

20143 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20132 Revenues)

APPROVED BY

OMB

3060-0855

>>> Please read instructions before completing.<<<

Annual Filing -- due April 1, 20143

**Block 1: Contributor Identification Information**

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "NEW" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of filer [Enter 9 digit number]

103 IRS employer identification number [Enter 9 digit number]

104 Name filer is doing business as

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.]

- Audio Bridging (teleconferencing) Provider
- CAP/CLEC
- Cellular/PCS/SMR (wireless telephony inc. by resale)
- Coaxial Cable
- Incumbent LEC
- Interconnected VoIP
- Interexchange Carrier (IXC)
- Local Reseller
- Non-Interconnected VoIP
- Operator Service Provider
- Paging & Messaging
- Payphone Service Provider
- Private Service Provider
- Satellite Service Provider
- Shared-Tenant Service Provider / Building LEC
- Toll Reseller
- Wireless Data
- Other Local
- Other Mobile
- Other Toll

If Other Local, Other Mobile or Other Toll is checked → describe carrier type / services provided:

106.1 Holding company/Affiliated Filers N+same/Holding Company Name (All affiliated companies must show the same name on this line.) Check if filer has no affiliates

106.2 Holding company/Affiliated Filers Name/Holding Company Name IRS employer identification number [Enter 9 digit number]

107 FCC Registration Number (FRN) [https://fjallfoss.fcc.gov/coreWeb/public/Home.do] [Enter 10 digit number]

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity corporate headquarters

Street1 \_\_\_\_\_ State \_\_\_\_\_ Zip (postal code) \_\_\_\_\_ Country if not USA \_\_\_\_\_  
 Street2 \_\_\_\_\_  
 Street3 \_\_\_\_\_  
 City \_\_\_\_\_

110 Complete business address for customer inquiries and complaints

Street1 \_\_\_\_\_ State \_\_\_\_\_ Zip (postal code) \_\_\_\_\_ Country if not USA \_\_\_\_\_  
 Street2 \_\_\_\_\_  
 Street3 \_\_\_\_\_  
 City \_\_\_\_\_

111 Telephone number for customer complaints and inquiries [Toll-free number if available] check if same address as Line 109

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

|   |   |
|---|---|
| a | g |
| b | h |
| c | i |
| d | j |
| e | k |
| f | l |

Use additional sheets if necessary. Each filer must provide all names used for telecommunications activities

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems - file electronically at <http://forms.universalservice.org>

FCC Form 499-A / December 2013 [DRAFT]

**20143 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)**

**Block 2-A: Regulatory Contact Information**

|            |                                                                                                                         |        |                  |      |      |  |  |  |  |
|------------|-------------------------------------------------------------------------------------------------------------------------|--------|------------------|------|------|--|--|--|--|
| <b>201</b> | Filer 499 ID [from Line 101]                                                                                            |        |                  |      |      |  |  |  |  |
| <b>202</b> | Legal name of filer [from Line 102]                                                                                     |        |                  |      |      |  |  |  |  |
| <b>203</b> | Person who completed this Worksheet                                                                                     | First  | MI               | Last |      |  |  |  |  |
| <b>204</b> | Telephone number of this person                                                                                         | ( )    |                  |      |      |  |  |  |  |
| <b>205</b> | Fax number of this person                                                                                               | ( )    |                  |      |      |  |  |  |  |
| <b>206</b> | Email of this person [not for public release]                                                                           |        |                  |      |      |  |  |  |  |
| <b>207</b> | Corporate office, atn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent | Office | Attn: First name | MI   | Last |  |  |  |  |

check if same name as Line 203   
 check if same address as Line 109

|                                |                  |                   |
|--------------------------------|------------------|-------------------|
| Email [not for public release] | Phone ( ) - ext- | Fax ( ) -         |
| Street1                        |                  |                   |
| Street2                        |                  |                   |
| Street3                        |                  |                   |
| City                           | State            | Zip (postal code) |
| Country if not USA             | MI               | Last              |

