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**Company Full Certificated Name**

(Do not abbreviate; include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

**SHARED TENANT SERVICES (STS)**

**ANNUAL REPORT**

**TO THE**

**MISSOURI PUBLIC SERVICE COMMISSION**

**For the Calendar Year of**  
**January 1 - December 31, \_\_\_\_\_**

**Please choose one of the following filing options:**

☐

**Public submission** (NOT Highly Confidential)

☐

**Non-Public submission**

**(Highly Confidential / Filed Under Seal)**

For this filing to be considered Highly Confidential, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540, Section 392.210, RSMo., and/or Section 393.140, RSMo.

## Missouri Public Service Commission Annual Report Instructions

### **General Form Information**

This report is due to the Missouri Public Service Commission on or before **April 15th** and is required to be filed on a calendar year basis pursuant to the Commission rules (4 CSR 240-3.540). Failure to file this report by the deadline of April 15, could result in penalties up to \$100 for every day the report is late pursuant to Section 392.210, RSMo.

- If the document has been prepared by a third-party preparer, it is the responsibility of the company personnel attesting to the accuracy of the document to review the document before submission to the Missouri Public Service Commission.
- You shall use the form provided by the Commission. You may use one of the three versions provided: 1) the Adobe Fillable document, 2) the Excel version, or 3) the Adobe document that shall be printed and completed by hand.
- The Excel form is "read only". You must save or copy the file to your computer's hard drive to input information into the annual report form.
- If additional space is needed for entering information on a page, please insert a worksheet or page and copy the formats or lines into the new sheet to accommodate the necessary information.
- After the annual report is complete, save the file to your computer. You may submit it electronically through the Commission's Electronic Filing and Information System (EFIS), as a non-case related submission (see Electronic Filing Instructions on Instructions Pages 4 - 5 for details) or print the form, keep a copy for your records, and prepare for mailing.

Questions about the annual report form or its contents may be submitted to: Kari Salsman at (573) 526-5630 or by e-mail at [kari.salsman@psc.mo.gov](mailto:kari.salsman@psc.mo.gov).

### **Treatment of Highly Confidential Information (Submission Under Seal).**

Utilities may request classification of selected portions of their annual report as non-public (highly confidential / filed under seal) pursuant to the Commission rules at 4 CSR 240-3.540.

Please note that all information classified as non-public will still remain subject to potential disclosure as provided under the Missouri open records act (Chapter 610 RSMo) and Section 386.480, RSMo.

### **In order to include Highly Confidential information in the annual report, the submitter must:**

Provide two versions of the annual report;

- 1) a Public version with the Highly Confidential information redacted (removed), and
- 2) a fully completed version to be kept as Highly Confidential with restricted access.

Below are the procedures outlining the requirements for each type of submission:

#### **(A) Public version**

1. Cover – Check the "Public Submission" box and denote "Public" in the lower right corner.
2. Completion – All pages should be completed excluding the non-public information.
3. Page Designation – Each page that has had Highly Confidential information removed must have a "Public" designation in the lower right corner.
4. Format – where Highly Confidential information has been removed, two (2) asterisks shall be placed before and after the information, e.g. \*\*highly confidential information removed\*\*. Leave the field blank between the asterisks to insure the information remains on the same line and page as in the Highly Confidential version.

Treatment of Highly Confidential Information (Submission Under Seal) continued on the next page.

## Missouri Public Service Commission Annual Report Instructions

### Treatment of Highly Confidential Information (Submission Under Seal) - continued

#### **(B) Highly Confidential version**

1. Cover – Check the “Non-Public Submission” box and denote “Highly Confidential” in the lower right corner.
2. Completion – All pages should be completed including the Highly Confidential information.
3. Page Designation – Each page that contains Highly Confidential information must have a “Highly Confidential” designation in the lower right corner.
4. Format – Highly Confidential information shall be designated by two (2) asterisks before and after the information, e.g. **\*\*your highly confidential information here\*\***.

