3060-0855

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

Annual Filing -- due April 1, 2023

| | Blo | ck 1: Contributor Ider Information | ntification | During t | the year, filers mus | t refile Blo | ocks 1, 2 | 2 and 6 if ther | e are any changes in Lines 10 | 04 or 112. See Instructions. | | |
|-----------|--|--|---|--------------------------|------------------------------|--------------|-------------------------|--|-------------------------------|------------------------------------|--|--|
| 101 | | r 499 ID [If you don't know your r ou are a new filer, write "NEW" in | | istrator at (888) 641-87 | 722. | | | | , , | | | |
| 102 | | al name of filer | this block and a 1 her 455 | 1D will be assigned to | you.j | | | | | | | |
| 103 | IRS | employer identification number | | | | | [Enter 9 digit number] | | | | | |
| 104 | | ne filer is doing business as | | | | | | | • | | | |
| 105 | Tele | ecommunications activities of filer | [Select up to 5 boxes that | | | umbers s | tarting w | | | | | |
| | • A | udio Bridging (teleconferencing) F | Provider | • | CAP/CLEC | | | Cellular/PCS/SMR (wireless telephony inc. by resale) | | | | |
| | • Co | oaxial Cable | Incumbent LEC | • | Interconnected Vo | oIP | | • Inte | rexchange Carrier (IXC) | Local Reseller | | |
| | • No | on-Interconnected VoIP | Operator Service F | | Paging | | | | phone Service Provider | Prepaid Card | | |
| | • Pr | ivate Service Provider | Satellite Service Programme | rovider | Shared-Tenant Se | rvice Pro | vider / Bı | building LEC | | SMR (dispatch) | | |
| | | oll Reseller | Wireless Data | • | Other Local | | | • Oth | er Mobile | • Other Toll | | |
| | | ther Local, Other Mobile or Other | | | | | | | | | | |
| | | cribe carrier type / services provide | | | | | | 1 . ((:) 1 | 0011 | | | |
| 106. 1 | Affiliated Filers Name/Holding Company Name (All affiliated companies must show the same na | | | ie same name on th | is line.) | Che | eck if filer h | as no affiliates • | | | | |
| 106. 2 | Affiliated Filers Name/Holding Company Name IRS employer identification number | | | | [Enter 9 digit number] | | | | | | | |
| 107 | FCC Registration Number (FRN) [https://apps.fcc.gov/cores/userLogin.do] | | | | | | | | | | | |
| | | assistance, contact the CORES he | | or CORES@fcc.gov] | | | [Enter 10 digit number] | | | | | |
| 108 | | nagement company [if filer is mana | | | | | | | | | | |
| 109 | Con | nplete mailing address of reporting | entity corporate headquar | ters | Street1 | | | | | | | |
| | | | | | Street2 | | | | | | | |
| | | | | | Street3 | | G | | 71 (. 1 1) | | | |
| 110 | | 1.1. 11.6 | | | City | | Stat | ite | Zip (postal code) | Country | | |
| 110 | Con | nplete business address for custome | er inquiries and compiaint | S | Street1 Street2 | | | | | | | |
| | | | check if san | ne address as Line 109 | | | | | | | | |
| | | | check if sun | ne dddress ds Eme 105 | City | | Stat | ite | Zip (postal code) | Country | | |
| 111 | Tele | phone number for customer compl | laints and inquiries [Toll- | free number if available | | | (|) | - ext - | | | |
| 112 | List | all trade names used in the past 3 | years in providing telecom | munications. Include a | all names by which | you are k | nown by | customers. | | | | |
| | a | | | | | g | | | | | | |
| | b | | | | | h | | | | | | |
| | С | | | | | i | | | | | | |
| | d | | | | | i | | | | | | |
| | e | | | | | k | | | | | | |
| | f | | | | | 1 | | | | | | |
| | | l . | Use additio | onal sheets if necessary | Each filer must pr | ovide all | names 115 | sed for teleco | mmunications activities | | | |
| DI | Use additional sheets if necessary. Each filer must provide all names used for telecommunications activities PERSONS MAKING WILLELI, FALSE STATEMENTS IN THE WORKSHEET CAN BE PLINISHED BY FINE OR IMPRISONMENT LINDER TITLE 18 OF THE LINITED STATES CODE, 18 LI S.C. § 1001 | | | | | | | | | | | |