**208** Billing address and billing contact person  
 [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]

check if name and address same as Line 207

|                                |                  |                   |                    |
|--------------------------------|------------------|-------------------|--------------------|
| Company                        | Attn: First name | MI                | Last               |
| Email [not for public release] | Phone ( ) - ext- | Fax ( ) -         |                    |
| Street1                        |                  |                   |                    |
| Street2                        |                  |                   |                    |
| Street3                        |                  |                   |                    |
| City                           | State            | Zip (postal code) | Country if not USA |

**208.1** Email address pertaining to ITSP regulatory fee issues

**Block 2-B: Agent for Service of Process**

All carriers and providers of interconnected and non-interconnected VoIP must complete Lines 209 through 213. During the year, these filers must refile Blocks 1, 2, and 6 if there are any changes in this section. See Instructions

|            |                                                                                  |         |                  |                   |                    |
|------------|----------------------------------------------------------------------------------|---------|------------------|-------------------|--------------------|
| <b>209</b> | D.C. Agent for Service of Process                                                | Company | Attn: First name | MI                | Last               |
| <b>210</b> | Telephone number of D.C. agent                                                   | ( )     |                  |                   |                    |
| <b>211</b> | Fax number of D.C. agent                                                         | ( )     |                  |                   |                    |
| <b>212</b> | Email of D.C. agent                                                              |         |                  |                   |                    |
| <b>213</b> | Complete business address of D.C. agent for hand service of documents            | Street1 |                  |                   |                    |
|            |                                                                                  | Street2 |                  |                   |                    |
|            |                                                                                  | Street3 |                  |                   |                    |
|            |                                                                                  | City    | State            | DC                | Zip                |
|            |                                                                                  | Company | Attn: First name | MI                | Last               |
| <b>214</b> | Local/alternate Agent for Service of Process (optional)                          | ( )     |                  |                   |                    |
| <b>215</b> | Telephone number of local/alternate agent                                        | ( )     |                  |                   |                    |
| <b>216</b> | Fax number of local/alternate agent                                              | ( )     |                  |                   |                    |
| <b>217</b> | Email of local/alternate agent                                                   |         |                  |                   |                    |
| <b>218</b> | Complete business address of local/alternate agent for hand service of documents | Street1 |                  |                   |                    |
|            |                                                                                  | Street2 |                  |                   |                    |
|            |                                                                                  | City    | State            | Zip (postal code) | Country if not USA |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

**20143 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)**

**Block 2-C: FCC Registration and Contact Information**

Filers must refile Blocks 1, 2, and 6 if there are any changes in this section. See Instructions.

