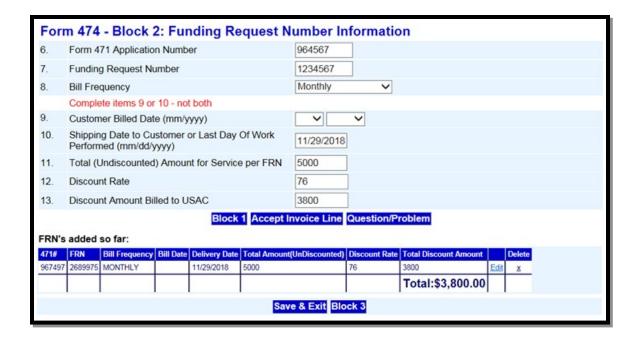


IMPORTANT
Please record this invoice's information in a secure place for future records
InvoiceID: 2877748
Security Code: 86800
Continue>>



Form 474 - Block 3: Service Provider Certifications & Signature

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- I certify that this Service Provider 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 certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service
 Provider are true and correct.
- 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.

Authorized Person			
14.	Signature ✓		
	By checking this box, and clicking the "Certify and Submit" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.		
15.	Date	11/29/2018	
16.	Printed Name		
17.	Title or position		
18.	Telephone Number	555 - 5555555 Ext:	
19.	Address 1	700 12th St NW	
	Address 2		
	City	Washington	
	State	DC V	
	Zip	20005	
Certify and Submit			