| Block | 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 | Contact person name, office name, and mailing address of a corporate office to which correspondence regarding this Telecommunications Reporting Worksheet should be sent. | Office Email | not fo | or public i | release | | | Attn: First | | ext- | MI Fax () | Last - | |
| | check if same name as Line 203 • check if same address as Line 109 • | Street1 Street2 Street3 City | | | State | | Zip (p | ostal code) | | Country | | | |
| 208 | Billing address and billing contact person | Company | | | | | - F VE | Attn: Firs | | | MI | Last | |
| | [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.] | Email | not fo | or public i | release | | | Phone (|) - | ext- | Fax () | - | |
| | check if name and address same as Line 207 $ ullet$ | Street1 Street2 Street3 City | | | State | | 7in (n | ostal code) | | Country | | | |
| 208. 1 | Email address pertaining to ITSP regulatory fee issues | | r publ | lic release | | | 219 (9 | ostar code) | | Country | | | |
| Block | 2-B: Agent for Service of Process | All carrier | s and t refile | providers Blocks | s of interco | nnected a | nd non-int e any char | erconnected | d VoIP m section. S | ust complete See Instruction | Lines 209 throns | ough 213. D | during the year, these |
| 209 | D.C. Agent for Service of Process | Company | | | | | | Attn: Firs | | | 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: Firs | st 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 | | | ostal code) | | Country | | | |
| PE | PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001 | | | | | | | | | | | | |

| Block 2-C: FCC Registration and Contact | | | | Filers must refile Blocks 1, 2 and 6 | |
|---|--|---------------------------|-----------------|--|---------------------|
| 210 | Information | | if ther | e are any changes in this section. See Instructions. | |
| 219 | Filer 499 ID [from Line 101] | | | | |
| 220 221 | Legal name of filer [from Line 102] | on if First | | MI I not | |
| 221 | Chief Executive Officer (or, highest ranking company office the filer does not have a chief executive officer) | er if First | | MI Last | |
| 222 | Business address of individual named on Line 221 | Street1 | | | |
| | 1 1 10 | Street2 Street3 | | | |
| | check if same as Lir | e 109 • Siteets City | State | Zip (postal code) Country | |
| 223 | Second ranking company officer, such as Chairman | First | | MI Last | |
| | (Must be someone other than the individual listed on Line | | | | |
| 224 | Business address of individual named on Line 223 | Street1 Street2 | | | |
| | check if same as Lir | C++2 | | | |
| | | City | State | Zip (postal code) Country | |
| 225 | Third ranking company officer, such as President or Secret | - | | MI Last | |
| | (Must be someone other than individuals listed on Lines 22 223) | and | | | |
| 226 | Business address of individual named on Line 225 | Street1 | | | |
| | check if same as Lir | | | | |
| | | Street3 City | State | Zip (postal code) Country | |
| 227 | Indicate jurisdictions in which the filer provides service. I | nclude jurisdictions in | | T u , | |
| | and jurisdictions in which service is likely to be provided i | n the next 12 months. | | | |
| | Alabama Guam | | Massachusetts | New York | Tennessee |
| | Alaska Hawaii | | Michigan | North Carolina | Texas |
| | American Samoa Idaho | | Midway Atoll | North Dakota | Utah |
| | Arizona | | Minnesota | Northern Mariana Islands | U.S. Virgin Islands |
| | Arkansas | | Mississippi | Ohio | Vermont |
| | ☐ California ☐ Iowa | | Missouri | Oklahoma | Virginia |
| | Colorado Johnston A | atoll | Montana Montana | Oregon | Wake Island |
| | Connecticut Kansas | | Nebraska | Pennsylvania | Washington |
| | Delaware Kentucky | | Nevada | Puerto Rico | West Virginia |
| | District of Columbia Louisiana | | New Hampshire | Rhode Island | Wisconsin |
| | ☐ Florida ☐ Maine | | New Jersey | South Carolina | Wyoming |
| | Georgia Maryland | | New Mexico | South Dakota | |
| 228 | Year and month filer first provided (or expects to provide) | telecommunications is | n the U.S. | Check if prior to 1/1/1999, otherwise: Year | Month |
| PE | RSONS MAKING WILLFUL FALSE STATEMENTS IN T | | | | |

