

2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues)

DRAFT - NOT YET APPROVED BY OMB

3060-0855

>>> Please read instructions before completing. <<<
Annual Filing -- due April 1, 2012

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

103 IRS employer identification 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
- Incumbent LEC
- Operator Service Provider
- Satellite Service Provider
- Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: →
- CAP/CLIC
- Interconnected VoIP
- Paying & Messaging
- Shared-Tenant Service Provider / Building LEC
- Other Local
- Cellular/PCS/SMR (wireless telephony incl. by resale)
- Interexchange Carrier (IXC)
- Payphone Service Provider
- SMR (dispatch)
- Toll Reseller
- Coaxial Cable
- Local Reseller
- Prepaid Card
- Toll Reseller
- Non-Interconnected VoIP
- Private Service Provider
- Wireless Data
- Other Toll

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

106.2 Holding company IRS employer identification number

107 FCC Registration Number (FRN) [https://fallfoss.fcc.gov/coresWeb/publicHome.do]

[For assistance, contact the CORES help desk at 877-480-5201 or CORES@fcc.gov]

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

109 Complete mailing address of reporting entity corporate headquarters

110 Complete business address for customer inquiries and complaints

check if same address as Line 109

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

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	b	c	d	e	f	g	h	i	j	k	l

Use an additional sheet 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

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Block 2-A: Regulatory Contact Information

201	Filer 499 ID [from Line 101]																			
202	Legal name of filer [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 <input type="checkbox"/> not for public release <input type="checkbox"/>																			
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		ext-		Fax ()						
		Email <input type="checkbox"/> not for public release <input type="checkbox"/>				Phone ()														
		Street1																		
		Street2																		
		Street3																		
		City				State				Zip (postal code)										
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"/>	Company				Attn: First name		MI		Last		ext-		Fax ()						
		Email <input type="checkbox"/> not for public release <input type="checkbox"/>				Phone ()														
		Street1																		
		Street2																		
		Street3																		
		City				State				Zip (postal code)										
208.1	Email address where ITSP regulatory fee bill should be sent	<input type="checkbox"/> not for public release <input type="checkbox"/>																		

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.

209	D.C. Agent for Service of Process	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																			
213	Complete business address of D.C. agent for hand service of documents	Street1																		
		Street2																		
		Street3																		
		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																			
218	Complete business address of local/alternate agent for hand service of documents	Street1																		
		Street2																		
		Street3																		
		City				State								Zip (postal code)						

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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 filer [from Line 102]							
221	Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer)	First		MI		Last		
222	Business address of individual named on Line 221	Street1 Street2 Street3 City		State		MI	Zip (postal code)	Country, if not USA
	check if same as Line 109 <input type="checkbox"/>							
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	Street1 Street2 Street3 City		State		MI	Zip (postal code)	Country, if not USA
	check if same as Line 109 <input type="checkbox"/>							
225	Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 and 223)	First		MI		Last		
226	Business address of individual named on Line 225	Street1 Street2 Street3 City		State		MI	Zip (postal code)	Country, if not USA
	check if same as Line 109 <input type="checkbox"/>							
227	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.							
	<input type="checkbox"/> Alabama	<input type="checkbox"/> Guam	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Tennessee	<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"/> Texas	<input type="checkbox"/> Texas	<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"/> Utah	<input type="checkbox"/> Utah	<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"/> U.S. Virgin Islands	<input type="checkbox"/> U.S. Virgin 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"/> Vermont	<input type="checkbox"/> Vermont	<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"/> Virginia	<input type="checkbox"/> Virginia	<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"/> Wake Island	<input type="checkbox"/> Wake Island	<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"/> Washington	<input type="checkbox"/> Washington	<input type="checkbox"/> Washington
	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Rhode Island
	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Carolina
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota	<input type="checkbox"/> South Dakota	<input type="checkbox"/> South Dakota	<input type="checkbox"/> South Dakota	<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 _____							

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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, 2011.
 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.

Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms

Fixed local service

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

304.1 Per-minute charges for originating or terminating calls

304.2 Provided under state or federal access tariff

305.1 Provided as unbundled network elements or other contract arrangement

305.2 Provided to other contributors for resale as telecommunications

306 Payphone compensation from toll carriers

307 Other local telecommunications service revenues

308 Universal service support revenues received from Federal or state sources

Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)

309 Monthly, activation, and message charges except toll

Toll services

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 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]

	Total Revenues (a)	If breakpoints are not book amounts, enter whole percentage estimates		Interstate Revenues (d)	International Revenues (e)
		Interstate (b)	International (c)		

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 2010 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.)

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

401 Filer 499 ID [from Line 101]	402 Legal name of filer [from Line 102]	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		
			Interstate (b)	International (c)	Breakouts
			Interstate Revenues (d)	International Revenues (e)	
Report billed revenues for January 1 through December 31, 2011. 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.					
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 P1CC 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 and P1CC charges levied by a local exchange carrier on a no-PLC 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					

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Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates			Breakouts	
		Interstate (b)	International (c)	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					
	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)					
414.1	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					
	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.)					
418.1	bundled with circuit switched local exchange service					
418.2	bundled with interconnected VoIP local exchange service					
418.3	other					
418.4	non-interconnected VoIP revenues not included in any other category					
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 plus Lines 413 through 417] [See Table 3 in instructions.]					
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See instructions.]					
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 less line 422]					

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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.				
503	Southwest: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	Block 3 Carrier (a)	Block 4 End-User Telecom (b)	%
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	
512	Gross TRS contribution base amounts [Lines 403 through 417 plus Line 418.4 less Line 511]			
513	Uncollectible revenue/bad debt expense associated with TRS contribution base amounts shown on Line 512			
514	Net TRS contribution base revenues [Line 512 less Line 513]			

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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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