon |
| | Exact Legal T | itle or Name of | f the Respondent (Cei | rtificated Company Na | me) |
| and is located at | | | Blvd., Suite 350Enc er of the Affiant (Comp | ino, CA 91436 pany Official/Represer | itative) |
| belief, all statemer statement of the b as applicable) the | camined the foregoing ts of fact contained i usiness and affairs o company's contact in elief, all listed contac | n the said rep f the above-n nformation in | oort are true and the amed respondent, a EFIS; to the best of | e said report is a cor and 2) examined (ar | rect nd updated |
| from | January 1 | , 2016 | , to and including | December 31 , | 2016 |
| | Month/Day | | y Nussbaum | Month/Day Digitally depend by Jany Hussbaum Dis on-lany ibusbaum, a. pu, cred-profess Outer 2017 (8) 16 11:17:25 07:00 | |
| | | Signa | ature of Affiant (Comp | any Official/Represen | tative) |
| Subscribed and sv | vorn to before me, a i | Notary Public | , in and for the Stat | e and County above | e named, |
| this | | day of | | 1 | |
| My Comn | nission expires | | | , | |
| | | | | | |
| | | | Signature of | Notary Public | |

When filing this form electronically, electronic signatures are acceptable. See the instructions for details.