S-Go Long Distance

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 FILED³ **OR IVOIP PROVIDER**

APR 1 3 2010

ANNUAL REPORT TO THE

Missouri Public Service Commission

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of

	January 1 - December 31,2009	
	lect how the company is certificated or registered with the Commissio Name as shown above (check all that apply):	n under the
	Incumbent Local Telecommunications Company (not competitively classified ILEC)	
	Incumbent Local Exchange Telecommunications Company (competitively classified ILI	EC)
	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)	
Please ch	oose <u>one</u> of the following filing options to indicate the security level o	f the filing:
X	Public submission (NOT Proprietary or Highly Confidential)	
	Non-Public submission (Highly Confidential or Proprietary filing) (See instructions for special requirements.)	
	ew the instructions document before proceeding by using the link below: ceholder)	For use when filing under

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Report Contact Information: ist the contact information of the person completing the form, whether an employee or a third-party preparer. This lifter from the address in tem No. 1. Dianne Stanley Mailing Address Pax Number	Annual Report of	S-Go Long Distar	ice	<u></u>
Telephone Number P.O. Box 547 Company Mailing Address Seneca MO 64865 City State Zip E-Mail Address This company is currently a (check appropriate box): ○ Corporation		fo	r the calendar yea	ır of January 1 - December 31, 2009
## Report Contact Information: ## List the contact information of the person completing the form, whether an employee or a third-party preparer. This differ from the address in term No. 1. ## Dianne Stanley ## Bio Oneida ## Street Address ## Telephone Number City	State in full the company'	s information belo	ow:	
Telephone Number P.O. Box 547 Company Mailing Address Seneca MO 64865 City State Zip E-Mail Address This company is currently a (check appropriate box): □ Corporation □ Sole Proprietorship □ LP □ Partnership □ LLC □ Other - Explain Annual Report Contact Information: List the contact information of the person completing the form, whether an employee or a third-party preparer. This differ from the address in Item No. 1. Dianne Stanley (417) 776-2247 Name Telephone Number 816 Oneida (417) 776-1234 Street Address Fax Number P.O. Box 329 Mailing Address Seneca MO 64865 City State Zip 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 President Uice-President W. Jay Mitchell Please provide a list of all mergers, consolidations, and reorganizations involving the registered opertificated company and completed during the last year. Do not include internal company reorganization personnel issues.	•			(417) 776 2247
P.O. Box 547 Company Mailing Address Seneca MO 64865 Seneca MO 64865 City State Zip E-Mail Address This company is currently a (check appropriate box): Corporation				
Seneca MO 64865 sgo@netins.net	·	•		·
Seneca MO 64865 City State Zip E-Mail Address This company is currently a (check appropriate box): Corporation				
City State Zip E-Mail Address This company is currently a (check appropriate box): Corporation	Compa	ny Mailing Address		Fax Number
This company is currently a (check appropriate box): Corporation	Seneca	МО	64865	
Corporation	City	State	Zip	E-Mail Address
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Vice-President W. Jay Mitchell Please provide a list of all mergers, consolidations, and reorganizations involving the registered certificated company and completed during the last year. Do not include internal company reorganization personnel issues.	President			Brian J. Mitchell
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None	•	_		_ _
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S-Go Long Distance

for the calendar year of January 1 - December 31, 2009

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

MO Jurisdictional Total Company¹ Row Revenues: (Column A) (Column B) I. RETAIL 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. Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services. 195.654.75 S 116,444,15 \$ 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 Revenuesinclude 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. (This amount is generally a negative number.) RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your 116,444.15 \$ 195,654.75 Missouri Universal Service Fund Net Jurisdictional Revenue Report amount) II. OTHER Wholesale Revenuesinclude intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers. \$ Miscellaneous Revenues 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 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 11. 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. Ψ. 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.)

Operating Revenue on the Stetement of Revenue.

Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate

NP For use when

195,654.75

116,444,15

\$

[&]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.

List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at the under 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.

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

Annual Report of S-Go Long Distance

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.)

	Number of Missouri Low Income Subscribers	Number of Missouri Disabled Subscribers
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November	-	
December		
TOTAL:	0	0

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Line Quantities for Local Voice Service & IVoIP Service¹

Exchange ²					Re	t	ail			. Y-V		î.	- N	₩holesale to Non-Registered	***************************************
		Res	id	ent	tial			Bu	si	nes	is			Nomadic IVoIP	
Exchange ²	N'A	Facility-based ³	Ť	# A.	Resale/UNE⁴ **		**	Facility-based ³	**	**	Resale/UNE⁴ *	*	**	Providers ⁵	**
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¹ See instructions for additional clarification about filling out this page.

For use when filing under

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

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

⁴ 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.

⁵ 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.)

1	Relay Misso	uri Annual B	illir	ng, Collections and	Re	tention	
o you offer basic	local telecom	munications se	ervic	e or IVoIP service as li	ste	d under 386.0	20 RSMo.?
[Yes		x	No			
yes, complete the	following:						
Month	Collected or rece	euri Revenue ected ived, according to eeping methods)		lay Missouri Retenti Amount (of the amount collected)		Remitted to	ouri Revenue Commissior ount collected)
	**	**	***		**	**	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Total							



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S-Go Long Distance

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

2009

Annual Customer Proprietary Network Information (CPNI)

	AIII	Compliance Certificate
(A	copy of a	a company's FCC CPNI filing will suffice for the required descriptions for all items except
	√	Check this box if the company submitted its annual CPNI filing for this year in a separate filing to the MO Public Service Comission that is not attached to the company's annual report. If this box is not checked, please complete the requested items shown below:
13.	compli	impany affirms having established operating procedures that are adequate to ensure ance with the Missouri Public Service Commission's CPNI rules of 4 CSR 240-33.160(7).
	Indicat	te 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 from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):
		G. Complaints Received - Select one of the options from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):
		H. Sharing CPNI Information - Select one of the options from the drop-down box below (by clicking the cell below and then clicking on the arrow to the right of the box directly below):

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.

		O.F	ATH		
State Of	N	Missouri	}}		
			}	SS:	
County Of	1	Newton	}}		
· 	Bri Name of Affiant (Co	ian J. Mitchell ompany Official/R	epresentative)	makes oath and	says that
s/he is			President		
	Offi	icial Title of the Af	fiant (Company Offici	al/Representative)	
of			ompany dba/S-Go L		
	Exact Lega	al Title or Name o	f the Respondent (Ce	rtificated Company Nan	ne)
and is located at		816 Oneida Sen	eca, MO 64865 (41	7) 776-2247	
tatements of fact con affairs of the above-n	Address and hined the foregoing repo ntained in the said repo amed respondent, 2) ex is or her knowledge, inf	ort; to the best o ort are true and the xamined (and up	ne said report is a co odated as applicable	ge, information, and b orrect statement of the e) the company's cont	pelief, all e business and lact information i
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When filing this form electronically, electronic signatures are acceptable. See the instructions for details.