#### **(C) Additional documents required with both submissions:**

1. A cover letter stating the utility is designating some or all of the information in its annual report as confidential and requesting non-public treatment under seal. The name, phone number and e-mail address (if available) of the person responsible for addressing questions regarding the confidential portions of the annual report must be included.
2. A notarized affidavit that clearly identifies the specific types of information to be kept under seal. Justification of why the specific information should be a closed record and a statement attesting that none of the information is available to the public in any format.

### Detailed Form Information

| <u>Page</u> | <u>Definitions and/or Instructions</u> |
|-------------|--|
|-------------|--|

|              |   |
|--------------|---|
| <b>Cover</b> | <b>Company Name:</b> This shall reflect the certificated name of the company that the Commission approved in a case; when this field is filled in, it will automatically populate the company name at the top of each of the following sheets. The company name listed on the cover shall include any Commission approved fictitious name or d/b/a name (ABC Company d/b/a XYZ, Inc.) |
|--------------|---|

**Year:** When the reporting period year is entered, it will automatically populate at the top of all subsequent pages.

#### **Check boxes (security level/filing options):**

Check the first box (Public Submission) if this is the public version of the annual report.

Check the bottom box (Non-Public Submission) only if the annual report contains highly confidential information in the report. The annual report submission will be considered deficient unless this submission is accompanied by the required documentation. Please see Treatment of Highly Confidential Information in the above section for details.

**Verification Page** The verification page must be **completed** in full, including notary seals, if or where applicable.

When submitting the annual report form electronically, complete the verification page in full. Electronic signatures are acceptable pursuant to Sections 432.200 through 432.295 RSMo. The original document shall be notarized and kept for your records. On the electronic version, type the electronic signatures ( /s/ John Doe) and dates that are reflected on the original document.

This page must accompany all versions of this report including any original or revised, highly confidential, proprietary and public versions. The revised versions should include an updated verification page attesting to the modified information.

(Verification Page instructions continued on the next page.)

## Missouri Public Service Commission Annual Report Instructions

### Detailed Form Information (continued)

| <u>Page</u> | <u>Definitions and/or Instructions</u> |
|-------------|--|
|-------------|--|

#### Verification Page (continued)

The **State Of** and **County Of** fields shall be filled with the location where the notary operates and where this document was notarized.

**Legal Name of Affiant:** Any representative of the company authorized to attest to the accuracy of the annual report.

**Official Title of the Affiant:** Title of the representative named on the line just above this one.

**Exact Legal Title or Name of the Respondent:** Company Name as certificated/registered with the Commission, as listed on the cover and the top of the verification sheet.

**Signature of Affiant** Signature of authorized company representative named above on the verification page.

The remaining fields are for completion by the notary including the date, month and year of the notarization, the notary's commission expiration date, notary signature, and placement of the notary stamps or seals, where applicable.

When submitting the annual report form electronically, complete the verification page in full. Electronic signatures are acceptable pursuant to Sections 432.200 through 432.295 RSMo. The original document shall be notarized and kept for your records. On the electronic version, type the electronic signatures ( /s/ John Doe) and dates that are reflected on the original document.

### Options for Submitting the Annual Report to the Missouri Public Service Commission

The annual report may be submitted to the Missouri Public Service Commission by either of the following methods:

**1. Electronically** through the Electronic Filing and Information System (EFIS).

This system accepts submissions 24 hours a day and saves on postage/shipping expenses.

Please see **Instructions Page 4 - 5** for detailed instructions to use this system.

If you have questions while using EFIS, staff is available Monday - Friday from 8:00 a.m. - 5:00 p.m. (excluding State holidays) to assist you at (573) 751-7496.

**NOTE:** E-mails and faxes are NOT acceptable methods of filing the annual report electronically.

or

**2. Mail** to the following address:

Missouri Public Service Commission

Attention: Data Center

For package delivery:

200 Madison Street, Suite 100

Jefferson City, MO 65101

For U.S. Mail:

P.O. Box 360

Jefferson City, MO 65102-0360

## Missouri Public Service Commission Annual Report Instructions

### Electronic Filing of Annual Report Information

If you submit your information electronically, please do not send in a paper copy.

