

**Instructions for Completing the Inmate Calling Services
Annual Reporting Form (FCC Form 2301(a))**

PURPOSE OF FORM

All providers of inmate calling services (ICS) must submit FCC Form 2301(a) to the Federal Communications Commission (FCC or Commission) by April 1 of each year. The form, which provides information for the preceding calendar year, is designed to facilitate transparency in ICS rates, terms, and fees and to help ensure that providers of ICS comply with the Commission's rules.

Each provider of ICS must complete and submit the form using the Commission-provided Excel template available at <https://www.fcc.gov/general/ics-data-collections>. The form must be submitted in a machine-readable and manipulatable format.

Throughout these instructions, the service provider may be referred to as "you." A service provider is any entity that provides ICS, which is defined as a service that allows inmates to make calls to individuals outside of the prison or jail where the inmates are being held, regardless of the technology used. Other terms used in the Annual Reporting Form are defined below.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who must file the FCC Form 2301(a)?

FCC Form 2301(a) must be completed by each provider of ICS.

When to File

FCC Form 2301(a) must be submitted annually, along with the provider's annual certification, by April 1 of each year.

Where to File

Submit public versions of FCC Form 2301(a) by filing and certifying the completed form electronically, using the Commission's Electronic Comment Filing System (ECFS), by accessing the ECFS at <https://www.fcc.gov/ecfs/>.

Confidential data may be filed pursuant to the *Protective Order* adopted in this proceeding and by adhering to the standard set forth in section 0.459(b) of the Commission's rules.¹ Confidential versions of the reports must be submitted to the Secretary's office and to the FCC's Wireline Competition Bureau (WCB or Bureau) using the Excel template provided by the Commission and in a machine-readable and manipulatable format.

¹ *Rates for Interstate Inmate Calling Services*, WC Docket No. 12-375, Order, 28 FCC Rcd 16954 (WCB 2013) (*Protective Order*); 47 CFR § 0.459(b); *see id.* § 0.459(c) (specifying that "[c]asual requests [for confidential treatment] (including simply stamping pages 'confidential') . . . will not be considered"); *Wireline Competition Bureau Reminds Providers of Inmate Calling Services of the April 1, 2019 Deadline for Annual Reports and Certifications*, WC Docket No. 12-375, Public Notice, 34 FCC Rcd 1292, 1293-94 (WCB 2019) (discussing categories of information that may be suitable for redaction from public inspection).

Compliance

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 USC. Secs. 502, 503(b), or by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service providers must provide all of the information requested in FCC Form 2301(a). A valid entry must be submitted on the form for each component of the required information. These instructions set forth the requirements for a valid entry. These instructions instruct you to mark “N/A” or leave an entry blank in certain circumstances. You must explain any other use of “N/A” or “blank.” You must also provide an explanation for any other entry that does not provide all or part of the requested information. If you have any questions about completing this form, please contact the Bureau at 202-418-1520 before submitting the form. If the form is not completed properly, the form may be rejected and/or returned to you.

I: Basic Information

Block 1 of FCC Form 2301(a) asks for the provider’s basic identification information and contact person data.

Item (1) – Provide the name under which the provider offers service. If the provider offers ICS under more than one name, list all relevant names.

Item (2) – Provide the relevant time period for the information the report covers.

Item (3) – Provide the name and title of the officer completing FCC Form 2301(a). The officer may be the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or another senior executive with first-hand knowledge of the accuracy and completeness of the information provided.

Item (4) – Provide the business telephone number with area code (containing 10 digits) for the officer identified in Item (3).

Item (5) – Provide the business email address of the officer identified in Item (3).

Item (6) – Provide the total number of correctional facilities in which you offered ICS during the reporting period. You must include facilities that you no longer serve, if they were served during the reporting period. For purposes of this form, a “correctional facility” refers to a prison or jail, as those terms are defined below. For purposes of this form, report all correctional facilities by individual physical location. If more than one facility shares the same physical location, treat each facility as a separate facility.

