

**Kansas Universal Service Fund
March 2009 – February 2010 (FY 13)**

Company Identification and Operations

Section 1: Company Address (Do NOT Include Agent Information)

Company Name: _____ Company Code: KS- _____
Tax Identification Number: _____ KCC Certification Docket: _____
Street, Suite, PO Box: _____ City/ State/ Zip _____
Primary Company Contact: _____ Date First Generated Revenue: _____
Phone #: _____ E-Mail: _____

Section 2: Agent Information:

Agent Company Name: _____ Primary Contact at Agent: _____
Street, Suite, PO Box: _____ City/ State/ Zip: _____
Telephone: _____ E-Mail: _____

YES: Statements and Invoices Will be Mailed to the Agent (Please Check if Applicable)

*I authorize GVNW to discuss or release Company information to the Agent for the March 1, 2009 to February 28, 2010 Fiscal Year. I understand this authorization **must** be updated each KUSF Fiscal Year and is in effect for the current Fiscal Year, unless such authority is changed or revoked.*

Company Officer Signature: _____ Date: _____

Section 3: Reporting Frequency Election:

The Company qualifies for and is making the following Reporting Frequency Election (Please check one):

- Not Generating Kansas intrastate retail revenue (\$0.00) Payments and CRWs due when revenue is generated.
- Annual (\$10,000 or less in annual revenue)
- Semi-Annual (\$10,001 - \$25,000 in annual revenue)
- Quarterly (\$25,001 - \$50,000 in annual revenue)
- Monthly (\$50,000 or more in annual revenue or carrier choice)

Check One: Original Election for Current Fiscal Year Revised Election for Current Fiscal Year

Under penalties as permitted by Kansas law, I certify that I have reviewed the above listed information and that the information is true and correct to the best of my knowledge. I understand that a \$100.00 Election Change fee will apply if the Company submits more than two Reporting Frequency Elections during the current Fiscal Year.

Company Officer Signature: _____ Date: _____

****Company Officer must sign Section 2 if Agent submits carrier remittance worksheet.**

*Please submit to: GVNW Consulting, Inc. Manager-KUSF Administration,
3220 Pleasant Run, Springfield, Illinois, 62711. FAX: (217) 698-2715 E-Mail: KUSF@gvnw.com*