ANPI, LLC

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, _____ 2021

| This filing is | s 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 ly): |
| | Incumbent Local Telecommunications Company (ILEC) |
| | Competitive Local Exchange Telecommunications Company (CLEC) |
| X | Interexchange or Local Non-Switched Telecommunications Company (IXC) |
| X | Interconnected Voice over Internet Protocol Service Provider (IVoIP) |
| the Comn registration | nan one certificate or registration is held by the company you must file an annual report in nission'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: |
| X | 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 one 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. |
| Excel Issue Da | Public te: 2/14/2022 For use when filing under seal. |

| Annual Report of | | | ANPI, LLC |
|--|---|------------------|--|
| | for the cal | lendar year of J | anuary 1 - December 31, <u>2021</u> |
| State in full the company's inf | formation belo | w: | |
| 550 West Adams St | treet. Suite 900 | | 312-348-8000 |
| Company Stree | | | Telephone Number |
| same as a | hovo | | |
| Company Mailing Address (if dif | | address) | |
| , | | , | |
| Chicago City | IL State | 60661 Zip | |
| City | State | Ζip | |
| The company's contact informat | ion in EFIS has I | oeen reviewed (| and updated as applicable). |
| . ✓ Yes | No | · | |
| | | | |
| Annual Report Contact Informati | | | |
| List the contact information of the p | erson completing | the form, wheth | er an employee or a third-party preparer. This may diffe |
| from the address in Item No. 1. | | | |
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| Yuliya Kinsey Name | e | | |
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| Annual Report of | ANPI, LLC | | | | | | | | | | | |
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for the calendar year of January 1 - December 31, 2021

5. Please provide the following revenue information:

| Row | RETAIL END USER REVENUES | ** | MO Intrastate | ** | ** | Total Company | ** |
|-----|--|-----|---------------|----|----|---------------|----|
| | | ** | (Column A) | ** | ** | (Column B) | ** |
| 1. | Local Service (Basic local telecommunications service, IVoIP service and features associated with these services) | | REDACTED | | | REDACTED | |
| 2. | Interexchange Service (Message toll services, 800 services, interexchange operator services). | | REDACTED | | | REDACTED | |
| 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). | | REDACTED | | | REDACTED | |
| 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.) | | REDACTED | | | REDACTED | |
| 5. | Retail Uncollectibles. (Amount is typically a negative number.) | | REDACTED | | | REDACTED | |
| 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.) | | REDACTED | | | REDACTED | |
| | WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND | RE' | VENUES | | | | |
| 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. | | REDACTED | | | REDACTED | |
| 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). | | REDACTED | | | REDACTED | |
| 9. | Wholesale Uncollectibles. (Amount is typically a negative number.) | | REDACTED | | | REDACTED | |
| 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.) | | REDACTED | | | REDACTED | |
| 11 | State USF Revenue | | REDACTED | | | REDACTED | |
| 12 | 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. | | REDACTED | | | REDACTED | |

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.

Public

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: | | | | | | | |

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.



| Annual Report of | ANPI, LLC |
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for the calendar year of January 1 - December 31, 2021

Relay Missouri Assessment¹

Annual Totals

| 7. Revenue Collected From Relay Missouri Surcharge | REDACTED | |
|--|------------------|--|
| Amount Retained for Billing and Collecting the Sur | charge REDACTED | |
| Relay Missouri Revenue Remitted to Relay Missou | ri Fund REDACTED | |

| 8. Please indicate the per line value of the Relay Missouri Surcharge applied to your customers | ers in Decembe |
|---|----------------|
|---|----------------|

REDACTED

| 9. | If your firm did not impose the Relay Missouri Surcharge, please explain: |
|----|---|
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Public

For use when filing under seal.

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.

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.

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| State Of | | کرہ | | } | |
| County Of | | · · | | } ss: } | |
| | | w M Lanc | | makes oath and s | ays that |
| | Name of Affiant (Co | mpany Offic | cial/Representative) | | |
| s/he is | | | Regulatory Manage | | |
| | Official T | itle of the A | Affiant (Company Offic | ial/Representative) | |
| of | Frank Long Little | au Nama a | ANPI, LLC | ertificated Company Na | |
| | Exact Legal Title | or Name o | t the Respondent (Ca | ntincated Company Na | пө) |
| and is located at | 550 \W | oet Adams | s St. Suite 900 Chic | 2220 II 60661 | |
| and is located at | | | | npany Official/Represer | ntative) |
| | | | | ut in a narrant atatam. | ant of the |
| company's contact listed contacts are | s of the above-named re information in EFIS; to t correct. | spondent, a | and 2) examined (and his or her knowledge | , information, and beli | e) the lef, all |
| company's contact | s of the above-named re information in EFIS; to t | spondent, a | and 2) examined (and his or her knowledge , , to and including | updated as applicable, information, and belicable December 31 , Month/Day | e) the |
| company's contact listed contacts are | s of the above-named re information in EFIS; to t correct. January 1 , | spondent, a he best of i | and 2) examined (and his or her knowledge | updated as applicable, information, and belicable December 31 , Month/Day | e) the ief, all |
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| company's contact listed contacts are from Subscribed and swothis | rs of the above-named re information in EFIS; to t correct. January 1 , Month/Day rn to before me, a Notary F | spondent, a he best of i 2021 Year Signa (If electr | and 2) examined (and his or her knowledge, , to and including ture of Affiant (Componic signatures are used, yo | December 31 , Month/Dav Amount // | 2021 Year |
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| company's contact listed contacts are from Subscribed and swo this | s of the above-named re information in EFIS; to to correct. January 1 Month/Day rn to before me, a Notary Fires | spondent, a he best of i 2021 Year Signa (If electro) Cublic, in and day of April 2021 | ture of Affiant (Componic signatures are used, your signatures of November 1 | December 31 Month/Dav Any Official/Representa u must use "/s" before the n unty above named, | 2021 Year ttive) ame.) |

Missouri Revised Statutes § 392.210 or §393.140