Item (7) – List the number of prisons in which you offered ICS during the reporting period. You must include facilities that you no longer serve, if they were served during the reporting period. For purposes of this form, a “prison” is defined as a facility operated by a territorial, state, or federal agency that is used primarily to confine individuals convicted of felonies and sentenced to terms in excess of one year. The term “prison” also includes public and private facilities that provide outsource housing to other agencies, such as State Departments of Correction and the Federal Bureau of Prisons; and facilities that would otherwise fall under the definition of a jail but in which the majority of inmates are post-conviction or are committed to confinement for sentences of longer than one year.

Item (8) – List the number of jails in which you offered ICS during the reporting period that have an average daily population (ADP) of 0-349. You must include facilities that you no longer serve, if they were served during the reporting period. For purposes of this form, the “ADP” is defined as the sum of all inmates in a facility for each day of the preceding calendar year, divided by the number of days in the year. For purposes of this form, a “jail” is defined as a facility of a local, state, or federal law

enforcement agency that is used primarily to hold individuals who are (1) awaiting adjudication of criminal charges; (2) post-conviction and committed to confinement for sentences of one year or less; or (3) post-conviction and awaiting transfer to another facility. The term “jail” also includes city, county, or regional facilities that have contracted with a private company to manage day-to-day operations; privately-owned and operated facilities primarily engaged in housing city, county, or regional inmates; facilities used to detain individuals pursuant to a contract with U.S. Immigration and Customs Enforcement; and juvenile detention facilities and secure mental health facilities that operate outside of jail or prison institutions.

Item (9) – Provide the number of jails in which you offered ICS during the reporting period that have an ADP of 350-999, using the definitions of “ADP” and “jail” found in the instructions for Item (8).

Item (10) – Provide the number jails in which you offered ICS during the reporting period that have an ADP of 1000 or more, using the definitions of “ADP” and “jail” found in the instructions for Item (8).

I(a): Narrative Description of Facilities

1. Correctional Facilities Served Less than a Full Year – In this space, provide the names of all correctional facilities that you served for less than a full year during the reporting period and the dates during which you served those facilities (e.g.: [Facility Name], From [Month]/[Date] to [Month]/[Date]). If all correctional facilities listed in the form were served by you during the entirety of the reporting period, you must enter “N/A: No correctional facility listed in this form was served for less than a full year covered by the reporting period.”

2. Explanation of Alternative Method for Determining ADP – In this space, provide the names of all jails for which the ADP reported in Section I, Items (8), (9), or (10), reflects an alternative method for calculating ADP. Also describe the method used to calculate ADP for those jails. As used in this form, “an alternative method for calculating ADP” is any method other than the method specified in Section I, Item (8), of dividing the sum of all inmates in a facility for each day of the preceding calendar year by the number of days in the year.

3. Partnerships with Other ICS Providers – In this space, explain each partnership you have with any other company for the provision of ICS. This explanation shall include: the partner’s name; the name of each correctional facility subject to the partnership; the name of the primary partner; and the types of the ICS calls billed by each partner. For example: “Company [X] is the primary partner. Company [X] partners with Company [Y] for the provision of ICS at Facility [AA]. Company [X] is the billing party for all prepaid and debit calls from Facility [AA]. Company [Y] is the billing party for all collect calls from Facility [AA].” The explanation also shall include the ICS-related functions provided by each partner as well as any revenue sharing arrangement among the parties. As used in this form, “partnership” means a contract or other arrangement under which two or more entities potentially bill consumers for the provision of ICS to inmates at a correctional facility. As used in this form, “primary partner” means the partner that has the contract or other arrangement with the correctional facility’s contracting authority for the provision of ICS at that facility.

II: ICS Rates

1. Contracting Party: In this column, list all of the contracts for the provision of ICS that the provider held during the reporting period. The provider shall identify the specific party with which the provider executed the contract (e.g., “Contract with [State’s] Department of Corrections”).

2. Contract Identifier: In this column, list a unique identifier for each contract for the provision of ICS that the provider held during the reporting period.

3. Name and Location of Facilities Covered by Contract: In this column, enter the name and physical location (i.e., city and state) of every correctional facility, as defined in the instructions for Section I, Item (6), that is covered by each contract that the provider held during the reporting period (e.g., “[XYZ] State Prison, ([X] City, [Y] State”). You do not need to provide the full address of the facility.

