Sprint Communications Co L.P.

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 31,2020 |
|------------------------|--|
| This filing | is 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 |
| | Incumbent Local Telecommunications Company (ILEC) |
| Χ | Competitive Local Exchange Telecommunications Company (CLEC) |
| Х | Interexchange or Local Non-Switched Telecommunications Company (IXC) |
| X | Interconnected Voice over Internet Protocol Service Provider (IVoIP) |
| the Comr registrati | nan one certificate or registration is held by the company you must file an annual report in mission's Electronic Filing and Information System (EFIS) for each certificate or on. In such situations, we anticipate the annual reports to be identical; however please 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 <u>one</u> of the following filing options to indicate the security level of the filing: |
| X | Public submission (NOT Confidential) |
| | Non-Public submission (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. |
| | Public |
| Excel Issue Da | te: 2/19/2020 For use when filing under seal |

| Annual Re | eport of | | | Sprint Communications Co L.P. | | | |
|--|--|----------------------------------|--------------|--|--|--|--|
| | fo | of January 1 - December 31, 2020 | | | | | |
| State in full the comp | pany's information | on belo | w: | | | | |
| | 200 Sprint Parkway | | | 800-829-0965 | | | |
| | pany Street Addres | | | Telephone Number | | | |
| | ,, | | | Volophono I Vallison | | | |
| Company Mailing Add | dress (if different fre | om stree | t address) | - | | | |
| _ Overland Pa | ark | KS | 66251 | | | | |
| City | | State | Zip | • | | | |
| The company's contact | t information in El | FIS has I | been review | ed (and updated as applicable). | | | |
| ✓ Yes | ☐ No | | | | | | |
| | | | | | | | |
| Annual Report Contact | | | | | | | |
| List the contact information | on of the person co | ompleting | the form, wh | nether an employee or a third-party preparer. This may diffe | | | |
| from the address in Item | No. 1. | | | | | | |
| Andrew M. Lancaster | | | | | | | |
| | | | | | | | |
| | Name | | | • | | | |
| 6220 Sprint Parkway MS | | 2400 | | | | | |
| 6220 Sprint Parkway, MS | S: KSOPHT0101-Z | 2400 | | | | | |
| -" | S: KSOPHT0101-Z2 Street Address | | | • | | | |
| 6220 Sprint Parkway, MS | S: KSOPHT0101-Z Street Address S: KSOPHT0101-Z | | | | | | |
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| 6220 Sprint Parkway, MS Overland Park City 913-762-6107 | S: KSOPHT0101-Z; Street Address S: KSOPHT0101-Z; Mailing Address KS | 2400 | | | | | |
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| 6220 Sprint Parkway, MS Overland Park City 913-762-6107 Te andy.m.lancaster@t-mob | S: KSOPHT0101-Z: Street Address S: KSOPHT0101-Z: Mailing Address KS elephone Number | 2400 | | | | | |
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| 6220 Sprint Parkway, MS Overland Park City 913-762-6107 Te andy.m.lancaster@t-mob | S: KSOPHT0101-Z2 Street Address S: KSOPHT0101-Z2 Mailing Address KS elephone Number bile.com Email Address | 2400 6 State | Zip | at the end of the year. Name | | | |
| 6220 Sprint Parkway, MS Overland Park City 913-762-6107 Te andy.m.lancaster@t-mob | S: KSOPHT0101-Z: Street Address S: KSOPHT0101-Z: Mailing Address KS elephone Number bile.com Email Address | 2400 6 State | Zip | - | | | |

| Annual Report of | Sprint Communications Co L.P. |
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for the calendar year of January 1 - December 31, 2020

5. Please provide the following revenue information:

| Row | RETAIL END USER REVENUES | ** | MO Intrastate | ** | ** | Total Company (Column B) | ** |
|-----|---|--|---------------|-------|----|-----------------------------|----|
| 1. | Local Service (Basic local telecommunications service, IVoIP service and features associated with these services) | ** | (Column X) | ±± | | (Cotamin B) | ** |
| 2. | Interexchange Service (Message toll services, 800 services, interexchange operator services). | ** | | ħ# | ** | | ** |
| 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). | ** | | •• | ** | | ** |
| 4. | Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.) | ** | | ** | ** | | ** |
| 5. | Retail Uncollectibles. (Amount is typically a negative number.) | ** | | ** | 44 | | ** |
| 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.) | ** | | drib. | ** | | ** |
| 103 | WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND | RE | VENUES | | | of United States | |
| 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. | ** | | ** | ** | | ** |
| 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). | ** | | A# | ** | | ** |
| 9. | Wholesale Uncollectibles. (Amount is typically a negative number.) | ** | | ** | ** | | ** |
| 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.) | No. of the last of | n/a | 20 | | n/a | |
| 11 | State USF Revenue | | n/a | 9 | | n/a | |
| | 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.

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For use when filing under seal.

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

| | | Line Quantities | | | | | | |
|---------------------------------------|----|---------------------------------------|------|----|--------------|-------|--|--|
| Exchange | ## | Residential | ** | ** | Business | ** | | |
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| Totals: | ** | | RW. | ** | _ | ** | | |

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 subscribed 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.)
- 4. 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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Sprint Communications Co L.P.

for the calendar year of January 1 - December 31, 2020

Relay Missouri Assessment¹

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| - 441 | 1111 | υан | | ж | 183 |

| 7. | Revenue Collected From Relay Missouri Surcharge | ** | ** |
|----|--|----|--------|
| | Amount Retained for Billing and Collecting the Surcharge | ** | ** |
| | Relay Missouri Revenue Remitted to Relay Missouri Fund | ** | ** |

| 8. Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in Dec | ember. |
|--|--------|
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0.04

| If your firm did not impose the Relay Missouri Surcharge, please explain: | | | | | | | | | |
|---|----|--|--|--|--|--|--|--|--|
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¹ ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

for the calendar year of January 1 - December 31, 2020

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.

| | | C |)ATH | | |
|---|--|-------------------------------|--|--|-------------------------|
| State Of | | Kansas | | } | |
| County Of | | Johnson | | } ss: } | |
| | L | arry J. Weia | ans | makes oath and | says that |
| | Name of Affiant (C | ompany Offi | cial/Representative) | | • |
| s/he is | | | ice President - Tax | | |
| | Official | Title of the A | Affiant (Company Offic | ial/Representative) | |
| of | | | nmunications Comp | | |
| | Exact Legal Tit | le or Name o | of the Respondent (Ce | rtificated Company N | lame) |
| and is located at | 6220 Sprint Parkwa Address and Tele | | PHT0101-Z2400, Oner of the Affiant (Con | | |
| all statements of fa business and affair | amined the foregoing re act contained in the said rs of the above-named information in EFIS; to correct. | d report are t respondent, | true and the said repo and 2) examined (and | ort is a correct state updated as applica | ment of the ble) the |
| from | January 1 , | 2020 | , to and including | December 31 , | 2020 |
| · | Month/Day | Year | _ | Month/Day | Year |
| | | | Larry Weiau | | |
| | | | ature of Affiant (Comp tronic signatures are used, yo | | |
| Subscribed and swo this My Commission exp | rn to before me, a Notan | / Public, in an | April 01/16/2025 | unty above named, , <u>みろり</u> | Tá. |
| Notary Public | M. VERNON - State of Kansas Expires OL-16-20-25 | (If electro | Signature of No | | ame.) |
| | | <u> </u> | Notary Commis | sion Number | • |

Missouri Revised Statutes § 392.210 or §393.140