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, 2017

	elect 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)
	Competitive Local Exchange Telecommunications Company (CLEC)
	Interexchange Telecommunications Company (IXC)
	Local Non-switched Telecommunications Provider (classified in EFIS as IXC)
X	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
that you n Information	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, pate 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.
Х	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please che	oose <u>one</u> 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 revie	w the instructions document on the previous page before proceeding.
Excel Issue Date	: 12/17/2014 For use when filing under seal

	Annual Report of		· · · · · · · · · · · · · · · · · · ·	F Innuary 4 December 24 2016
		tor the ca	ilendar year oi	f January 1 - December 31, 2016
١.	State in full the company's in	nformation belo	w:	
	14675 Dallas Parkway, Sui			214-800-440
	Company Stre			Telephone Number
	1595 Peachtree Pkwy. Ste. 204-3	37		
	Company Mailing Address (if o		t address)	Fax Number
	Cumming	GA	30041	john.lessner@streamenergy.net
	City	State	Zip	E-Mail Address
	This company is currently a (ch	eck annronriate l	ov).	
		oprietorship	Пъ	
	Partnership X LLC	opi ietoi si iip	☐ Other - Expla	ain.
			Core - Exhia	1111
	Annual Report Contact Informat List the contact information of the		the form, whe	ther an employee or a third-party preparer.
	This may differ from the address in	ltem No. 1.	,,	and said purity proportion.
	Lucile Fergile			678-304-6468
Name			Telephone Number	
	1595 Peachtree Pkwy. Ste. 204-33	7, Cumming, GA	30041	
	Street Ad	dress		Fax Number
	1595 Peachtree Pkwy. Ste. 204-33	37		lucile@gsaudits.com
	Mailing Ad	dress		E-mail Address
	Cumming	GA	30041	
	City	State	Zip	
,	Identify the principal or general sheet, if enough space is not provide title of General Off	ded on this page, t	mpany at the o	end of the year. Please include an addition rovide the requested information. Name of Person Holding Office
	David Faranetta		_	CFO
			_	
	Please provide a list of all merge certificated company and comple personnel issues.	rs, consolidation eted during the la	s, and reorgar st year. Do no	nizations involving the registered or tinclude internal company reorganizations of
ſ	None		-	
L				

for the calendar year of January 1 - December 31, 2017

MO Jurisdictional

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

Total Company¹ Row Revenue (Column A) (Column B) LRETAIL 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. 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. (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 Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.) IL 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. 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. 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.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.

[&]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 listed at the top of this page.

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.

Line Quantities for Local Voice Service & IVoIP Service¹

7.

			Re	tail				Wholesale to Non-Registered Nomadic IVoIP	
Exchange ²	**	Residential	**	**	Business	**	**	Providers ³	**
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¹ See instructions for additional clarification about filling out this page.

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For use when filing under seal.	

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 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.)

for the calendar	year of January 1	- December 31,	2017
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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			
February			
March			
April			
May			
June			
July	Biology States		
August			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
September			
October			
November			
December			
Total	100 Test		

9. Please indi in Decemb	cate the per line v er.	alue of the Relay Miss	souri Surcharge applied t	o your customers
10. If your firm	did not impose th	ne Relay Missouri Surc	charge, please explain:	

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



Annual Report of Stream Communications, LLC for the calendar year of January 1 - December 31, 2017

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	or the second	VERIFICATION	l .	
Receiver of the	company. The catt	ified by the cath of the Pr h required may be taken be of the State in which the sa	efore any person authorize	ral Manager or ed to administer
		OATH		
State Of	Texas		}}	
• •		e e e e e e e e e e e e e e e e e e e		
County Of	Dallas	The second secon	}}	
	David Fa		makes oa	h and says ti
	Name of Affia	nt (Company Official/Represen	(tative)	·
s/he is	CFO			
	Offi	icial Title of the Amant (Compa	ny Official/Representative)	
of		nunications, LLC		
	Exact Lega	Title or Name of the Respond	ent (Certificated Company N	ame)
and is located at	14675 Callas F	Pariones Colta dec 500	L	
and as notated at	Address and T	Parkway, Suite 150, Dall releptione Number of the Affian	as, IX /5254 2144 it/Company Official/Recress	300-4400 ,
		· ·		
oeller, all statemer statement of the b updated as applica	its of fact containe Usiness and affairs able) the company	oing report, to the best of his d in the said report are true s of the above-named respons s contact information in EFI ill listed contacts are correct	and the said report is a condent, and 2) examined (a IS: to the best of his or her	omect and
from _	January 1	, 2017 to and incl	uding December 31	2017
	Month/Day	Year	/ Month/Day	Year
		() Q.Q.	KQ_	
		Signature of Affiant	Company Official/Represent	ative)
Subscribe	್ತ್ and sworn to be	fore me, a Notary Public, in	and for the State and Co	unty above named.
this _	K	day of A0 c'il	. 2018	·
My Conani	ssion expires	January 1		7022
			·	
Z AN X V	rie Jordan ≥129677036	Signal	ture of Notary Public	

lectronic signatures are acceptable. See the instructions for details.