4. Facility Type – In this column, indicate whether the relevant facility is a prison, as defined in the instructions for Section I, Item (7), or a jail, as defined in the instructions for Section I, Item (8).

5. ADP (for Jails) – In this column, provide the average daily population ADP that corresponds to each jail the provider served during the reporting period, as defined in the instructions for Section I, Item (8). For prisons, leave blank, or mark “N/A.”

6(a). Intrastate Rate (Debit/Prepaid) – In this column, provide the per-minute rate you charged for intrastate ICS calls using Debit Calling or Prepaid Calling (collectively, “Intrastate Debit/Prepaid Rate”) at each correctional facility you served during the reporting period. Enter “N/A: Service Not Offered” in the corresponding sub-column of the template if you did not offer intrastate debit/prepaid ICS in a facility during the reporting period. If you charged more than one rate for intrastate debit/prepaid calls made from a correctional facility during the reporting period, you must report the highest rate.

- “Intrastate calls” are defined as any communication that originates and terminates in the same state or territory.
- “Debit Calling” means a presubscription or comparable service which allows an inmate, or someone acting on an inmate’s behalf, to fund an account set up through an ICS provider that can be used to pay for ICS calls originated by the inmate.
- “Prepaid Calling” means a presubscription or comparable service in which a consumer, other than an inmate, funds an account set up through an ICS provider. Funds from the account can then be used to pay for ICS, including calls that originate with an inmate.

6(b). Intrastate Rate (Collect) – In this column, provide the per-minute rate you charged for intrastate ICS calls using Collect Calling or Prepaid Collect Calling (collectively, “Intrastate Collect Rate”) at each correctional facility you served during the reporting period. Enter “N/A: Service Not Offered” in the corresponding sub-column of the template if you did not offer intrastate collect ICS in a facility during the reporting period. If you charged more than one rate for intrastate collect calls made from a correctional facility during the reporting period, you must report the highest rate.

- “Intrastate calls” are defined in the instructions for Section II, Item 6(a).
- “Collect Calling” means an arrangement whereby the called party takes affirmative action clearly indicating that it will pay the charges associated with a call originating from a telephone instrument or similar device used by an inmate.
- “Prepaid Collect Calling” means an arrangement that allows an inmate to initiate an ICS call without having a pre-established billing arrangement and that also provides a means, within that call, for the called party to establish an arrangement to be billed directly by the ICS provider for future calls from the same inmate.

7(a). Intrastate Rates Different from Listed Rate (Debit/Prepaid) – In this column, enter “Yes” if you charged a per-minute rate different from the Intrastate Debit/Prepaid Rate listed in Section II, Item 6(a),

for any minute of an intrastate debit/prepaid ICS call during the reporting period. For example, if you charged a rate that is greater than the Intrastate Debit/Prepaid Rate for the first minute of an intrastate debit/prepaid ICS call, you must enter “Yes” in this column. Enter “No” in this column if you charged the Intrastate Debit/Prepaid Rate for every minute of intrastate debit/prepaid ICS calls during the reporting period. If you changed your rate during the reporting period, enter “Yes” in this column and state the period during which the revised rate was in effect.

7(b). Intrastate Rates Different from Listed Rate (Collect) – In this column, enter “Yes” if you charged a per-minute rate different from the Intrastate Collect Rate listed in Section II, Item 6(b) for any minute of an intrastate collect ICS call during the reporting period. For example, if you charged a rate that is greater than the Intrastate Collect Rate for the first minute of an intrastate collect ICS call, you must enter “Yes” in this column. Enter “No” in this column if you charged the Intrastate Collect Rate for every minute of intrastate collect ICS calls during the reporting period. If you changed your rate during the reporting period, enter “Yes” in this column and state the period during which the revised rate was in effect.

