

**Kansas Universal Service Fund**  
**Mar 10 - Feb 11 Carrier Remittance Worksheet For**  
**Incumbent LECS ONLY**

A. Company Code <b>KS</b>
B. Submission Date
<b>C. KUSF Assessments Collected from Customers</b> (Collected for Revenue Data Months Reported in Block E)
\$ _____
D. N/A For ILECs

E. Revenue Data Month(s):			
Mar-10	Jun-10	Sep-10	Dec-10
Apr-10	Jul-10	Oct-10	Jan-11
May-10	Aug-10	Nov-10	Feb-11
F. ORIGINAL		REVISION	

Please read complete instructions before completing.

SECTION 1 - CARRIER IDENTIFICATION	
1. Company Name:	_____
1a. Complete Mailing Address:	_____
1b. Company Contact Name:	_____
1c. Telephone:	_____ E-Mail Address (required): _____
2. Primary Communications Business (Circle primary business and "X" other categories being reported):	
ILEC _____	
Agent - Attachment B must be filed for current fiscal year	
3. Agent Name:	_____
3a. Complete Mailing Address:	_____
3b. Agent Contact Name:	_____
3c. Telephone:	_____ E-Mail Address (required): _____

SECTION 2 - INTRASTATE RETAIL REVENUE DATA	
4. LOCAL EXCHANGE SERVICE.....	4. _____
5. LOCAL PRIVATE LINE (REPORT TOLL PRIVATE LINE SEPARATELY ON NON-ILEC WORKSHEET)	5. _____
6. WIRELESS, PAGING CHARGES ( Include AirTime and Roaming) .....	6. _____
7. INTERCONNECTED VoIP.....	7. _____
8. INTRASTATE SWITCHED TOLL (REPORT SEPARATELY ON NON-ILEC WORKSHEET)	8. _____
9. ALTERNATIVE ACCESS, PAYPHONE, & DIRECTORY.....	9. _____
10. MISCELLANEOUS & NON-RECURRING.....	10. _____
11. TOTAL INTRASTATE RETAIL REVENUE (SUM OF LINES 4 THROUGH 10)(see instructions).....	11. \$0.00
12. UNCOLLECTIBLES (BAD DEBT) written off during the reported revenue data month.....	12. _____
13. NET INTRASTATE REVENUE (SUBTRACT LINE 12 FROM 11).....	13. \$0.00

SECTION 3 - PAYMENT CALCULATION	
14. 10/11 ACCESS LINE RATE .....	14. _____
15. ILEC: TOTAL NUMBER OF ACCESS LINES.....	15. _____
16. GROSS KUSF ASSESSMENT ... (LINE 14 x LINE 15, SEE INSTRUCTIONS).....	16. -
17. KUSF SUPPORT PAYABLE.....(ILECS ONLY) .....	17. _____
<b>18. Lifeline Discount</b>	
# Lifeline Discount	Total Lifeline Discount
Lines Per Line	\$ -
_____	\$ -
Total	\$ -
19. TOTAL KUSF ASSESSMENT (LINE 16 - LINE17 - LINE 18.) (Negative amount Equals KUSF payment to ILEC).....	19. \$ -
20. ASSESSMENT TRANSFERRED FROM AFFILIATE/SUBSIDIARY (DUE FROM KS00 _____).....	20. _____
21. NET KUSF ASSESSMENT/(PAYMENT) DUE (LINE 19 + LINE 20).....	21. \$ -

Remittance Worksheets are due to GVNW on the 15th day of the current month, unless on a weekend, then due the next business day.  
 Remittance worksheets received after the 15th of the month are subject to a 1.0% (12% APR) or \$100, whichever is greater, Late Worksheet Charge.  
 Payments received by CoreFirst after the due date are subject to a 1% (APR 12%) Late Payment Charge.

SECTION 4 - CHANGE IN COMPANY STATUS			
22. Change in Business Operations:	Business Sold: _____ (Date)	Business Merged: _____ (Date)	Business Ceased: _____ (Date)
23. Surviving Legal Entity: _____			
24. Company Sold to/Merged With: _____			

SECTION 5 - CERTIFICATION			
Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I acknowledge GVNW's authority to request additional information as necessary and to discuss the Company's KUSF obligations with the designated Agent.			
25. _____	_____	_____	_____
Date	Officer Name	Officer Signature	Title
26. _____	_____	_____	_____
Date	Agent Name	Agent Signature	Title

Send payment to : KUSF, PO Box 1512 Topeka, KS 66611-1512  
 Send CRW to:GVNW Consulting, Inc. 3220 Pleasant Run, Springfield, IL 62711 Questions: 217.862.1550 Fax: 217.698.2715 E-Mail: KUSF@GVNW.com