FCC Form 499-Q Telecommunications Re Quarterly Filing for Universal Service Contributors		ons before completing <<<	Approval by OMB 3060-0855
Block 1: Contributor Identification Information	101	Filer 499 ID	
102 Legal name of reporting entity	'		
103 IRS employer identification number			
104 Name telecommunications provider is doing business	ıs		
105 Holding company [All affiliated companies should show same	name here.]		
106 FCC Registration Number (FRN)			
107 Complete mailing address of reporting entity's corporate headquarters			
Block 2: Contact Information			
108 Person who completed this worksheet First	N	/II Last	
109 Telephone number of this person	() -		
110 Fax number of this person	() -		
111 Email of this person			
112 Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]			
Block 3: Contributor Historical and Projected Revenue Inform	ation		
113 Year of historical revenue information			
		Projected revenues for April 1 - June 30	
		July 1 - September 30	
· • • • • • • • • • • • • • • • • • • •	June 30	October 1 - December 31	
November 1 July 1 - Historical billed revenues with no allowance or	September 30 Total	January 1 - March 31 (following cale	endar year) International
deductions for uncollectibles. See instructions.	Revenues (a)	Interstate Revenues (b)	Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as	9		
interconnected VoIP			
116 End-user telecommunications revenues including any pass-through charges for universal service contributio	S.		
but excluding international-to-international revenues	-		
117 All other goods and services		Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above	•	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and internat revenues including any pass-through charges for university.		t	
excluding international-to-international revenues 120 Projected collected end-user interstate and internation	l tolocommunications		
revenues including any pass-through charges for universided excluding international-to-international revenues		t	
Block 4: CERTIFICATION: to be signed by an officer of the re	orting entity	- t l. l' l' l f l. (e	-farmatian
121 I certify that the revenue data contained herein are privacula likely cause substantial harm to the competitive information contained herein pursuant to sections 0.45	position of the company. I red	quest nondisclosure of the rev	
I certify that I am an officer of the above-named reporting ent			st of my knowledge,
information and belief, all statements of fact contained in this	Worksheet are true, that said	Worksheet is an accurate sta	tement of the affairs of
the above-named company for the quarter and that the project based on company procedures and policies.	tions of gross-billed and colle	cted revenues represent a go	ood-raith estimate
122 Signature			
123 Printed name of officer First	N	/II Last	
124 Position with reporting entity			
125 Email of officer Required if available			
126 Date			
	ed filing [revisions due within	45 days of original filing dead	lline]
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 Info: (888) 641-8722 or via e-mail: Form499@universalservice.org			