

Kansas Universal Service Fund March 2010 – February 2011 (FY 14)

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 Kansas 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, 2010 to February 28, 2011 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 KUSF Reporting Frequency Election is based on annual revenues. Carriers may choose to report more frequently than required based on annual revenues, but not less frequently than required. Please mark the appropriate Reporting Frequency Election based on the requirements listed below (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)

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*