

2008 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2007 Revenues)

Approval by OMB
3060-0855

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

Annual Filing -- due April 1, 2008

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 reporting entity

103 IRS employer identification number

[Enter 9 digit number]

104 Name telecommunications provider 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 directions.]

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> CAP/CLEC | <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) | <input type="checkbox"/> Coaxial Cable | <input type="checkbox"/> Incumbent LEC |
| <input type="checkbox"/> Interconnected VoIP | <input type="checkbox"/> Interexchange Carrier (IXC) | <input type="checkbox"/> Local Reseller | <input type="checkbox"/> Operator Service Provider (OSP) |
| <input type="checkbox"/> Payphone Service Provider | <input type="checkbox"/> Prepaid Card | <input type="checkbox"/> Private Service Provider | <input type="checkbox"/> Paging & Messaging |
| <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC | <input type="checkbox"/> SMR (dispatch) | <input type="checkbox"/> Toll Reseller | <input type="checkbox"/> Satellite Service Provider |

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

106.1 Holding company name (All affiliated companies must show the same name on this line.)

106.2 Holding company IRS employer identification number

[Enter 9 digit number]

107 FCC Registration Number (FRN) [<https://svartifoss2.fcc.gov/cores/CoresHome.html>]
[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

[Enter 10 digit number]

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

109 Complete mailing address of reporting entity corporate headquarters

Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.

Street1
Street 2
Street 3
City State Zip (postal code) Country if not USA

110 Complete business address for customer inquiries and complaints

check if same address as Line 109

Street1
Street 2
Street 3
City State Zip (postal code) Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

() - ext -

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 an additional sheet if necessary. Each reporting entity 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
February 2008

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	
202 Legal name of reporting entity [from Line 102]	
203 Person who completed this Worksheet	First MI Last
204 Telephone number of this person	() - ext -
205 Fax number of this person	() -
206 Email of this person Required if available -- not for public release	
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 <input type="checkbox"/> check if same address as Line 109 <input type="checkbox"/>	Office Attn First name MI Last Email required if available, not for public release Phone () - ext- Fax () - Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA
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 <input type="checkbox"/> check to use Line 208 information for FCC ITSP regulatory fee bill <input type="checkbox"/>	Company Attn First name MI Last Email required if available, not for public release Phone () - ext- Fax () - Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA

Block 2-B: Agent for Service of Process

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

209 D.C. Agent for Service of Process per 47 U.S.C. § 413	Company Attn First name MI Last
210 Telephone number of D.C. agent	() - ext -
211 Fax number of D.C. agent	() -
212 Email of D.C. agent Required if available	
213 Complete business address of D.C. agent for hand service of documents check to use Line 213 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 213 are checked, Line 208 will be used.]	Street1 Street 2 Street 3 City State DC Zip
214 Local/alternate Agent for Service of Process (optional)	Company Attn First name MI Last
215 Telephone number of local/alternate agent	() - ext -
216 Fax number of local/alternate agent	() -
217 Email of local/alternate agent Required if available	
218 Complete business address of local/alternate agent for hand service of documents check to use Line 218 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 218 are checked, Line 208 will be used.]	Street1 Street 2 Street 3 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

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.

