

MAY 6 2009

Missouri Public
Service Commission

Transcom Communications

Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; yet include any Commission approved d/b/a or fictitious name, if applicable.)

**COMPETITIVE TELECOMMUNICATIONS CARRIER
OR VOIP PROVIDER****ANNUAL REPORT
TO THE
MISSOURI PUBLIC SERVICE COMMISSION**

For the Calendar Year of
January 1 - December 31, 2008

Please select how the company is certificated or registered with the Commission under the Company Name as shown above (check all that apply):

- ☐ Competitively Classified Incumbent Local Exchange Telecommunications Carrier (ILEC)
- ☐ Competitive Local Exchange Telecommunications Carrier (CLEC)
- ☒ Competitive Interexchange Telecommunications Carrier (IXC)
- ☐ Interconnected Voice over Internet Protocol Service Provider (VoIP)*

Please choose one of the following filing options to indicate the security level of the filing:

- ☒ **Public submission** (NOT Proprietary or Highly Confidential)
- ☐ **Non-Public submission (Highly Confidential or Proprietary filing)**
(For this filing to be considered highly confidential or proprietary, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540 and Section 392.210, RSMo, as found in the instructions inside this form.)

*VoIP Providers are required to submit a Proprietary and Public Version regarding customer line counts pursuant to H.B. 1779 and Section 392.550 RSMo. See Instructions Page 1 for details.

Annual Report of Transcom Communicationsfor the calendar year of January 1 - December 31, 2008**1. State in full the company's information below:**

Martin Linges Vei 24 (972)607-4761
Company Street Address Telephone Number

Martin Linges Vei 24 (972) 929-2840
Company Mailing Address Fax Number

Snaroya Norway 1367 jeff.becker@us.maskina.com
City State Zip E-Mail Address

2. Missouri Commission Authorization

(A.) Identify the most recent case number(s) and the effective date(s) of any Commission orders authorizing the company to provide telecommunications and/or VoIP services. Include cases in which the Missouri Public Service Commission approved a company name change. Explanation should explain Commission action (e.g., "Granted certificate to provide basic local telecommunications services" or "Approved name change from Company A to Company B").

| Case Number | Effective Date | Explanation |
|---------------------|-------------------|-------------|
| <u>KA-2003-0234</u> | <u>02/24/2003</u> | |

(B.) If the company is an incumbent local telecommunications company with status as a competitive company, identify the case number and effective date of the Commission Order granting competitive classification:

Case No.: _____ Date: _____

3. This company is currently a (check appropriate box):

☒ Corporation ☐ Sole Proprietorship ☐ LP
☐ Partnership ☐ LLC ☐ Other - Explain

4. Annual Report Contact Information: State in full the name, address, telephone number, and e-mail address of the company personnel or third-party preparer completing this Annual Report:

Alex Stewart/TCS 770-956-7525 x1676
Name Telephone Number

3100 Cumberland Blvd. Suite 900 770-956-0700
Street Address Fax Number

3100 Cumberland Blvd. Suite 900 alex.stewart@contractor.thomson.com
Mailing Address E-mail Address

Atlanta GA 30339
City State Zip

5. Consumer Complaint Contact Information: Please provide company contact information in the event a complaint is received from a company subscriber.

Name: Bhavna Patel

Telephone Number: (972) 607-3698

E-mail Address: bhavna.patel@us.maskina.com

(See Instructions Pages 6 - 7 for more information to complete this page.)

Annual Report of Transcom Communications

for the calendar year of January 1 - December 31, 2008

6. Please provide the current name, address, telephone number and e-mail address for the regulatory contact person in the company. This information should be the same as shown in the Electronic Filing and Information System (EFIS), required by 4 CSR 240-3.545 (22) for telecommunications companies.

Bhavna Patel
Name
Martin Linges Vei 24 -
Street Address
Martin Linges Vei 24 -
Mailing Address
Snaroya Norway 1367
City State Zip

(972) 607-3698
Telephone Number
(972) 929-2840
Fax Number
bhavna.patel@us.maskina.com
E-mail Address

7. 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.

| <u>Title of General Officer</u> | <u>Name of Person Holding Office</u> |
|---------------------------------|--------------------------------------|
| <u>President</u> | <u>Kjetil Bohn</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |

8. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year.

(See Instructions Page 7 for more information to complete this page.)