Block 3: Carrier's Carrier Revenue Information 301 Filer 499 ID [from Line 101] Legal name of filer [from Line 102] 302 Report billed revenues for January 1 through December 31, 2022. If breakouts are not book Breakouts amounts, enter whole Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. Interstate International However, report all amounts as whole dollars. Total percentage estimates Revenues Revenues International Revenues Interstate See instructions regarding percent interstate and international. (b) (c) (a) (d) (e) Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms Fixed local service Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and 303.1 PICC charges to IXCs Provided as unbundled network elements (UNEs) 303.2 Provided under other arrangements Per-minute charges for originating or terminating calls 304.1 Provided under state or federal access tariff Provided as unbundled network elements or other contract arrangement 304.2 Local private line & business data service 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 Support revenues received from Federal or state sources Mobile services (i.e., wireless telephony, paging, and other mobile services) 309 Monthly, activation, and message charges except toll Toll services 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) Long distance private line services 312 313 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.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

| Block | 4-A: End-User and Non-Telecommunications Revenue Info | ormation | | | | |
|--|--|----------|-------------------|----------------------|------------|---------------|
| 401 | Filer 499 ID [from Line 101] | | | | | |
| 402 | Legal name of filer [from Line 102] | | | | | |
| Report | billed revenues for January 1 through December 31, 2022. | | If breakou | ts are not book | Bre | akouts |
| Do not | report any negative numbers. Dollar amounts may be rounded to | Total | l . | , enter whole | Interstate | International |
| the near | rest thousand dollars. However, report all amounts as whole dollars. | Revenues | • | ige estimates | Revenues | Revenues |
| See instructions regarding percent interstate and international. | | (a) | Interstate (b) | International (c) | (d) | (e) |
| Revenu | ues 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 l | ocal 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 | | | | | |
| | Traditional Circuit Switched | | | | | |
| 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) | | | | | |
| | Interconnected VoIP | | | | | |
| 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 & business data 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, and other mobile services) | | | | | |
| 409 | Monthly and activation charges | | | | | |
| 410 | Roaming and air-time charges for toll calls, but excluding separately stated toll charges | | | | | |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

| Block | 4-A: Continued | | | | | |
|----------|---|----------|-------------|----------------|------------|---------------|
| | | | If breakout | s are not book | В | reakouts |
| | | Total | amounts, | enter whole | Interstate | International |
| | | Revenues | percenta | ge estimates | Revenues | Revenues |
| | | | Interstate | International | | |
| | | | (b) | (c) | (d) | (e) |
| | | (a) | | | | |
| Toll ser | vices | | | | | |
| 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 | | | | | |
| | 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) | | | | | |
| 414.1 | 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 | | | | | |
| | 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) | | | | | |
| 418.1 | 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 | | | | | |
| | 4-B: Total Revenue and Uncollectible Revenue Information | | | | | |
| Віоск | 4-5: 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 | | | | | |
| 7-1 | 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] | | | | | |
| | | 1 | | | | 1 |

| Block | 5: Additional | Revenue Breakouts | | | |
|---------|----------------------|---|-------------------------------------|------------------------------------|--|
| 501 | Filer 499 ID [| from Line 101] | | | |
| 502 | Legal name of | filer [from Line 102] | | | |
| Filers | that report revenue | es in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. | | | |
| See ins | structions for limit | ted exceptions. | | | |
| | 0 | venues reported in Block 3 and Block 4 billed in each region of the country. Round or est whole percentage. Enter 0 if no service was provided in the region. | Block 3 Carrier's Carrier (a) | Block 4 End-User Telecom (b) | |
| 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: | 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 fron | n resellers that do not contribute to universal service support mechanisms are included in Block 4-B, Line 420 but may be excluded fi | rom 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) | (b) |
|-----|--|----------------|------------------------------|
| | | Total Revenues | 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] | | |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

| Block 6 | : CERTIFICATION: to be signed by an office | r 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 to be exempt from one or more contribution requirements should so will determine which filers meet the <i>de minimis</i> threshold based on i | certify below and attach an explanation. | [The Universal Service Administrator | | | | | | |
| 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 E | Exempt (see instructions) | | | | |
| 605 | I certify that the revenue data contained herein are privileged and contained the company. I request nondisclosure of the revenue information contains the company of the revenue information contains the r | | | | tion of | | | | |
| | 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 III-B 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 registrate | tion Revised filing v | vith updated revenue data | | | | |
| | Do not mail checks with this form. File this form online: https://forms.universalservice.org/portal/login For additional information regarding this worksheet contact: (888) 641-8722 or via email: Form499@usac.org | | | | | | | | |
| PEI | PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001 | | | | | | | | |