TELECOMMUNICATIONS COMPANY ANNUAL REPORT

OF

_____

Exact Legal Name of Respondent

_____

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2014

☐ Calendar Year Ending December 31, 2014

or

☐ Fiscal Year Ending _____

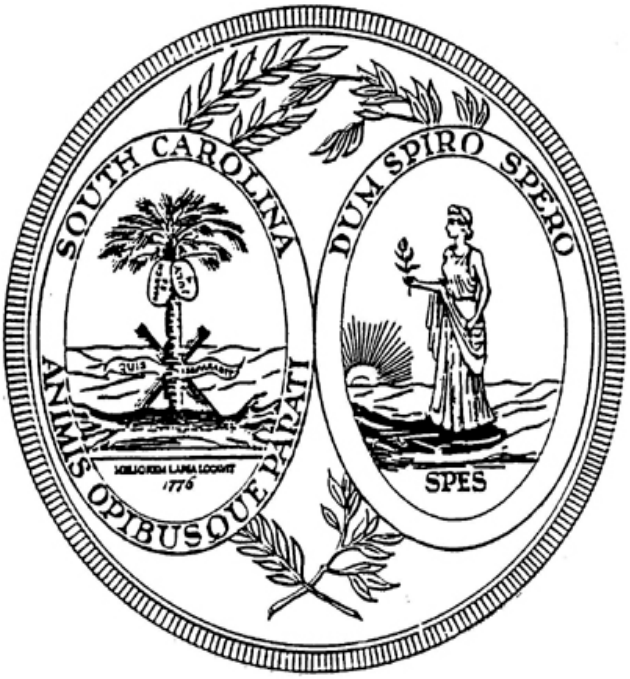

TABLE OF CONTENTS

Schedule		Page
-	General Instructions……	1
-	Company Information…….	2
-	Company Officers ……	3
#1	Income Statement ……	4
#2	Telecommunications Plant in Service……	4
#3	Access Line or Equivalent ……	5
#4	Interexchange Carrier Information ……	6-7
-	Affidavit……	8

GENERAL INSTRUCTIONS

1. All Telecommunications Companies are required by state law to complete and file this annual report for their South Carolina operations. Two copies should be mailed to the South Carolina Office of Regulatory Staff, 1401 Main Street-Suite 900, Columbia, SC 29201 by April 1, 2015. A third copy should be retained by the company for reference. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. Filing two copies with the Office of Regulatory Staff will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations.

2. All forms are available in PDF Format on the Office of Regulatory Staff web site at: www.regulatorystaff.sc.gov

3. Where no information is available for an item in the report, "0," None, or Not Applicable are appropriate responses.

4. All accounting terms and phrases used in this report are to be interpreted in accordance with the Uniform System of Accounts prescribed in Part 32 of the Code of Federal Regulations (CFR) or in accordance with Generaly Accepted Accounting Principles if your company has specific permission from the Commission to use GAAP for financial reporting and record keeping.

5. Throughout this report, money items will be rounded to the nearest dollar.

6. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.

7. Separate notification is required for changes in company contact information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.
   The Authorized Utility Representative Form can be downloaded at: www.regulatorystaff.sc.gov

8. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about this form or the requirements for a Telecommunications Company.

Company Information

Identification and Contact Information

Check/ Date: ◯ Sole Proprietorship ◯ Partnership ◯ Corporation _____

Name of Company: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Type of Business

◯ CLEC (Competitive Local Exchange Carrier)

◯ ILEC (Incumbent Local Exchange Carrier)

◯ IXC (Interexchange Carrier)

◯ (Carriers Carrier)

Contact (for purposes of this report)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

LOCAL EXCHANGE CARRIER ANNUAL REPORT
Schedule #1- South Carolina Income Statement

Year Ending December 31, 2014 or Fiscal Year Ending _____

Operating Revenues: (Retail & Wholesale)	G/L Account #'s	Total	Intrastate Only
Local Network Service Revenues			
Network Access Service Revenues			
Long Distance Revenues			
Miscellaneous Revenues			
Uncollectible Revenues			
Total Operating Revenues			
Operating Expenses:			
Total Operations Expenses & Taxes			
Net Income from Operations			
Nonoperating Items Including Interest			
Non-regulated Net Income			
Net Income			

Schedule #2- South Carolina Telecommunications Plant In Service		
Description	G/L Account #'s	Balance at Close of Year
Telecommunications Plant		
Telecommunications Plant in Service		
Property Held for Future Use		
Telecommunications Plant under Construction		

Schedule #2- South Carolina End-User Access Lines and Equivalent Access Lines
Year Ending 12/31/2014

1.	Total Business End User Circuit Based Access Lines	_____
2.	Total Residential End User Circuit Based Access Lines	_____
3.	Total End User Circuit Based Access Lines	_____
4.	Total Number of Customers	_____
5.	Total Wholesale Customers	_____

6.	Total Lifeline Customers provided Lifeline via resold service from an underlying carrier	_____
7.	Total Lifeline Customers provided Lifeline via facilities owned or leased	_____
8.	Total Lifeline Customers	_____

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS

SCHEDULE 3: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS

_____

COMPANY NAME

_____

ADDRESS **PHONE NUMBER**

_____

CITY, STATE, ZIP CODE **FAX NUMBER**

1. **SOUTH CAROLINA OPERATING REVENUES FOR THE 12 MONTHS ENDING DECEMBER 31, 2014 OR FISCAL YEAR. $_____**

2. **SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING DECEMBER 31, 2014 OR FISCAL YEAR. $_____**

3. **RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS ENDING DECEMBER 31, 2014 OR FISCAL YEAR:**

Gross Plant located in or allocated to South Carolina operations $_____

CWIP located in or allocated to South Carolina operations $_____

Land located in or allocated to South Carolina operations $_____

Accumulated Depreciation of South Carolina Plant ($_____)

Net Rate Base located in or allocated to South Carolina operations$_____

4. **PARENT'S CAPITAL STRUCTURE FOR THE 12 MONTHS ENDING DECEMBER 31, 2014 OR FISCAL YEAR:**

   LONG TERM DEBT $_____

   EQUITY $_____

5. **PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT _____%.**

6. **<u>CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING</u>:**

NAME _____

ADDRESS IF DIFFERENT FROM COMPANY _____

TELEPHONE NUMBER _____

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS - CONTINUED

SCHEDULE 3: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS

7. ALL DETAILS ON THE ALLOCATION METHOD USED TO DETERMINE THE AMOUNT OF EXPENSES ALLOCATED TO SOUTH CAROLINA OPERATIONS AS WELL AS METHOD OF ALLOCATION OF COMPANY'S RATE BASE INVESTMENT (SEE #3 PREVIOUS PAGE) (USE BACK IF NEEDED)

NAME OF OFFICER SIGNING FORM (PRINT OR TYPE)_____

SIGNATURE_____

TITLE _____

Affidavit

State of _____

County of _____

I, _____ of the

_____ Company
hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

_____ Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary Public

Commission Expires _____