In order to file in the Electronic Filing and Information System (EFIS):

- You must have a user ID and password,
- The company you are filing on behalf of must be registered in EFIS.  
(All certificated companies are already registered in EFIS. Please do not create a company registration),
- The person making the filing must be registered as a contact for the company/firm they are making the filing on behalf of, and
- You need to have the information you want to submit saved electronically.

If you are unsure if you have a user ID, if your company is registered, or if you are registered as a contact for the company, please contact the Data Center at [datacenter-psc@psc.mo.gov](mailto:datacenter-psc@psc.mo.gov) or (573) 751-7496 before completing new registration information.

To access EFIS, go to the PSC website at <http://www.psc.mo.gov>. Click the 'EFIS / Case Filings' link from the menu on the left-hand side. Scroll down to the 'Main Menu Section of EFIS' and click on the 'EFIS' link. This will take you to the EFIS Welcome Screen.

- Click the orange 'Logon' button on the left-hand side.
- Enter your User ID and Password.

**NOTE:** Passwords are case sensitive.

### Submission of Annual Report

- Click on the 'Filing/Submission' menu option.
- Click on the 'Non-Case Related Submission' link.

Complete the Non-Case Related Submission screen with the following information:

- Type of Utility – Select the utility type for which the company is certificated/registered.  
Separate submissions are required if a company has multiple certifications/registrations (Example: Water and Sewer; or CLEC and IXC).
- Company – Select certificated company name.  
Choose d/b/a name, if applicable. This name should match the name at the top of the annual report's cover page.
- Type of Submission – Select 'Annual Report (Mo PSC)'.
- Total Missouri Jurisdictional Revenue – Enter the amount listed on Page 2, Item No. 7.
- Report for Calendar Year – Type in current calendar year.
- Applicable Case No. – Leave blank.
- Date Filed – Will already be filled in.
- Click on the 'Continue' button.  
This will take you to the Filing/Submission Attachment screen.
- Click on 'Browse' – Select the file that contains the completed annual report.
- Choose the security level for your document: Public, Highly Confidential, or Proprietary.
- Click the 'Attach' button.  
On screen instructions are provided for attaching more than one document.  
Confirm that the correct document is attached before proceeding.
- Click the 'Done with Attach' button.  
This will return you to the original submission screen.
- Scroll down and click on the 'Submit' button.

This will complete your submission and assign a non-case related tracking number (BMAR-20xx-xxxx). Please retain this number for your records.

**Electronic Filing of Annual Report Information (continued)**

**Submission of Additional Information**

If you are asked to provide additional information or need to file amended information, file it as a 'Non-Case Related Supplemental Submission' using the tracking number from your original annual report submission.

Instructions for this type of submission can be found by clicking on the blue 'Help' button on the left-hand side of any EFIS screen. Scroll down to 'Filing / Submission – Non-case Related'. Then choose 'Make a subsequent filing to a non-case related submission'.

**Request for Extension  
(Less than 30 days)**

If you will not be able to file your annual report by the April 15th deadline, you must request an extension on or before April 15th.

All annual report extension requests must be on company letterhead and signed by an officer of the company or on the form provided on the PSC website ([www.psc.mo.gov/forms](http://www.psc.mo.gov/forms)) and signed electronically. A Request for Extension of less than 30 days, **must** include an email address where you can be notified (usually within 5 business days) of approval or denial of the extension request.

Follow the instructions for filing an annual report with these modifications.

- Type of Submission - Select Annual Report (MO PSC) Extension Request.
- Comments - Type in (current calendar year) Annual Report Extension Request.
- Under "Browse", attach your documentation for requesting an extension.

Once your submission is complete, you will be assigned a non-case related tracking number (BARE-20xx-xxxx). Please retain this number for your records.

Additional instructions can be found under the blue 'Help' button in EFIS on how to:

- Access EFIS.
- Log on to EFIS.
- Obtain a user ID and password.
- Reset my password.
- File an annual report, statement of revenue, or other non-case related submission.
- Make a subsequent filing to a non-case related submission.