8(a). Interstate Rate (Debit/Prepaid) – In this column, provide the per-minute interstate rate you charged for interstate ICS calls using Debit Calling or Prepaid Calling (collectively, “Interstate Debit/Prepaid Rate”) at each correctional facility you served during the reporting period. Enter “N/A: Service Not Offered” in the corresponding sub-column of the template if you did not offer interstate debit/prepaid ICS in a facility during the reporting period. If you charged more than one rate for interstate debit/prepaid calls made from a correctional facility during the reporting period, you must report the highest rate.

- Pursuant to 47 U.S.C. §153(28), “interstate calls” are defined as any communication or transmission from any state, territory, or possession of the United States, or the District of Columbia, to any other state, territory, or possession of the United States, or the District of Columbia.
- Refer to the instructions for Section II, Item 6(a), for the definitions of “Debit Calling” and “Prepaid Calling.”

8(b). Interstate Rate (Collect) – In this column, provide the per-minute interstate rate you charged for interstate ICS calls using Collect Calling or Prepaid Collect Calling (collectively, “Interstate Collect Rate”) at each correctional facility you served during the reporting period. Enter “N/A: Service Not Offered” in the corresponding sub-column of the template if you did not offer interstate collect ICS in a facility during the reporting period. If you charged more than one rate for interstate collect calls made from a correctional facility during the reporting period, you must report the highest rate.

- “Interstate calls” are defined in the instructions for Section II, Item 8(a).
- Refer to the instructions for Section II, Item 6(b), for the definitions of “Collect Calling” and “Prepaid Collect Calling.”

9(a). Interstate Rates Different from Listed Rate (Debit/Prepaid) – In this column, Enter “Yes” if you charged a per-minute rate different from the Interstate Debit/Prepaid Rate listed in Section II, Item 8(a), for any minute of an interstate debit/prepaid ICS call during the reporting period. For example, if you charged a rate that is greater than the Interstate Debit/Prepaid Rate for the first minute of an interstate debit/prepaid ICS call, you must enter “Yes” in this column. Enter “No” in this column if you charged the Interstate Debit/Prepaid Rate for every minute of interstate debit/prepaid ICS calls during the reporting period. If you changed your rate during the reporting period, enter “Yes” in this column and state the period during which the revised rate was in effect. _

9(b). Interstate Rates Different from Listed Rate (Collect) – In this column, enter “Yes” if you charged a per-minute rate different from the Interstate Collect Rate listed in Section II, Item 8(b), for any

minute of an interstate collect ICS call during the reporting period. For example, if you charged a rate that is greater than the Interstate Collect Rate for the first minute of an interstate collect ICS call, you must enter “Yes” in this column. Enter “No” in this column if you charged the Interstate Collect Rate for every minute of interstate collect ICS calls during the reporting period. If you changed your rate during the reporting period, enter “Yes” in this column and state the period during which the revised rate was in effect.

10. International Rate – If you offered a single unitary rate for all international calls from a given facility during the reporting period, list that rate in this column. If your international ICS rates varied depending on the country in which the call terminated, list all of the relevant rates in an appendix. Provide your rates separately for international debit/prepaid calls and international collect calls in the two sub-columns of the template. Enter “N/A: Service Not Offered” in the corresponding sub-column of the template if you did not offer either type of services (collect or debit/prepaid) for international calls. For purposes of this form, “international calls” are ICS calls that originate in a prison or jail (as those terms are defined in Section I, Items (7) and (8)) in the United States and terminate in a foreign country.

II(a): Narrative Description of ICS Rates

1. Intrastate Rates Different from Listed Rate – In this space, provide all rates for any minutes of an intrastate ICS call for which you charged a rate different from the Intrastate Debit/Prepaid Rate or Intrastate Collect Rate provided in Section II, Items 6(a) and 6(b). Provide the required information separately for intrastate debit/prepaid ICS calls and intrastate collect ICS calls, as outlined in the template. For example, for each and every rate that deviated from the Intrastate Debit/Prepaid Rate reported in Section II, report the rate and the relevant period for the rate (e.g., “The intrastate debit/prepaid rate was \$ [x], from [Month]/[Date] to [Month]/[Date].”). Moreover, if you charged a rate that is greater than the Intrastate Debit/Prepaid Rate or Intrastate Collect Rate for particular portions of an intrastate ICS call (e.g., the first minute and fifth minute of an ICS call), you must identify the rates for those portions (e.g., “For the first minute of intrastate collect ICS calls, the per-minute rate was \$[x]. For the fifth minute of intrastate collect ICS calls, the per-minute rate was \$[y]. For all other minutes of intrastate collect ICS calls, the per-minute rate equals the Intrastate Collect Rate.”). Enter “N/A: No Deviation from Listed Intrastate Debit/Prepaid Rate” or “N/A: No Deviation from Listed Intrastate Collect Rate” if you entered “No” in Section II, Items 7(a) or 7(b).

