

Block 4: CERTIFICATION: to signed by an officer of the filer	301	Filer 499 ID	
---	-----	--------------	--

302 Legal name of reporting entity (from Line 101)

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation.

303 I certify that the reporting entity is exempt from contributing to:

Universal Service TRS NANPA LNP Administration

Filers that did not certify that they are exempt from contributing to LNP administration in Line 304 must provide the following breakout:

Percentage of revenue reported in Block 3 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.			Carrier's Carrier (a)	End User (b)
304	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee and U.S. Virgin Islands	%	%
305	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	%	%
306	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands, and Wake Island.	%	%
307	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia	%	%
308	Mid-West:	Illinois, Indiana, Michigan, Ohio, Wisconsin	%	%
309	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	%	%
310	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, & Texas	%	%
311	Total	(Percentages must add to 0 or 100)	%	%

312 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Lines 215 through 229 but may be excluded from a filer's TRS, NANPA and LNP contribution bases. To have these amounts excluded, filer has the option of identifying such revenues.

	(a)	(c)
	Total Revenue	Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$	\$

313 I certify that the revenue data contained herein is privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, 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.

314 Signature _____

315 Printed name of officer _____

316 Position with reporting entity _____

317 Date _____

318 This filing is: Original filing Revised filing

Do not mail checks with this form. Send this form to: Telecommunications Reporting Worksheet, Box _____, _____
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information (xxx) TBA-xxxx

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