

If you have any questions, please call USAC at (866) 873-4727.

Avg. Burden Est. per Respondent: 3.5 Hrs.

| Block 1: Identification | |
|-------------------------|---|
| (1) | Legal name of carrier |
| (2) | USAC Service Provider Identification Number |
| (3) | Study Area Code |
| (4) | Filer 499 ID |
| (5) | Person who completed this Worksheet |
| (6) | Mailing address of this person |
| (7) | Telephone number of this person |
| (8) | Fax number of this person |
| (9) | E-mail address of this person |
| (10) | Year for which information is provided |
| (11) | Month for which information is provided |

| Block 2: Study Area Code / Exchange | | | | |
|-------------------------------------|--|---------------------------|--------------------------------------|---|
| (12) | State (If study area covers more than one state, list state with most Lifeline connections, even though this form will contain data for all Lifeline subscribers in the study area.) | | | |
| (13) | Competitive Eligible Telecommunications Carriers (ETCs) should list the names of the incumbent ETCs' study areas and exchanges (if applicable) in which they are claiming support. | Incumbent ETC Name (a) | Incumbent ETC Study Area Code (b) | Incumbent ETC Exchange (if applicable) (c) |
| (i) | First incumbent ETC | | | |
| (ii) | Second incumbent ETC | | | |

Attach additional sheet to report additional incumbent ETCs' study areas and exchanges. Check box if additional sheet attached

| Block 3: Lifeline | | | | | | |
|-------------------|--|---|---|--|--|--|
| | | Number of subscribers receiving federal Lifeline support for whole month (a) | Lifeline support claimed per subscriber (Use weighted average if more than one applicable rate.) (b) | | Total federal Lifeline support claimed (d) = (a) x (b) | |
| (14) | Tier 1 | | \$ | | \$ | |
| (15) | Tier 2 | | \$ | | \$ | |
| (16) | Tier 3 | | \$ | | \$ | |
| (17) | Tier 4 | | \$ | | \$ | |
| | | Number of subscribers receiving federal Lifeline support for part of month (a) | Lifeline support claimed per subscriber (Use weighted average if more than one applicable rate.) (b) | Total service days for subscribers receiving federal Lifeline support for part of month (c) | Total federal Lifeline support claimed (d) = (b) x (c) / 30 | |
| (18) | Tier 1 | | \$ | | \$ | |
| (19) | Tier 2 | | \$ | | \$ | |
| (20) | Tier 3 | | \$ | | \$ | |
| (21) | Tier 4 | | \$ | | \$ | |
| (22) | Total federal Lifeline support claimed [sum of lines (14d) through (21d)] | | | | \$ | |
| (23) | Subscriber Line Charge (SLC) data for ETCs that used a weighted average on lines (14b) and/or (18b). | Zone name (if applicable) (a) | SLC (b) | Number of subscribers receiving Tier 1 support for whole month (c) | Total service days for subscribers receiving Tier 1 support for part of month (d) | Total Tier 1 support claimed (e) = (b) x [(c) + (d) / 30] |
| (i) | First rate | | \$ | | | \$ |
| (ii) | Second rate | | \$ | | | \$ |

Attach additional sheet to report additional SLCs. Competitive ETCs use the above for the incumbent ETC shown on line (13i) and additional sheet for additional incumbent ETCs. Check box if additional sheet attached.

| | | | |
|--------|---|---|-------------------------------------|
| (24) | If claiming Tier 4 support, list tribal lands served. | Name of federally recognized tribal land (a) | Number of Tier 4 subscribers (b) |
| (i) | First tribal land | | |
| (ii) | Second tribal land | | |

Attach additional sheet to report additional tribal lands served. Check box if additional sheet attached.

FCC Form 497

LIFELINE AND LINK-UP WORKSHEET

December 2003

| | |
|---|--|
| (25) Legal name of carrier [line (1)] | |
| (26) USAC Service Provider Identification Number [line (2)] | |
| (27) Study Area Code [line (3)] | |
| (28) Year for which information is provided [line (10)] | |
| (29) Month for which information is provided [line (11)] | |

| | | | |
|--|--|---|---|
| (30) Total Lifeline and Resold Lifeline Connections (Only ETCs that sold Lifeline connections to Reselling Telecommunications Carriers should fill out lines (30) and (31).) | Number of Lifeline connections provided <u>directly to end-users</u> (a) | Number of Lifeline connections sold <u>to reselling carriers</u> (b) | Total Lifeline <u>Connections</u> (c) = (a) + (b) |
| | (31) Information about Reselling Telecommunications Carriers (Note: Total of amounts reported on line (31b) should equal the amount reported on line (30b).) | | Number of Lifeline connections sold to <u>this reselling carrier</u> (b) |
| (i) First reselling carrier | <u>Name of reselling carrier</u> (a) | | |
| (ii) Second reselling carrier | | | |

Attach additional sheet to report additional reselling carriers. Check box if additional sheet attached.

Block 4: Link-Up

| | <u>Non-tribal connections</u> (a) | <u>Tribal connections</u> (b) | <u>Total connections waived</u> (c) = (a) + (b) |
|---|--------------------------------------|----------------------------------|--|
| (32) Number of subscribers for whom connection fees waived | | | |
| (33) Charges waived per connection (Use weighted average if more than one applicable rate.) | \$ (\$30 max) | \$ (\$100 max) | |
| (34) Total connection charges waived [line (32) x line (33)] | \$ | \$ | \$ |
| (35) Deferred interest | \$ | \$ | \$ |
| (36) Total Link-Up support claimed [line (34) + line (35)] | \$ | \$ | \$ |

Block 5: Toll Limitation Services (TLS)

| | <u>Number</u> (a) | <u>Incremental cost</u> (b) | <u>Total cost</u> (c) = (a) x (b) |
|--|----------------------|--------------------------------|--------------------------------------|
| (37) Lifeline subscribers adding TLS during month | | | \$ |
| (38) All Lifeline subscribers taking TLS during month | | | \$ |
| (39) Total TLS support claimed [line (37c) + line (38c)] | | | \$ |

Block 6: Total Support Claimed

| | |
|---|----|
| (40) Total federal Lifeline support claimed [line (22)] | \$ |
| (41) Total Link-Up support claimed [line (36c)] | \$ |
| (42) Total TLS support claimed [line (39c)] | \$ |
| (43) Total ETC support claimed [sum of lines (40) through (42)] | \$ |

Block 7: Certification and Signature

(44) Regulatory status (check one) subject to state regulation not subject to state regulation

I certify:
 that my company will publicize the availability of Lifeline and Link-Up services in a manner reasonably designed to reach those likely to qualify for those services;
 that my company will pass through the full amount of all Tier One, Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service;
 that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s);
 that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, and that said Worksheet is an accurate and complete statement of the affairs of the above-named company for the period indicated above;
 and I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

| | |
|---------------------------------------|-------|
| (45) Signature of officer | _____ |
| (46) Printed name of officer | _____ |
| (47) Position with reporting entity | _____ |
| (48) Date | _____ |

(49) This filing is an Original filing Revised filing

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Fax forms to USAC at (866) 873-4665 or mail to USAC Low Income Program, 444 Hoes Lane, RRC 4A1060, Piscataway, NJ 08854.