219 Filer 499 ID [from Line 101]	
220 Legal name of reporting entity [from Line 102]	
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First MI Last
222 Business address of individual named on Line 221 check if same as Line 109 <input type="checkbox"/>	Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First MI Last
224 Business address of individual named on Line 223 check if same as Line 109 <input type="checkbox"/>	Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First MI Last
226 Business address of individual named on Line 225 check if same as Line 109 <input type="checkbox"/>	Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA
227 Indicate jurisdictions in which the filing entity 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.	
<input type="checkbox"/> Alabama <input type="checkbox"/> Guam <input type="checkbox"/> Massachusetts <input type="checkbox"/> New York <input type="checkbox"/> Tennessee <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Michigan <input type="checkbox"/> North Carolina <input type="checkbox"/> Texas <input type="checkbox"/> American Samoa <input type="checkbox"/> Idaho <input type="checkbox"/> Midway Atoll <input type="checkbox"/> North Dakota <input type="checkbox"/> Utah <input type="checkbox"/> Arizona <input type="checkbox"/> Illinois <input type="checkbox"/> Minnesota <input type="checkbox"/> Northern Mariana Islands <input type="checkbox"/> U.S. Virgin Islands <input type="checkbox"/> Arkansas <input type="checkbox"/> Indiana <input type="checkbox"/> Mississippi <input type="checkbox"/> Ohio <input type="checkbox"/> Vermont <input type="checkbox"/> California <input type="checkbox"/> Iowa <input type="checkbox"/> Missouri <input type="checkbox"/> Oklahoma <input type="checkbox"/> Virginia <input type="checkbox"/> Colorado <input type="checkbox"/> Johnston Atoll <input type="checkbox"/> Montana <input type="checkbox"/> Oregon <input type="checkbox"/> Wake Island <input type="checkbox"/> Connecticut <input type="checkbox"/> Kansas <input type="checkbox"/> Nebraska <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Washington <input type="checkbox"/> Delaware <input type="checkbox"/> Kentucky <input type="checkbox"/> Nevada <input type="checkbox"/> Puerto Rico <input type="checkbox"/> West Virginia <input type="checkbox"/> District of Columbia <input type="checkbox"/> Louisiana <input type="checkbox"/> New Hampshire <input type="checkbox"/> Rhode Island <input type="checkbox"/> Wisconsin <input type="checkbox"/> Florida <input type="checkbox"/> Maine <input type="checkbox"/> New Jersey <input type="checkbox"/> South Carolina <input type="checkbox"/> Wyoming <input type="checkbox"/> Georgia <input type="checkbox"/> Maryland <input type="checkbox"/> New Mexico <input type="checkbox"/> South Dakota	

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. <input type="checkbox"/> Check if prior to 1/1/1999, otherwise	Year	Month
---	------	-------

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
February 2008

Block 3: Carrier's Carrier Revenue Information

301	Filer 499 ID [from Line 101]					
302	Legal name of reporting entity [from Line 102]					
	Report billed revenues for January 1 through December 31, 2007. 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	
	See instructions regarding percent interstate & international.		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms						
<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					
<u>Per-minute charges for originating or terminating calls</u>						
304.1	Provided under state or federal access tariff					
304.2	Provided as unbundled network elements or other contract arrangement					
<u>Local private line & special access service</u>						
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 (including 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 provided for resale [Lines 303 through 314]					

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2007 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

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
February 2008

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

401	Filer 499 ID [from Line 101]				
402	Legal name of reporting entity [from Line 102]				
	Report billed revenues for January 1 through December 31, 2007. 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 & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates Interstate International (b) (c)		Breakouts Interstate Revenues International Revenues (d) (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)					
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				
	<i>traditional circuit switched</i>				
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)				
	<i>interconnected VoIP</i>				
404.4	Offered in conjunction with a broadband connection				
404.5	Offered independent of a broadband connection				
405	Tariffed subscriber line 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 (including 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

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2008

Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate	International	Interstate Revenues (d)	International Revenues (e)
<i>Toll services</i>					
411	Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards				
412	International calls that both originate and terminate in foreign points	0%	100%		
413	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412				
414.1	Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, <u>PICC pass-through, and other switched services not reported above</u>) All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills				
414.2	All interconnected VoIP long distance, including, but not limited to, itemized toll				
415	Long distance private line services				
416	Satellite services				
417	All other long distance services				
418.1	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.) bundled with circuit switched local exchange service				
418.2	bundled with interconnected VoIP local exchange service				
418.3	other				

Block 4-B: Total Revenue and Uncollectible Revenue Information

419	Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]				
420	Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.				
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]				
422	Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420				
423	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

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2008

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]

502 Legal name of reporting entity [from Line 102]

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of 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 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	%	%
504	Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	%	%
505	West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	%	%
506	Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	%	%
507	Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin	%	%
508	Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	%	%
509	Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas	%	%
510	Total [Percentages must add to 0 or 100.]	%	%

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
Revenues from resellers that do not contribute to Universal Service	\$		\$

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

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

601 Filer 499 ID [from Line 101]

602 Legal name of reporting entity [from Line 102]

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity 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 entities 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 reporting entity is exempt from contributing to: Universal Service TRS NANPA LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C. § 501Tax Exempt

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 reporting entity as defined on page 33 of 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 reporting entity 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-B of the instructions.

606 Signature

607 Printed name of officer

First MI Last

608 Position with reporting entity

609 Business telephone number of officer

() - ext -

610 Email of officer || Required if available -- 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

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