Kansas Universal Service Fund Mar 21 - Feb 22 Carrier Remittance Worksheet For

Incumbent LECS / Electing Carriers (ECs) ONLY

A. Company Code KS 00					E. Revenue I	Data Month(s)	:	
B. Submission Date					Mar-21	Jun-21	Sep-21	Dec-21
C. KUSF Assessments Coll (Collected for Revenue Data M					Apr-21 May-21	Jul-21 Aug-21	Oct-21 Nov-21	Jan-22 Feb-22
(Sometted for Nevende Dam's	nontilo reported in Bioch Ey				11111 21	1145 21	1107 21	1 65 22
D. N/A for ILECs/ECs		_			F. ORIG	INIAI	REVISIO)NI
D. N/A for ILECs/ECs	Please read	complete instructions befor			r. Okio	IINAL	KEVISIC	11
		SECTION 1 - PROVII	DER IDENTIFICATION					
Company Name:								
1a. Complete Mailing Address:								
1b. Company Contact Name:								
Telephone: Primary Communications Business	(Circle primary business and "Y " of	her categories being reported	E-Mail Address (requi	red):				
ILEC Electing Carri		ner categories being reported	.,.					
1120 Execute out	Agent - Attachment B must be f	iled for current fiscal year						
3. Agent Name:								
3a. Complete Mailing Address:								
3b. Agent Contact Name:			E Meil Address (roqui	nod).				
3c. Telephone:	E-Mail Address (required): SECTION 2 - INTRASTATE RETAIL REVENUE DATA							
4. LOCAL EXCHANGE SERVICE	L			4.				
5. INTRASTATE PRIVATE LINE.								
				•				
6. WIRELESS, PAGING CHARGE				6				
7. INTERCONNECTED VoIP				7				
8. INTRASTATE TOLL / LONG I	DISTANCE			8				
9. ALTERNATIVE ACCESS, PAYP	PHONE, & 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.				
·						#0.00		
13. NET INTRASTATE REVENUE	E (SUBTRACT LINE 12 FROM 11).			13.		\$0.00		
14. 21/22 ASSESSMENT RATE		SECTION 3 - PAYME		14				0.1084
·								0.1004
15. ILEC/EC: TOTAL NUMBER OF ACCESS LINES				-				
16. GROSS KUSF ASSESSMENT (I	ine 13 x Line 14)			16 .				
17. KUSF SUPPORT PAYABLE	(ILECS/ECs ONLY)			17 .				
18. Lifeline Discount # Lifeline	Discount Total Lifel	ine						
Lines	Per Line Discoun	t						
	\$7.77			18				
I certifiy that the KLSP credits I am reque facilitites, including those of another ETC	sting were directly provided service by m . I also certify each KLSP credit was, and			own facilities and	combination of its	own facilities an	d resale of ano	ther's
18a .								
Date	Officer Name	<u> </u>	Officer Signature				Title	
19. TOTAL KUSF ASSESSMENT (I	LINE 16 - LINE17 - LINE 18.) (Neg	ative amount Equals KUSF paymen	t to ILEC)	19. \$				-
20. ASSESSMEN'T TRANSFERRED	FROM AFFILIATE/SUBSIDIAR	Y (DUE FROM KS00)					
21. NET KUSF ASSESSMENT/(PA	VMENT\ DHE /I INE 19 + I INE	20)		21. \$				
2				Σ1Ψ				
Remittance Worksheets are due to GV Remittance worksheets received by	· ·		•		Penalty			
Payments received and processed		subject to a 1% (APR 12%) Late Payment Penalty.	, Late 1 ming 1	· citarty ·			
		SECTION 4 - CI	ERTIFICATION					
22. Same Contribution Methodolog	gy: (Mark if your company uses	s the same methodology, include	ling for bundled services, to cor	tribute to the KU	SF as that used for	Federal USF c	ontribution pu	rposes)
Under penalties as provided by law, I certi			e best of my knowledge and belie	f it is true, correc	t and complete. I ac	knowledge GV	NW's authority	to request
additional information as necessary and to 23.	cuscuss the Company's KUSF obligation	s wan the designated Agent.						
Date	Officer Name	_	Officer Signature				Title	
24 .								
Date	Agent Name	<u> </u>	Agent Signature				Title	
Send payment via ACH or U.S. Mail to:	KUSF, PO Box 1512 Topeka, KS 66611-	2122 (Overnight) CoreFirst Ba	nk & Trust, Lockbox Dept., KU	JSF Box 1512, 303	5 S Topeka Blvd, T	opeka, KS 6661	1-2122 Conta	ct GVNW for
ACH information. File CRW via E-File at https://www.g	armanef com/ke. For mail or over-i-b	at delivery see Attachma-+ D						
The Grw via E-File at https://www.g	viiwasi.com/ ks. For mall of overnigh	a denvery, see Anachment D.						