

Kansas Universal Service Fund
March 2025 – February 2026 (FY 29)

COMPANY IDENTIFICATION AND OPERATIONS

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

Service Provider Name: _____ KUSF Company Code: KS- _____

Tax Identification Number: _____ KCC Certification Docket: _____

Street, Suite, PO Box: _____ City/ State/ Zip _____

Primary Company Contact: _____ Date First Generated Kansas Revenue: _____

Title: _____ Phone #: _____

E-Mail: _____

Primary Communications Business (Please circle one): Providers that are certificated with the Kansas Corporation Commission are required to select the Primary Communications Business type in accordance with their certification. A CLEC or IXC must have a Certificate of Convenience from the KCC.

LEC CLEC IXC WIRELESS/CELL PAG VoIP CAP OSP PAY SAT

Section 2: Agent Information:

Agent Company Name: _____ Primary Contact at Agent: _____

Street, Suite, PO Box: _____ City/ State/ Zip: _____

Telephone: _____ E-Mail: _____

*I authorize Vantage Point Solutions to discuss or release Company information to the Agent for the March 1, 2025, to February 28, 2026, Fiscal Year (FY 29). I understand this authorization **must** be updated each KUSF Fiscal Year and is effective for FY 29, unless such authority is changed or revoked in writing by filing a new Attachment B.*

Company Officer Signature/Title: _____ Date: _____

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

Section 3: Reporting Frequency Election:

The KUSF Reporting Frequency Election is based on FY 29 annual revenues. Carriers may report more frequently than required based on annual revenues, but not less frequently than required. Mark the appropriate Reporting Frequency Election based on the annual revenues listed below (Please check one):

- ☐ Not Generating Kansas intrastate retail revenue (\$0.00). No Payments or CRWs are due until 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 FY 29 ☐ Revised Election for FY 29

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 FY 29.

Company Officer Signature/Title: _____ Date: _____

This form must be submitted online via E-File at <https://usflogon.vantagepnt.com/>.