Annual Report of Transcom Communications

for the calendar year of January 1 - December 31, 2008

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

| Row | Revenues: | MO Jurisdictional | Total Company ¹ |
|-----|---|-------------------|----------------------------|
| 1. | Local Service Revenues includes 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 VoIP service. | | \$0.00 |
| 2. | Interexchange Revenues includes revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange VoIP services. | \$14,381.00 | \$28,416,142.00 |
| 3. | Non-Switched Telecommunications Service Revenues includes revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers). | | |
| 4. | Bundled or Packaged Revenues includes 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. | | |
| 5. | Retail Uncollectible Revenues from telecommunications revenues. | | |
| 6. | RETAIL SUBTOTAL | | |
| 7. | Wholesale Revenues includes intrastate switched, private line, and special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers. | | |
| 8. | Miscellaneous Revenues includes directory revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. | | |
| 9. | Other Uncollectible Revenues from other revenues. | | |
| 10. | High-Cost Federal USF Revenues includes all revenues received as support from the Universal Service Fund for the High-Cost program. | N/A | |
| 11. | Other Federal USF Revenues includes 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 includes all revenues received as support from the Universal Service Fund. | | |
| 13. | TOTAL | \$14,381.00 | \$28,416,142.00 |

Total MO Jurisdictional Revenues should match revenues reported for PSC assessment purposes as reported by the company in its Statement of Revenue form.

| | MO Jurisdictional |
|--|-------------------|
| 14. Net Jurisdictional Revenues used for MoUSF assessment purposes. Retail Subtotal (Row 6) minus Retail Uncollectible Revenues (Row 5). | \$14,381.00 |

For additional definitions see:

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

"Interconnected voice over internet protocol service" as defined by Section 386.020(23) RSMo.

FCC Part 32-Uniform System of Accounts for Telecommunications Companies.

¹ List total regulated (including interconnected VoIP revenue) and, if applicable, non-regulated revenue for company name as listed at top of this page. Do not include revenues for any company NOT listed at the top of the page.

(See Instructions Page 7 for more information to complete this page.)

10. Low Income and Disabled Universal Service Fund Subscriber Quantities

Do you offer basic local telecommunications service or IVolP service as listed under 386.020 RSMo.?

☐ Yes

☒ No

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.)

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

(See Instructions Page 7 for more information to complete this page.)

Annual Report of Transcom Communications

for the calendar year of January 1 - December 31, 2008

11.

Exchange Access Lines Provided to RESIDENTIAL Customers

| Exchange | Section A: Local Voice Service & IVoIP Service | | | Section B: Other IVoIP Provided to Other Entities |
|----------|---|------------------|--------|---|
| | Full Facility | Partial Facility | Resale | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: | 0 | 0 | 0 | 0 |

Completion of Page 5(a) **required only** for companies providing local voice services as listed under 392.245.5(3) RSMo. or IVoIP service as listed under 386.020 RSMo.

VoIP providers must submit this page as proprietary (P); see Instructions Page 1 for submission requirements.
(See Instructions Pages 7 - 9 for more information to complete this page.)

Annual Report of Transcom Communications

for the calendar year of January 1 - December 31, 2008

12.

Exchange Access Lines Provided to BUSINESS Customers

| Exchange | Section A: Local Voice Service & Interconnected VoIP Service | | | Section B: Other | Section C: ISP |
|----------|---|------------------|--------|--|---------------------------|
| | Full Facility | Partial Facility | Resale | IVoIP to Non-Certificated Carriers | Internet Service Provider |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | 0 | 0 | 0 | 0 | 0 |

Completion of Page 5(b) **required only** for companies providing local voice services as listed under 392.245.5(3) RSMo. or VoIP service as listed under 386.020 RSMo.
VoIP providers must submit this page as proprietary (P); see Instructions Page 1 for submission requirements.
(See Instructions Pages 7 - 9 for more information to complete this page.)

Relay Missouri Annual Billing, Collections and Retention

13. Do you offer basic local telecommunications service or IVolP service as listed under 386.020 RSMo.?

☐ Yes☒ No

If yes, complete the following:

| Month | Relay Missouri Revenue Collected | Relay Missouri Retention Amount | Relay Missouri Revenue Remitted to Commission |
|-----------|----------------------------------|---------------------------------|---|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | \$ | \$ | \$ |

14. Please indicate the per line value of the Relay Missouri Surcharge you charge your customers each month.

\$ _____

15. If your firm did not impose the Relay Missouri Surcharge, please explain:

(See Instructions Page 7 for more information to complete this page.)

