

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

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	[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.]	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Audio Bridging (teleconferencing) Provider</td> <td><input type="checkbox"/> CAP/CLEC</td> <td><input type="checkbox"/> Cellular/PCS/SMR (wireless telephony inc. by resale)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Coaxial Cable</td> <td><input type="checkbox"/> Incumbent LEC</td> <td><input type="checkbox"/> Interconnected VoIP</td> <td><input type="checkbox"/> Interexchange Carrier (IXC)</td> <td><input type="checkbox"/> Local Reseller</td> </tr> <tr> <td><input type="checkbox"/> Non-Interconnected VoIP</td> <td><input type="checkbox"/> Operator Service Provider</td> <td><input type="checkbox"/> Paging & Messaging</td> <td><input type="checkbox"/> Payphone Service Provider</td> <td><input type="checkbox"/> Prepaid Card</td> </tr> <tr> <td><input type="checkbox"/> Private Service Provider</td> <td><input type="checkbox"/> Satellite Service Provider</td> <td><input type="checkbox"/> Shared-Tenant Service Provider / Building LEC</td> <td><input type="checkbox"/> SMR (dispatch)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Toll Reseller</td> <td><input type="checkbox"/> Wireless Data</td> <td><input type="checkbox"/> Other Local</td> <td><input type="checkbox"/> Other Mobile</td> <td><input type="checkbox"/> Other Toll</td> </tr> </table>				<input type="checkbox"/> Audio Bridging (teleconferencing) Provider	<input type="checkbox"/> CAP/CLEC	<input type="checkbox"/> Cellular/PCS/SMR (wireless telephony inc. 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"/> Non-Interconnected VoIP	<input type="checkbox"/> Operator Service Provider	<input type="checkbox"/> Paging & Messaging	<input type="checkbox"/> Payphone Service Provider	<input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Private Service Provider	<input type="checkbox"/> Satellite Service Provider	<input type="checkbox"/> Shared-Tenant Service Provider / Building LEC	<input type="checkbox"/> SMR (dispatch)		<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> Wireless Data	<input type="checkbox"/> Other Local	<input type="checkbox"/> Other Mobile	<input type="checkbox"/> Other Toll
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<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> Wireless Data	<input type="checkbox"/> Other Local	<input type="checkbox"/> Other Mobile	<input type="checkbox"/> Other Toll																										
	If Other Local, Other Mobile or Other Toll is checked 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://fjallfoss.fcc.gov/coresWeb/publicHome.do] [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	Street1 Street2 Street3 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 Street2 Street3 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 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 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 ● check if same address as Line 109 ●	Office	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	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	not for public release				
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)	Country if not USA	

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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 check if same as Line 109 <input type="checkbox"/>	Street1 Street2 Street3 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 Street2 Street3 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 and 223)	First	MI	Last						
226 Business address of individual named on Line 225 check if same as Line 109 <input type="checkbox"/>	Street1 Street2 Street3 City	State	Zip (postal code)	Country if not USA					
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.	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> American Samoa <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> District of Columbia <input type="checkbox"/> Florida <input type="checkbox"/> Georgia </td> <td style="width: 20%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Guam <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <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 </td> <td style="width: 20%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Midway Atoll <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico </td> <td style="width: 20%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Northern Mariana Islands <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota </td> <td style="width: 20%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> U.S. Virgin Islands <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Wake Island <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming </td> </tr> </table>				<ul style="list-style-type: none"> <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> American Samoa <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> District of Columbia <input type="checkbox"/> Florida <input type="checkbox"/> Georgia 	<ul style="list-style-type: none"> <input type="checkbox"/> Guam <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <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 	<ul style="list-style-type: none"> <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Midway Atoll <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico 	<ul style="list-style-type: none"> <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Northern Mariana Islands <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota 	<ul style="list-style-type: none"> <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> U.S. Virgin Islands <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Wake Island <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming
<ul style="list-style-type: none"> <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> American Samoa <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> District of Columbia <input type="checkbox"/> Florida <input type="checkbox"/> Georgia 	<ul style="list-style-type: none"> <input type="checkbox"/> Guam <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <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 	<ul style="list-style-type: none"> <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Midway Atoll <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico 	<ul style="list-style-type: none"> <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Northern Mariana Islands <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota 	<ul style="list-style-type: none"> <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> U.S. Virgin Islands <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Wake Island <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming 					
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.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
See instructions regarding percent interstate and 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					
303.1 <u>PICC charges to IXCs</u> 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 (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]					

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 2011 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]					
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.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (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					
Fixed local services					
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
<u>Traditional Circuit Switched</u>					
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)					
<u>Interconnected VoIP</u>					
404.4 Offered in conjunction with a broadband connection					
4					
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					
Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)					
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	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate	International	Interstate Revenues	International Revenues
<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 minus 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]			
<p>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.</p>				
<p>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.</p>				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Block 3 Carrier's Carrier (a)</td> <td style="width: 50%; text-align: center;">Block 4 End-User Telecom (b)</td> </tr> </table>	Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom (b)
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			
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	First	MI	Last
608 Position with reporting entity			
609 Business telephone number of officer	() - ext -		
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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