

Certifications

By signing below, the authorized officer certifies the following statements on behalf of the applicant.

The applicant certifies that it is financially and technically qualified to meet the public interest obligations in each area for which it seeks support.

The applicant certifies that it will meet the relevant public interest obligations, including the requirement that it will offer service at rates that are equal to or lower than the Commission's reasonable comparability benchmarks for fixed wireline services offered in urban areas.

The applicant certifies that it will have available funds for all project costs that exceed the amount of Connect America support authorized by the Commission to be received for the first two years of its support term and that the applicant will comply with all program requirements.

The applicant certifies that it and any party to the application are not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988.

The applicant certifies that the party submitting these certifications is authorized to do so on behalf of the applicant.

I, the individual identified as the applicant's certifying representative below, declare under penalty of perjury that, based on all the information available to the applicant, all the information provided in or with this application, including the certification statements above, are true and correct.

27 Signature

28 Date

29 Printed Name of Authorized Officer

30 Title/Position of Authorized Officer

31 Phone

Ext.

32 Email

33 Employer

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

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine whether applicants can meet the terms and conditions of Connect America Phase II support. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-1241), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE 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 3060-1241.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

FCC Form 5625 Schedule A
Connect America Phase II New York

Basic Information

Provide the information on this Schedule A for one Disclosable Interest Holder of the applicant. Separate Disclosable Interest Holders require separate copies of Schedule A. Disclosable Interest Holders that do not have an FCC Registration Number (FRN) are not required to provide an FRN below.

1 Entity or Individual Name		
2 Disclosable Interest Holder Legal Classification		
<input type="radio"/> Consortium <input type="radio"/> Corporation <input type="radio"/> General Partnership <input type="radio"/> Government Entity <input type="radio"/> Individual <input type="radio"/> Limited Liability Company	<input type="radio"/> Limited Liability Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Trust <input type="radio"/> Unincorporated Association <input type="radio"/> Other: _____	
3 FCC Registration Number (FRN)		
4 Jurisdiction of Formation/Country of Citizenship		
5 Address Line 1		
6 Address Line 2		
7 City	8 State	9 Zip Code

Type of Interest in Applicant

10 Check all that apply.

<input type="checkbox"/> Direct Ownership Interest in Applicant	<input type="checkbox"/> Key Management Personnel
<input type="checkbox"/> Indirect Ownership Interest in Applicant	<input type="checkbox"/> Management Contract
<input type="checkbox"/> Officer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Director	

Type of Ownership Interest in Applicant

11 If the disclosable interest holder has an ownership interest in the applicant, check all that apply below.

<input type="checkbox"/> Common Stock (specify)	<input type="checkbox"/> Option to Acquire Equity
<input type="checkbox"/> Voting	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> Non-Voting	<input type="checkbox"/> Preferred Stock (specify both voting and convertible types)
<input type="checkbox"/> General Partnership Shares (specify)	<input type="checkbox"/> Voting
<input type="checkbox"/> Managing	<input type="checkbox"/> Non-Voting
<input type="checkbox"/> Non-Managing	<input type="checkbox"/> Convertible
<input type="checkbox"/> Limited Partnership Shares (specify)	<input type="checkbox"/> Non-Convertible
<input type="checkbox"/> Insulated	<input type="checkbox"/> Warrant
<input type="checkbox"/> Non-Insulated	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Membership Shares	

FCC-Regulated Businesses

If there is insufficient space to provide a complete list of the Disclosable Interest Holder's FCC-Regulated Businesses below, provide a complete list in an attachment.

12 FCC-Regulated Businesses (Held by *Disclosable Interest Holder*)

Name	Principal Business	FRN	Percent Interest Held