2. Interstate Rates Different from Listed Rate – In this space, provide all rates for any minutes of an interstate ICS call for which you charged a rate different from the Interstate Debit/Prepaid Rate or Interstate Rate provided in Section II, Items 8(a) and 8(b). Provide the required information separately for interstate debit/prepaid ICS calls and interstate collect ICS calls, as outlined in the template. For example, for each and every rate that deviated from the Interstate Debit/Prepaid Rate reported in Section II, report the rate and the relevant period for the rate (e.g., “The interstate debit/prepaid rate was \$[x], from [Month]/[Date] to [Month]/[Date].”). Moreover, if you charged a rate that is greater than the Interstate Debit/Prepaid Rate or Interstate Collect Rate for particular portions of an interstate ICS call (e.g., the first minute and fifth minute of an ICS call), you must identify the rates for those portions (e.g., “For the first minute of an interstate collect ICS calls, the per-minute rate was \$[x]. For the fifth minute of interstate collect ICS calls, the per-minute rate was \$[y]. For all other minutes of interstate collect ICS calls, the per-minute rate equals the Interstate Collect Rate.”). Enter “N/A: No Deviation from Listed Interstate Debit/Prepaid Rate” or “N/A: No Deviation from Listed Interstate Collect Rate” if you entered “No” in Section II, Items 9(a) or 9(b).

III: Ancillary Service Charges

1. Facility Name: In this column, provide the names of all prisons or jails in which you offered ICS during the reporting period.

2. Facility Type: In this column, indicate whether the relevant facility is a prison, as defined in the instructions for Section I, Item (7), or a jail, as defined in the instructions for Section I, Item (8).

3. ADP (for Jails): In this column, provide the ADP that corresponds to each jail the provider served during the reporting period, as those terms are defined in the instructions for Section I, Item (8). For prisons, leave blank, or mark “N/A.”

4. List of Ancillary Service Charges (Types): In this column, list each type of ancillary service charge that the provider assessed at the relevant facility during the reporting period and indicate whether that charge was applied to intrastate, interstate, and/or international ICS. An ancillary service charge is defined as any charge that is not included in the per-minute charges assessed for individual calls that a consumer, defined as the party paying an ICS provider, may be assessed for the use of ICS.

5. Amounts Billed for Ancillary Service Charges: In this column, list the amount billed to consumers for each type of ancillary service charge that the provider assessed.

6. Number of Times Each Charge Has Been Assessed: In this column, list the number of times the provider assessed each type of each ancillary service charge to consumers during the reporting period. The number shall be reported by facility, not by consumer. If a reported number reflects an allocation of ancillary service charge payments among facilities, explain why an allocation is necessary and provide the methodology used to perform the allocation.

IV. Variable Site Commissions

1. Contracting Party: In this column, list all of the contracts for the provision of ICS that the provider held during the reporting period. The provider shall identify the specific party with which the provider executed the contract (e.g., “Contract with [State’s] Department of Corrections”).

2. Contract Identifier: In this column, list a unique identifier for each contract for the provision of ICS that the provider held during the reporting period.

3. Facilities Covered by Contract: In this column, enter the names of all correctional facilities, as defined in the instructions for Section I, Item (6), that are covered by each contract that the provider held during the reporting period.

4. Facility Type: In this column, state whether the relevant facility is a prison, as defined in the instructions for Section I, Item (7), or a jail, as defined in the instructions for Section I, Item (8).

5. ADP (for Jails): In this column, provide the ADP that corresponds to each jail the provider served during the reporting period, as those terms are defined in the instructions for Section I, Item (8). For prisons, leave blank, or mark “N/A.”

