

FCC Form 499-Q Telecommunications Reporting Worksheet

Approval by OMB

Quarterly Filing for Universal Service Contributors > Please read instructions before completing <

3060-0855

Block 1: Contributor Identification Information		101 Filer 499 ID
102 Legal name of reporting entity		
103 Filer's IRS employer identification number		
104 Name telecommunications provider is doing business as		
105 Affiliated Filers Name/Holding Company Name [All affiliated companies should show same name here. In most cases, the Affiliated Filers Name will be the holding company name.]	Check if filer has no affiliates: <input type="checkbox"/>	
105.1 Affiliated Filers Name/Holding Company Name IRS employer identification number	[Enter 9 digit number]	
106 Filer's FCC Registration Number (FRN)	[Enter 10 digit number]	
107 Complete mailing address of reporting entity's corporate headquarters		

Block 2: Contact Information			
108 Person who completed this worksheet	First	MI	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 Information			
113 Indicate which quarterly filing this represents	Filing due <ul style="list-style-type: none"> November 1, 2013 February 1, 2014 May 1, 2014 August 1, 2014 	Historical revenues (lines 115-118) for July 1 – September 30, 2013 October 1 – December 31, 2013 January 1 – March 31, 2014 April 1 – June 30, 2014	Projected revenues (lines 119-120) for January 1 – March 31, 2014 April 1 – June 30, 2014 July 1 – September 30, 2014 October 1 – December 31, 2014
114 Check if using safe harbor to allocate interstate/intrastate revenues for each of the following (as applicable): Cellular & broadband PCS: <input type="checkbox"/> Paging: <input type="checkbox"/> Analog SMR: <input type="checkbox"/> Interconnected VoIP: <input type="checkbox"/>			

Historical billed revenues with no allowance or deductions for uncollectibles. See Instructions.		Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP				
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues				
117 All other goods and services		Column (b) and (c) not requested for Lines 117 and 118		
118 Gross-billed revenues from all sources [sum of above]				
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues				
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues				

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 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.	<input type="checkbox"/>
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I certify that I am an officer of the above-named reporting entity, 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, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature			
123 Printed name of officer	First	MI	Last
124 Position with reporting entity			
125 Email of officer (Required if available)			
126 Date			

127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

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 email: Form 499@universalservice.org

PERSONS WILLFULLY MAKING 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

electronically at