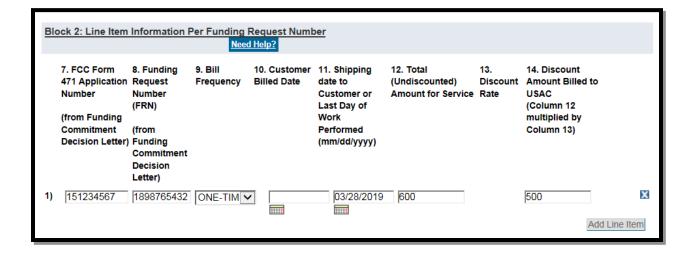






Block 1: Header Information		Need Help?	
1. Billed Entity Name DIS STATE OF ARKANSAS	2. Billed Entity Number 157107	3. Service Provider Identification Number (SPIN)	Service Provider Name Spin Not Found
Applicant FCC Form 498 ID 443005719		,	
4. Contact Name 5. Contact Telephone Phone Contact Fax Contact Email	EPC Testing (
6. Total Reimbursement Amoun (total from Block 2, Column 14) \$ 500.00	t		



Block 3: Billed Entity	/ Certification	Need Help?
Reimbursement Form		oing is true and correct and that I am authorized to submit this Billed Entity Applicant schools, libraries, or consortia of those entities represented on this Form, and I certify to ef, as follows:
✓	A.	The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
✓	В.	The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
✓	C.	The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
✓	D.	I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
>	E.	I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

. Signature 🗸			
y logging into you ectronically sign	our account using your PIN, oned the form. You are remind	hecking this box, and clicking the "certify" button at t ed that an electronic signature is the same as a han- which you previously agreed, please click on the "Te	dwritten signature on the form.
6. Date 11/28/20)18		
7. Name		19. Phone Number (444) 444 -	4444 ext.
8. Title/Position	Testing	19a. Fax Number (444) 444	5555 ext.
0. Address 1	700 12th St NW	19b. Email	
Address 2		19c. Name of Authorized	
City	Washington	Person's Employer	
State	DC		
Zip Code	20005 -		
	20000		
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