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| <b>219</b> Filer 499 ID [from Line 101]                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>220</b> Legal name of filer [from Line 102]                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>221</b> Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer)                                                                                                                                        | First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>222</b> Business address of individual named on Line 221<br>check if same as Line 109 <input type="checkbox"/>                                                                                                                                                    | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country, if not USA<br>First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>223</b> Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)                                                                                                                                           | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country, if not USA<br>First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>224</b> Business address of individual named on Line 223<br>check if same as Line 109 <input type="checkbox"/>                                                                                                                                                    | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country, if not USA<br>First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>225</b> Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 and 223)                                                                                                                        | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country, if not USA<br>First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>226</b> Business address of individual named on Line 225<br>check if same as Line 109 <input type="checkbox"/>                                                                                                                                                    | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country, if not USA<br>First MI Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>227</b> Indicate jurisdictions in which the filer provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.                                  | <table border="0"><tr><td><input type="checkbox"/> Alabama</td><td><input type="checkbox"/> Connecticut</td><td><input type="checkbox"/> Massachusetts</td><td><input type="checkbox"/> New York</td><td><input type="checkbox"/> Tennessee</td></tr><tr><td><input type="checkbox"/> Alaska</td><td><input type="checkbox"/> Delaware</td><td><input type="checkbox"/> Michigan</td><td><input type="checkbox"/> North Carolina</td><td><input type="checkbox"/> Texas</td></tr><tr><td><input type="checkbox"/> American Samoa</td><td><input type="checkbox"/> District of Columbia</td><td><input type="checkbox"/> Midway Atoll</td><td><input type="checkbox"/> North Dakota</td><td><input type="checkbox"/> Utah</td></tr><tr><td><input type="checkbox"/> Arizona</td><td><input type="checkbox"/> Florida</td><td><input type="checkbox"/> Minnesota</td><td><input type="checkbox"/> Northern Mariana Islands</td><td><input type="checkbox"/> U.S. Virgin Islands</td></tr><tr><td><input type="checkbox"/> Arkansas</td><td><input type="checkbox"/> Georgia</td><td><input type="checkbox"/> Mississippi</td><td><input type="checkbox"/> Ohio</td><td><input type="checkbox"/> Vermont</td></tr><tr><td><input type="checkbox"/> California</td><td></td><td><input type="checkbox"/> Missouri</td><td><input type="checkbox"/> Oklahoma</td><td><input type="checkbox"/> Virginia</td></tr><tr><td><input type="checkbox"/> Colorado</td><td></td><td><input type="checkbox"/> Montana</td><td><input type="checkbox"/> Oregon</td><td><input type="checkbox"/> Wake Island</td></tr><tr><td><input type="checkbox"/> Guam</td><td></td><td><input type="checkbox"/> Nebraska</td><td><input type="checkbox"/> Pennsylvania</td><td><input type="checkbox"/> Washington</td></tr><tr><td><input type="checkbox"/> Hawaii</td><td></td><td><input 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type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands | <input type="checkbox"/> Arkansas | <input type="checkbox"/> Georgia | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont | <input type="checkbox"/> California |  | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia | <input type="checkbox"/> Colorado |  | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island | <input type="checkbox"/> Guam |  | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington | <input type="checkbox"/> Hawaii |  | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Idaho |  | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Illinois |  | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming | <input type="checkbox"/> Indiana |  | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota |  | <input type="checkbox"/> Iowa |  |  |  |  | <input type="checkbox"/> Johnston Atoll |  |  |  |  | <input type="checkbox"/> Kansas |  |  |  |  | <input type="checkbox"/> Kentucky |  |  |  |  | <input type="checkbox"/> Louisiana |  |  |  |  | <input type="checkbox"/> Maine |  |  |  |  | <input type="checkbox"/> Maryland |  |  |  |  |
| <input type="checkbox"/> Alabama                                                                                                                                                                                                                                     | <input type="checkbox"/> Connecticut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York                 | <input type="checkbox"/> Tennessee           |                                   |                                    |                                 |                                   |                                   |                                         |                                |                                         |                                               |                                       |                                       |                               |                                  |                                  |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Alaska                                                                                                                                                                                                                                      | <input type="checkbox"/> Delaware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> American Samoa                                                                                                                                                                                                                              | <input type="checkbox"/> District of Columbia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Midway Atoll  | <input type="checkbox"/> North Dakota             | <input type="checkbox"/> Utah                |                                   |                                    |                                 |                                   |                                   |                                         |                                |                                         |                                               |                                       |                                       |                               |                                  |                                  |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Arizona                                                                                                                                                                                                                                     | <input type="checkbox"/> Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Arkansas                                                                                                                                                                                                                                    | <input type="checkbox"/> Georgia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> California                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Colorado                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Montana       | <input type="checkbox"/> Oregon                   | <input type="checkbox"/> Wake Island         |                                   |                                    |                                 |                                   |                                   |                                         |                                |                                         |                                               |                                       |                                       |                               |                                  |                                  |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Guam                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Nebraska      | <input type="checkbox"/> Pennsylvania             | <input type="checkbox"/> Washington          |                                   |                                    |                                 |                                   |                                   |                                         |                                |                                         |                                               |                                       |                                       |                               |                                  |                                  |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Hawaii                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Idaho                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Illinois                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Indiana                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> New Mexico    | <input type="checkbox"/> South Dakota             |                                              |                                   |                                    |                                 |                                   |                                   |                                         |                                |                                         |                                               |                                       |                                       |                               |                                  |                                  |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |        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| <input type="checkbox"/> Iowa                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Johnston Atoll                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Kansas                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Kentucky                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Louisiana                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Maine                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Maryland                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                               |                                    |                                   |  |                                     |                                         |                                  |                                  |  |                                     |                                       |  |                               |  |  |  |  |                                         |  |  |  |  |                                 |  |  |  |  |                                   |  |  |  |  |                                    |  |  |  |  |                                |  |  |  |  |                                   |  |  |  |  |
| <b>228</b> Year and month filer first provided (or expects to provide) telecommunications in the U.S.<br>PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001 | <input type="checkbox"/> Check if prior to 1/1/1999, otherwise:<br>Year Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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      |                                    |                                                   |                                              |                                   |                                  |                                      |                               |                                  |                                     |  |                                   |                                   |                                   |                                   |  |                                  |                                 |                                      |                               |  |                                   |                                       |                                     |                                 |  |                                 |                                      |                                        |                                |  |                                        |                                       |                                    |                                   |  |                                     |                                         |                                  |                                  |  |                                     |                                       |  |                               |  |  |  |  |                                         |  |  |  |  |                                 |  |  |  |  |                                   |  |  |  |  |                                    |  |  |  |  |                                |  |  |  |  |                                   |  |  |  |  |