STS Annual Report of \_\_\_\_\_

for the calendar year of January 1 - December 31, \_\_\_\_\_

1. State in full the exact '**certificated**' name of the Shared Tenant Services Carrier (STS):  
(Do not abbreviate; yet include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

State in full the **parent** company name of the Utility Company below, if applicable:

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

|  |       |       |                  |
|--|-------|-------|------------------|
| _____  |       |       | _____            |
| Company Street Address                                     |       |       | Telephone Number |
| _____  |       |       | _____            |
| Company Mailing Address (if different from street address) |       |       | Fax Number       |
| _____  | _____ | _____ | _____            |
| City   | State | Zip   | E-mail Address   |

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This Shared Tenant Services Carrier is a:

|                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LP              |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC                 | <input type="checkbox"/> Other - Explain |

(Check appropriate box)

If different than certificated name listed above (e.g. parent corporation name) or if 'Other' is identified, explain:

\_\_\_\_\_  
\_\_\_\_\_

5. Under the laws of which state is the telephone company organized:

\_\_\_\_\_

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

|                 |       |       |                  |
|-----------------|-------|-------|------------------|
| _____           |       |       | _____            |
| Name            |       |       | Telephone Number |
| _____           |       |       | _____            |
| Street Address  |       |       | Fax Number       |
| _____           |       |       | _____            |
| Mailing Address |       |       | E-mail Address   |
| _____           | _____ | _____ | _____            |
| City,           | State | Zip   |                  |

STS Annual Report of \_\_\_\_\_

Do not abbreviate; include any Commission approved AKA/DBA/Fictitious Name, if applicable.

for the calendar year of January 1 - December 31, \_\_\_\_\_

7. Please provide the following information concerning Total Company **and** gross intrastate operating revenues (i.e., Missouri Jurisdictional) for the Calendar Year \_\_\_\_\_

**Revenues:**

Operating Revenues\* from Telecommunication Services

Total Company **MO Jurisdictional**

|  |  |
|--|--|
|  |  |
|--|--|

**MO Jurisdictional** should match Statement of Revenue  
(MoPSC Assessment)

8. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

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\* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

- (a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;
- (b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission.

|  |
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For use when filing under seal.

STS Annual Report of \_\_\_\_\_

Do not abbreviate; include any Commission approved AKA/DBA/Fictitious Name, if applicable.

for the calendar year of January 1 - December 31, \_\_\_\_\_

9. Please provide the following information for each shared tenant service location:

**Name of Location:** \_\_\_\_\_

**Location Description:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Phone Company:** \_\_\_\_\_

**Operator Services Provider:** \_\_\_\_\_

**Number of Stations:**

|  |
|--|
|  |
|--|

**Is STS Offered in Multiple Buildings? (Yes/No):**

|  |
|--|
|  |
|--|

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**Name of Location:** \_\_\_\_\_

**Location Description:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Phone Company:** \_\_\_\_\_

**Operator Services Provider:** \_\_\_\_\_

**Number of Stations:**

|  |
|--|
|  |
|--|

**Is STS Offered in Multiple Buildings? (Yes/No):**

|  |
|--|
|  |
|--|

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**Name of Location:** \_\_\_\_\_

**Location Description:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Phone Company:** \_\_\_\_\_

**Operator Services Provider:** \_\_\_\_\_

**Number of Stations:**

|  |
|--|
|  |
|--|

**Is STS Offered in Multiple Buildings? (Yes/No):**

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|--|
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Annual Report of \_\_\_\_\_  
for the calendar year of January 1 - December 31, \_\_\_\_\_

### 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 \_\_\_\_\_ }  
County Of \_\_\_\_\_ } ss:

\_\_\_\_\_ makes oath and says that  
Name of Affiant (Company Official/Representative)

s/he is \_\_\_\_\_  
Official Title of the Affiant (Company Official/Representative)

of \_\_\_\_\_  
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at \_\_\_\_\_,  
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 \_\_\_\_\_, \_\_\_\_\_, to and including \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year Month/Day Year

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public