

**Kansas Universal Service Fund
Mar 10 - Feb 11 Carrier Remittance Worksheet
For all carriers other than Incumbent LECs**

A. Company Code KS
B. Submission Date
C. KUSF Assessment Collected from Customers: (Collected for Revenue Data Months Reported in Block E) \$ _____
D. Circle Reporting Basis: Safe Harbor Study Actual

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
1st QTR	2nd QTR	3rd QTR	4th QTR
Semi-Annual Mar -Aug. 10		Semi-Annual Sep - Feb 11	
Annual Mar 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:	_____

2. Primary Communications Business (Please circle primary business and "X" other categories being reported):

CLEC	IXC	CEL	PAG	VoIP	CAP	OSP	PAY	Other: Please Explain:
------	-----	-----	-----	------	-----	-----	-----	------------------------

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/ INTRASTATE TOLL PRIVATE LINE.....	5.	_____
6. WIRELESS/PAGING CHARGES (Include AirTime and Roaming)	6.	_____
7. INTERCONNECTED VoIP.....	7.	_____
8. INTRASTATE SWITCHED TOLL/LONG DISTANCE	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.	\$ _____ -
12. UNCOLLECTIBLES (BAD DEBT) written off during this reported revenue data month	12.	_____
13. NET INTRASTATE REVENUE (SUBTRACT LINE 12 FROM 11).....	13.	\$ _____ -

SECTION 3 - REMITTANCE CALCULATION

14. 10/11 ASSESSMENT RATE (All Carriers except ILEC-local)	14.	0.0606
15. TOTAL NUMBER OF ACCESS LINES (See Instructions) ILECS ONLY	15.	_____
16. GROSS KUSF ASSESSMENT (Line 13 x Line 14)	16.	\$ _____ -
17. KUSF SUPPORT PAYABLE (Competitive ETCs ONLY)	17.	_____
18. LIFELINE DISCOUNT [Facilities-Based providers]		
# Lifeline Lines	Discount Per Line	Total Lifeline Discount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____ -
19. TOTAL KUSF ASSESSMENT (LINE 16 - LINE 17 - LINE 18).....	19.	_____ -
20. ASSESSMENT TRANSFERRED TO ILEC AFFILIATE (DUE TO KS00 _____) ILECS ONLY	20.	_____
21. NET KUSF ASSESSMENT/(PAYMENT) DUE (LINE 19 + LINE 20).....	21.	_____ -

Remittance Worksheets and Payments are due on the 15th day of the current month, unless on a weekend, then due the next business day.
Remittance worksheets received by GVNW after the due date 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.

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 Questions: 217.862.1550 E-Mail: KUSF@GVNW.com Fax: 217.698.2715
Send CRW to: GVNW Consulting, Inc. 3220 Pleasant Run, Springfield, IL 62711