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FCC Form 499-A / December 2013 [DRAFT]

2014.3 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2013.2 Revenues)

Block 3: Carrier's Carrier Revenue Information

| 301                                                                                                                                                        | Filer 499 ID [from Line 101]                                                                                                                                                                                    | 302 | Legal name of filer [from Line 102] | Report billed revenues for January 1 through December 31, 2013.2. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. | Total Revenues (a) |                   | If breakouts are not book amounts, enter whole percentage estimates |                            | Breakouts |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|---------------------------------------------------------------------|----------------------------|-----------|--|
|                                                                                                                                                            |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    | Interstate (b)     | International (c) | Interstate Revenues (d)                                             | International Revenues (e) |           |  |
| See instructions regarding percent interstate and international.                                                                                           |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <b>Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms</b>              |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <i>Fixed local service</i>                                                                                                                                 |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 303.1                                                                                                                                                      | Provided as unbundled network elements (UNEs)                                                                                                                                                                   |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 303.2                                                                                                                                                      | Provided under other arrangements                                                                                                                                                                               |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <i>Per-minute charges for originating or terminating calls</i>                                                                                             |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 304.1                                                                                                                                                      | Provided under state or federal access tariff                                                                                                                                                                   |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 304.2                                                                                                                                                      | Provided as unbundled network elements or other contract arrangement                                                                                                                                            |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <i>Local private line &amp; special access service</i>                                                                                                     |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 305.1                                                                                                                                                      | Provided to other contributors for resale as telecommunications                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 305.2                                                                                                                                                      | Provided to other contributors for resale as interconnected VoIP                                                                                                                                                |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 306                                                                                                                                                        | Payphone compensation from toll carriers                                                                                                                                                                        |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 307                                                                                                                                                        | Other local telecommunications service revenues                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 308                                                                                                                                                        | Universal service support revenues received from Federal or state sources                                                                                                                                       |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <i>Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)</i>                                                            |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 309                                                                                                                                                        | Monthly, activation, and message charges except toll                                                                                                                                                            |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| <i>Toll services</i>                                                                                                                                       |                                                                                                                                                                                                                 |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 310                                                                                                                                                        | Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)                                                                                             |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 311                                                                                                                                                        | Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 312                                                                                                                                                        | Long distance private line services                                                                                                                                                                             |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 313                                                                                                                                                        | Satellite services                                                                                                                                                                                              |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 314                                                                                                                                                        | All other long distance services                                                                                                                                                                                |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |
| 315                                                                                                                                                        | Total revenues from resale [Lines 303 through 314]                                                                                                                                                              |     |                                     |                                                                                                                                                                                                                    |                    |                   |                                                                     |                            |           |  |

Except as noted in the instructions, for all revenues reported on this page, you must: (1) retain the Filer 499 ID and contact information for the associated customers; (2) verify that each of these customers was a reseller for calendar year 2012, and (3) verify that the customer is purchasing service for resale as telecommunications. See section III.C.2 of the instructions for the requirements applicable to revenue reported on this page. These records must be made available to the administrator or the FCC upon request.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

