



Public Utilities Commission

Annual Report to the Commission for Competitive Telecommunications Service Providers

INTEREXCHANGE CARRIER

ALTERNATIVE OPERATOR SERVICE PROVIDER

OTHER:

COMPETITIVE ACCESS

COMPETITIVE LOCAL EXCHANGE CARRIER

Certification Number: 90-9093

PUCOID Number: 301130

Annual Report for the Year ending December 31, 2014 of QuantumShift Communications, Inc.

Address:

12657 Alcosta Blvd, Ste 418
San Ramon, CA 94583

Website URL:

www.vcomsolutions.com

Filed by:

Jenna Brown
(415) 209-7044

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

www.puco.ohio.gov/puco/docketing/

STATEMENT OF INTRASTATE-GROSS EARNINGS

Amount		
Line No.	Item	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for other, rent revenue- nonoperating, return on regulated investment used to provide nonregulated productions and service, etc.)	\$76,389
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property - Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounting for on equity method, income from sinking and other funds, etc.)	\$0
3	SUBTOTAL (1) + (2)	\$76,389
4	Earning or receipts from sales to other public utilities for resale	\$0
5	Total (3) + (4)	\$76,389

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Docketing Contact Information

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Jenna Brown

Director Regulatory Affairs

Name

Title

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Jenna Brown

Director Regulatory Affairs

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Title

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Address

(415) 209-7044

Phone Number (including Area Code)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

~~_____

_____~~

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Contra Costa

Subscribed and sworn to (or affirmed) before me
 on this 8th day of April, 2015,
 by Sameer Hilal
Date Month Year

(1) _____
 (and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature K Prasad
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

