Vendor Letterhead

Certification of [Vendor]

I,	[name of corporate officer], on behalf of
[Vendo	r name] (SPIN) certify and swear under the penalty of
perjury, that to the best	of my knowledge, information and belief, all federal Rural Health
Care Pilot Program supp	oort provided to us will be used only for eligible Pilot Program
purposes for which the	support is intended, as described in the Pilot Program Order (WC
Docket 02-60; FCC 07-	498, released November 19, 2007), and consistent with related
FCC orders, section 254	(h)(2)(A) of the Telecommunications Act of 1934, as amended,
and Parts 54.601 et. seq. of the FCC's rules.	
	_(signature)
Name:	_
Title:	_
Date:	
NOTARIZED BY: _	
_	