**20134 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)**

**Block 4-A: End-User and Non-Telecommunications Revenue Information**

| 401<br>Filer 499 ID [from Line 101]                                                                                                                                                                               | 402<br>Legal name of filer [from Line 102]                                                                                                                | Total Revenues<br>(a) | If breakouts are not book amounts, enter whole percentage estimates |                      | Breakouts                  |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------|----------------------|----------------------------|-------------------------------|
|                                                                                                                                                                                                                   |                                                                                                                                                           |                       | Interstate<br>(b)                                                   | International<br>(c) | Interstate Revenues<br>(d) | International Revenues<br>(e) |
| Report billed revenues for January 1 through December 31, 20132. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| See instructions regarding percent interstate and international.                                                                                                                                                  |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| <b>Revenues from All Other Sources (end-user, telecom, &amp; non-telecom.)</b>                                                                                                                                    |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| 403                                                                                                                                                                                                               | Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions                                            |                       |                                                                     |                      |                            |                               |
| <i>Fixed local services</i>                                                                                                                                                                                       |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges                            |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| Traditional Circuit Switched                                                                                                                                                                                      |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| 404.1                                                                                                                                                                                                             | Provided at a flat rate including interstate toll service – local portion                                                                                 |                       |                                                                     |                      |                            |                               |
| 404.2                                                                                                                                                                                                             | Provided at a flat rate including interstate toll service – toll portion                                                                                  |                       |                                                                     |                      |                            |                               |
| 404.3                                                                                                                                                                                                             | Provided without interstate toll included (see instructions)                                                                                              |                       |                                                                     |                      |                            |                               |
| Interconnected VoIP                                                                                                                                                                                               |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| 404.4                                                                                                                                                                                                             | Offered in conjunction with a broadband connection                                                                                                        |                       |                                                                     |                      |                            |                               |
| 404.5                                                                                                                                                                                                             | Offered independent of a broadband connection                                                                                                             |                       |                                                                     |                      |                            |                               |
| 405                                                                                                                                                                                                               | Tariffed subscriber line charges, Access Recovery Charges, and PICC charges levied by a local exchange carrier on a no-PIC customer                       |                       |                                                                     |                      |                            |                               |
| 406                                                                                                                                                                                                               | Local private line & special access service [Includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.] |                       |                                                                     |                      |                            |                               |
| 407                                                                                                                                                                                                               | Payphone coin revenues (local and long distance)                                                                                                          |                       |                                                                     |                      |                            |                               |
| 408                                                                                                                                                                                                               | Other local telecommunications service revenues                                                                                                           |                       |                                                                     |                      |                            |                               |
| <i>Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)</i>                                                                                                                   |                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| 409                                                                                                                                                                                                               | Monthly and activation charges                                                                                                                            |                       |                                                                     |                      |                            |                               |
| 410                                                                                                                                                                                                               | Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges                                       |                       |                                                                     |                      |                            |                               |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

20134 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)

Block 4-A: Continued

|                                                                                                                                                                                                                                                                                                                                            | Total Revenues<br>(a) | If breakouts are not book amounts, enter whole percentage estimates |                      | Breakouts                  |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------|----------------------|----------------------------|-------------------------------|
|                                                                                                                                                                                                                                                                                                                                            |                       | Interstate<br>(b)                                                   | International<br>(c) | Interstate Revenues<br>(d) | International Revenues<br>(e) |
| <i>Toll services</i>                                                                                                                                                                                                                                                                                                                       |                       |                                                                     |                      |                            |                               |
| <b>411</b> Prepaid calling card (including card sales to customers) and non-carrier distributors) reported at face value of cards                                                                                                                                                                                                          |                       |                                                                     |                      |                            |                               |
| <b>412</b> International calls that both originate and terminate in foreign points                                                                                                                                                                                                                                                         |                       | 0%                                                                  | 100%                 |                            |                               |
| <b>413</b> Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412                                                                                                                                                                    |                       |                                                                     |                      |                            |                               |
| Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)                                                                                                                            |                       |                                                                     |                      |                            |                               |
| <b>414.1</b> All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills                                                                                                                                                                                                              |                       |                                                                     |                      |                            |                               |
| <b>414.2</b> All interconnected VoIP long distance, including, but not limited to, itemized toll                                                                                                                                                                                                                                           |                       |                                                                     |                      |                            |                               |
| <b>415</b> Long distance private line services                                                                                                                                                                                                                                                                                             |                       |                                                                     |                      |                            |                               |
| <b>416</b> Satellite services                                                                                                                                                                                                                                                                                                              |                       |                                                                     |                      |                            |                               |
| <b>417</b> All other long distance services                                                                                                                                                                                                                                                                                                |                       |                                                                     |                      |                            |                               |
| Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection, customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues. (See instructions) |                       |                                                                     |                      |                            |                               |
| <b>418.1</b> bundled with circuit switched local exchange service                                                                                                                                                                                                                                                                          |                       |                                                                     |                      |                            |                               |
| <b>418.2</b> bundled with interconnected VoIP local exchange service                                                                                                                                                                                                                                                                       |                       |                                                                     |                      |                            |                               |
| <b>418.3</b> Other                                                                                                                                                                                                                                                                                                                         |                       |                                                                     |                      |                            |                               |
| <b>418.4</b> non-interconnected VoIP revenues not included in any other category                                                                                                                                                                                                                                                           |                       |                                                                     |                      |                            |                               |