Annual Report of Transcom Communications

for the calendar year of January 1 - December 31, 2008

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.

OATH

State Of Georgia }
County Of Douglas } ss:

Alexander Stewart
Name of Affiant (Company Official/Representative)

makes oath and says that

s/he is

Attorney-in-Fact

Official Title of the Affiant (Company Official/Representative)

of

Transcom Communications
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at

3100 Cumberland Blvd # 900 AEL, GA 30339
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

from January 1, 2008, to and including December 31, 2008
Month/Day Year Month/Day Year

Alexander Stewart (Attorney in fact)
Signature of Affiant (Company Official/Representative)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,

this 5 day of May, 2009

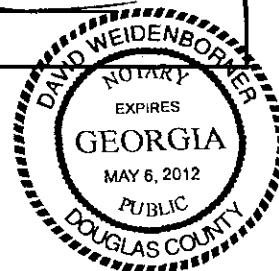
My Commission expires

May 6, 2012

[Signature]
Signature of Notary Public

Missouri Revised Statutes § 392.210 or § 393.140

(See Instructions Pages 9 for more information to complete this page.)



FedEx
 8694 4986 3768

WED - 06 MAY AA
 PRIORITY OVERNIGHT

NT JEFA

65101
 NO-US
 STL



70
 300

FedEx US Airbill ^{50c}
 Express Tracking Number 8694 4986 3768

1 From This portion can be removed for Recipient's records

Date 3/9/15 FedEx Tracking Number 869449863768

Sender's Name Alex Stewart Phone 770 956-7525

Company HOMER REUTHERS - PROFESSIONAL

Address 5100 CUMBERLAND BLVD STE 200

City ATLANTA State GA ZIP 30339 0530

2 Your Internal Billing Reference

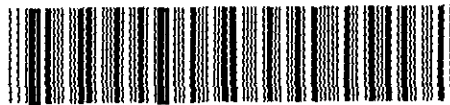
3 To Recipient's Name Data Center Phone _____

Company MD PDC

Recipient's Address 200 Madison St

Address #100

City Jefferson City State MO ZIP 65101



8694 4986 3768

Emp# 571183 05MAY09 NCQA

☒ **FEDEX** Next business morning** (Fridays)
 Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx 2Day** Second business day** (Fridays)
 Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx Express Saver** Third business day
 Saturday Delivery NOT available.

* To most locations.

4b Express Freight Service

☐ **FedEx 1Day Freight*** Next business day** (Fridays)
 Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx 2Day Freight** Second business day** (Fridays)
 Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx 3Day Freight** Third business day**
 Saturday Delivery NOT available.

** To most locations.

5 Packaging

☐ **FedEx Envelope***

☐ **FedEx Pak*** Includes FedEx Small Pak, FedEx Large Pak, and FedEx Shrinky Pak.

☐ **FedEx Box**

☐ **FedEx Tube**

☐ **Other**

* Declared value limit \$500.

6 Special Handling

☐ **SATURDAY Delivery** Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

☐ **HOLD Weekday at FedEx Location** Not available for FedEx First Overnight.

☐ **HOLD Saturday at FedEx Location** Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods?
 One box must be checked.

☐ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required.

☐ Dry Ice Dry Ice, 9 UN 1845 _____ kg

☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section 1 will be billed.

☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

☐ Obtain Recip. Acct. No.

Total Packages _____ Total Weight _____

Card Card Auth.

Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

☐ **No Signature Required** Package may be left without obtaining a signature for delivery.

☐ **Direct Signature** Someone at recipient's address may sign for delivery. Fee applies.

☐ **Indirect Signature** If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

519

Rev. Date 10/06/Part #158279-01/06-2006 FedEx PRINTED IN U.S.A.-SRP

fedex.com 1.800.GoFedEx 1.800.463.3339

Go to **fedex.com**, or call 1.800.GoFedEx 1.800.463.3339 for U.S. domestic shipments, 1.800.247.4747 for international shipments. Call your local FedEx office if you are outside the U.S.

© 2005 FedEx 155476/155475 REV 9/05 RT