

PAETEC Communications, Inc.

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.)

FILED

APR 04 2011

TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER

Missouri Public
Service Commission

ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of
January 1 - December 31, 2010

Please select how the company is certificated or registered with the Commission under the 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)
- Interconnected Voice over Internet Protocol Service Provider (IVoIP)

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)
(See instructions for special requirements.)

Please review the instructions document before proceeding by using the link below:

[Instructions - 2009 Annual Report Telco and IVoIP](#)

1. State in full the company's information below:

<u>600 Willowbrook Office Park, Fairport, NY 14450</u>			<u>800-340-2600</u>
Company Street Address			Telephone Number
<u>600 Willowbrook Office Park</u>			<u>585-770-2498</u>
Company Mailing Address			Fax Number
<u>Fairport</u>	<u>NY</u>	<u>14450</u>	<u>info@paetec.com</u>
City	State	Zip	E-Mail Address

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

- Corporation
 Sole Proprietorship
 LP
 Partnership
 LLC
 Other - Explain

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

<u>Maggie Hayes</u>			<u>585-340-8259</u>
Name			Telephone Number
<u>600 Willowbrook Office Park</u>			<u>585-770-2498</u>
Street Address			Fax Number
<u>600 Willowbrook Office Park</u>			<u>maggie.hayes@paetec.com</u>
Mailing Address			E-mail Address
<u>Fairport</u>	<u>NY</u>	<u>14450</u>	
City	State	Zip	

4. 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>Chairman, President & CEO</u>	<u>Arunas Chesonis</u>
<u>Exec. VP, Treasurer & CFO</u>	<u>Keith M. Wilson</u>
<u>Sr. VP, General Counsel & Secretary</u>	<u>Mary K. O'Connell</u>
<u>Sr. VP, Controller & CAO</u>	<u>Algimantas Chesonis</u>

5. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year. Do not include internal company reorganizations or personnel issues.

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

Row	Revenues:	MO Jurisdictional (Column A)	Total Company ¹ (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.	\$0.00	\$213,100,116.00
2.	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.	\$125,138.28	\$189,443,058.00
3.	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).	\$0.00	\$0.00
4.	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.	\$0.00	\$157,835,391.00
5.	Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)	\$0.00	\$0.00
6.	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)	\$125,138.28	\$560,378,565.00
II. OTHER			
7.	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.	\$0.00	\$80,484,409.00
8.	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.)	\$0.00	\$28,137,427.00
9.	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)	\$0.00	
10.	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.	N/A	
12.	State USF Revenues include all revenues received as support from the Universal Service Fund.	\$0.00	
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 .	\$125,138.28	\$669,000,401.00

¹"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

²"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. (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.

For use when filing under seal.

Low Income and Disabled Universal Service Fund Subscriber Quantities

7. Do you offer basic local telecommunications service or IVoIP 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.)

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



For use when filing under seal.

Relay Missouri Annual Billing, Collections and Retention

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

Yes No

If yes, complete the following:

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			
August			
September			
October			
November			
December			
Total			

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

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



For use when filing under seal.

Annual Customer Proprietary Network Information (CPNI) Compliance Certificate

(A copy of a company's FCC CPNI filing will suffice for the required descriptions for all items, unless H.2 is chosen, then an additional description must be attached.)

12. The company affirms having established operating procedures that are adequate to ensure compliance with the Missouri Public Service Commission's CPNI rules of 4 CSR 240-33.160(7).

Indicate which of the following apply with Y (Yes) or N (No).

Input box for A

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.

Input box for B

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.

Input box for C

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.

Input box for D

D. The company has a supervisory review process for outbound marketing situations. Attached is a brief description of the company's review process.

Input box for E

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):

Select One

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):

Empty drop-down box

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):

Empty drop-down box

Empty box for seal

For use when filing under seal.



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CPNI Template Submission

[Customer Proprietary Network Information \(CPNI\) Certification Home](#)

Annual 47 C.F.R. § 64.2009(e) CPNI Certification Template EB Docket 06-36

Submission Confirmation
Number: **78172998**

Annual 64.2009(e) CPNI Certification for 2011 covering the prior calendar year:

1. Date filed:

2. Name of company(s)
covered by this certification:

- Cavalier Telephone, LLC *dba* Cavalier Business Communications (820454)
- Intellifiber Networks, Inc *dba* Elantic Telecom, Inc. (821372)
- McLeodUSA Telecommunications Services, Inc. *dba* McLeodUSA (809572)
- PaeTec Communications, Inc. (818024)
- Talk America, Inc. - CONSOLIDATED *dba* Talk America, Inc. (822848)
- US LEC Corp.- CONSOLIDATED *dba* US LEC Corp. (823964)
- US LEC iTel, LLC (825929)

3. Form 499 Filer ID(s):

4. Name of signatory:

5. Title of signatory:

6. Certification:

I, [name of officer signing certification], certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 *et seq.*

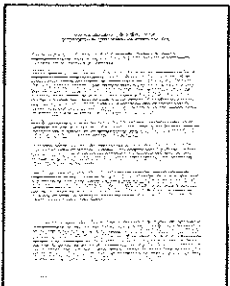
Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 *et seq.* of the Commission's rules.

The company [has has not] taken actions (*i.e.*, proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year. [NOTE: If you reply in the affirmative, please provide an explanation of any actions taken against data brokers.]

The company [has has not] received customer complaints in the past year concerning the unauthorized release of CPNI [NOTE: If you reply in the affirmative, please provide a summary of such complaints. This summary should include number of complaints, broken down by category or complaint, *e.g.*, instances of improper access by employees, instances of improper disclosure to individuals not authorized to receive the information, or instances of improper access to online information by individuals not authorized to view the information.]

The company represents and warrants that the above certification is consistent with 47. C.F.R. § 1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed: [Signature of an officer, as agent of the carrier]

<p>Attachments: Accompanying Statement explaining CPNI procedures Explanation of actions taken against data brokers (if applicable) Summary of customer complaints (if applicable)</p>
 <p>PAETEC CPNI Cert.pdf</p>

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Federal Communications Commission
 445 12th Street SW
 Washington, DC 20554
[More FCC Contact Information...](#)

Phone: 1-888-CALL-FCC (1-888-225-5322)
 TTY: 1-888-TELL-FCC (1-888-835-5322)
 Fax: 1-866-418-0232
 E-mail: fccinfo@fcc.gov

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CPNI Template Submission Software Version 00.01.02 March 2, 2011

Annual Report of PAETEC Communications, Inc.

for the calendar year of January 1 - December 31, 2010

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 NEW YORK

County Of MONROE

ss:

Keith M. Wilson makes oath and says that
Name of Affiant (Company Official/Representative)

s/he is Executive VP, Treasurer and CFO
Official Title of the Affiant (Company Official/Representative)

of PAETEC Communications, Inc.
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 600 Willowbrook Office Park, Fairport, NY 14450
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; 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, 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct, and 3) read the CPNI Certification, chosen the applicable alternatives and attached all required documentation, which is a true and correct description of the company's CPNI safeguards.

from January 1, 2010, to and including December 31, 2010
Month/Day Year Month/Day Year

Handwritten signature of Keith M. Wilson
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 29 day of March, 2011.

My Commission expires September 26, 2013

Connie Schoeni
Notary Public, State of New York
No. 01SC6134301
Qualified in Monroe County
Commission Expires Sept. 26, 2013
Handwritten signature of Connie Schoeni
Signature of Notary Public

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