Block 4-B: Total Revenue and Uncollectible Revenue Information

|                                                                                                                                                |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>419</b> Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]           |  |  |  |  |  |
| <b>420</b> Gross universal service contribution base amounts [Lines 403 through 411 plus Lines 413 through 417] [See Table 3 in instructions.] |  |  |  |  |  |
| <b>421</b> Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See instructions.]          |  |  |  |  |  |
| <b>422</b> Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420                |  |  |  |  |  |
| <b>423</b> Net universal service contribution base revenues [Line 420 minus line 422]                                                          |  |  |  |  |  |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

20134 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)

Block 5: Additional Revenue Breakouts

|     |                                     |  |
|-----|-------------------------------------|--|
| 501 | Filer 499 ID [from Line 101]        |  |
| 502 | Legal name of filer [from Line 102] |  |

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

|                   | Block 3<br>Carrier's Carrier<br>(a) | Block 4<br>End-User Telecom<br>(b) |
|-------------------|-------------------------------------|------------------------------------|
| 503 Southeast:    | %                                   | %                                  |
| 504 Western:      | %                                   | %                                  |
| 505 West Coast:   | %                                   | %                                  |
| 506 Mid-Atlantic: | %                                   | %                                  |
| 507 Mid-West:     | %                                   | %                                  |
| 508 Northeast:    | %                                   | %                                  |
| 509 Southwest:    | %                                   | %                                  |
| 510 Total:        | %                                   | %                                  |

511 Revenues from resellers that do not contribute to universal service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

|     | (a)                                                                                                    | (b)                          |
|-----|--------------------------------------------------------------------------------------------------------|------------------------------|
|     | Total Revenues                                                                                         | Interstate and International |
| 512 | Revenues from resellers that do not contribute to Universal Service                                    |                              |
| 513 | Gross TRS contribution base amounts<br>[Lines 403 through 417 plus Line 418.4 less Line 511]           |                              |
| 514 | Uncollectible revenue/bad debt expense associated with TRS contribution base amounts shown on Line 512 |                              |
|     | Net TRS contribution base revenues [Line 512 less Line 513]                                            |                              |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

20134 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 20123 Revenues)

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

602 Legal name of filer [from Line 102]

Section IV of the instructions provides information on which types of filers are required to file for which purposes. Any filer claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which filers meet the de minimis threshold based on information provided in Block 4, even if you fail to so certify below.]

603 I certify that the filer is exempt from contributing to: Universal Service [ ] TRS [ ] NANPA [ ] LNP Administration [ ]

Provide explanation below:

\_\_\_\_\_

604 Please indicate whether the filer is State or Local Government Entity [ ] I.R.C. § 501 or State Tax Exempt (see instructions) [ ]

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's rules. [ ]

I certify that I am an officer of the above-named filer as defined in the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named filer is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in section II-C of the instructions.

606 Signature \_\_\_\_\_

607 Printed name of officer \_\_\_\_\_

608 Position with reporting entity \_\_\_\_\_

609 Business telephone number of officer \_\_\_\_\_

610 Email of officer [not for public release] \_\_\_\_\_

611 Date \_\_\_\_\_

612 Check those that apply Original April 1 filing for year [ ] New filer, registration only [ ] Revised filing with updated registration [ ] Revised filing with updated revenue data [ ]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W., Suite 200, Washington DC 20036 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

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