6. Monthly Amount of Variable Site Commission Payments: In this column, enter the average monthly dollar amount paid in variable site commissions during the reporting period. The monthly average shall be calculated by dividing the total amount of variable site commissions payments paid for the reporting period by number of months during which you provided ICS during the reporting period. The amount shall be reported by facility, not by contract. If you maintain the data for variable site commission payments only by contract, state so and explain why in the template and provide the total monthly variable site commission payments for each underlying contract.

- For the purposes of this form, “site commissions” are defined as any form of monetary payment, exchange of services or goods, fee, technology allowance, or product that a provider of ICS may pay, give, donate, or otherwise provide to an entity with which the provider of ICS enters into an

agreement to provide ICS, a governmental agency that oversees a correctional facility, the city, county, or state where a facility is located, or an agent of any such facility.

- For the purposes of this form, “variable site commissions” are commissions based on minutes of use or a percentage of a provider’s ICS revenues.

V. Fixed Site Commissions

1. Contracting Party: In this column, list all of the contracts for the provision of ICS that the provider held during the reporting period. The provider shall identify the specific party with which the provider executed the contract (e.g., “Contract with [State’s] Department of Corrections”).

2. Contract Identifier: In this column, list a unique identifier for each contract for the provision of ICS that the provider held during the reporting period.

3. Fixed Site Commissions Required by Contract: In this column, enter the dollar amount paid, pursuant to the contract, in fixed site commissions for the reporting period.

- “Site commissions” are defined in the instructions for Section IV, Item 6.
- For the purposes of this form, “fixed site commissions” are commissions that are assessed or paid without regard to the minutes of use or the amount of ICS revenue generated by the provider. Fixed site commissions include, but are not limited to, minimum annual guarantee payments or other lump-sum payments providers agree to make pursuant to ICS contracts.

4. Facilities Covered by Contract: In this column, enter the names of all correctional facilities, as defined in the instructions for Section I, Item (6), that are covered by each contract that the provider currently holds.

5. Facility Type: In this column, indicate whether the relevant facility is a prison, as defined in the instructions for Section I, Item (7), or a jail, as defined in the instructions for Section I, Item (8).

6. ADP (for Jails): In this column, provide the ADP that corresponds to each jail the provider served during the reporting period, as those terms are defined in the instructions for Section I, Item (8). For prisons, leave blank, or mark “N/A.”

7. Fixed Site Commission Payments by Facility: In this column, enter the fixed site commissions paid for each individual facility for the reporting period.

VI.

Reserved.

VII. Disability Access

1. Facility Name: In this column, provide the names of all prisons or jails in which you offered ICS during the reporting period.

2. Facility Type: In this column, indicate whether the relevant facility is a prison, as defined in the instructions for Section I, Item (7), or a jail, as defined in the instructions for Section I, Item (8).

3. ADP (for Jails): In this column, provide the ADP that corresponds to each jail the provider served during the reporting period, as those terms are defined in the instructions for Section I, Item (8). For prisons, leave blank, or mark “N/A.”

4. Number of Disability-Related Calls: In this column, list the number of ICS calls made in that facility during the reporting period using TTY-based services.

5. Number of Problems Experienced with Disability-Related Calls: In this column, provide the number of problems the provider is aware of related to the provision of TTY-based calls during the reporting period. These problems could include, for example, dropped calls, and calls with poor quality connections.

6. List of Ancillary Service Charges (Types): In this column, list each type of ancillary service charge that the provider assessed for or in connection with TTY-based calls at the relevant facility during the reporting period and indicate whether that charge was applied to intrastate, interstate, and/or international ICS.

7. Amounts Billed for Ancillary Service Charges: In this column, list the amount billed to consumers of TTY-based calls for each type of ancillary service charge that the provider assessed. If there was no cost to the consumer, report the amount billed as zero.

8. Number of Times Each Charge Has Been Assessed: In this column, list the number times the provider assessed each type of ancillary service charge to consumers of TTY-based calls during the reporting period. The number shall be reported by facility, not by consumer.

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1222), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1222.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507