

2015 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2014 Revenues)

APPROVED BY OMB

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

3060-0855

Annual Filing -- due April 1, 2015

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.]		
	<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		
	If Other Local, Other Mobile or Other Toll is checked describe carrier type / services provided: →		
106.1	Affiliated Filers Name/Holding Company Name (All affiliated companies must show the same name on this line.)	Check if filer has no affiliates <input type="checkbox"/>	
106.2	Affiliated Filers Name/Holding Company Name 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
110	Complete business address for customer inquiries and complaints check if same address as Line 109 <input type="checkbox"/>	Street1 Street2 Street3 City	State Zip (postal code) Country
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 additional sheets if necessary. Each filer must provide all names used for telecommunications activities

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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	Office Attn: First name MI Last Email not for public release Phone () - ext- Fax () - ----- Street1 Street2 Street3 City State Zip (postal code) Country check if same name as Line 203 <input type="checkbox"/> check if same address as Line 109 <input type="checkbox"/>
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.]	Company Attn: First name MI Last Email not for public release Phone () - ext- Fax () - ----- Street1 Street2 Street3 City State Zip (postal code) Country check if name and address same as Line 207 <input type="checkbox"/>
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 City State Zip (postal code) Country

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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
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
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

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"/> 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
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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, 2014. 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.					
		If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
Total Revenues (a)		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 (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]					

See section III.C.2 of the instructions for the requirements applicable to revenue reported on this page. These records must be made available to the administrator or the FCC upon request.

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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, 2014. 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					
404.5 Offered independent of a broadband connection					
405 Tariffed subscriber line charges, Access Recovery 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 (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
		Toll services			
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, PICCC pass-through, and other switched services not reported above) 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				
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]	

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.

		Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom (b)
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	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) Total Revenues	(b) 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@usac.org

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