FCC Form 499-Q Telecommunic					Approval by OMB
Quarterly Filing for Universal Service Contributors > Please read instructions before completing <					3060-0855
Block 1: Contributor Identification Information 101 Filer 499 ID					
102 Legal name of reporting entity					
103 Filer's IRS employer identification number 104 Name telecommunications provider is doing business as					
105 Affiliated Filers Name			C1 1 :CC1 1	661.	
[All affiliated companies should sho	w same name here. In most cas	ses, the	Check if filer ha	as no affiliates:	
Affiliated Filers Name will be the holding company name					
105.1 Affiliate Filers Name IRS employer identification number			[Enter 9 digit nu		
106 Filer's FCC Registration Number (FRN)			[Enter 10 digit 1	number]	
107 Complete mailing address of reporting entity's corporate headquarters					
Block 2: Contact Information					
108 Person who completed this worksheet		First		MI Last	
109 Telephone number of this person		11150	() -		
110 Fax number of this person			() -		
111 Email of this person					
112 Billing address and billing contact person:					
[Bills for Universal Service contributions					
will be sent to this address.]	: (ID				
Block 3: Contributor Historical and Property 113 Indicate which Filing due	Historical revenues (1		110) for Duoi	ected revenues (lines 119-120	1) for
quarterly filing	mstoricai revenues (1	illes 115-	110) 101 110	ected revenues (lines 119-120	<u>) 101</u>
this represents \square November 1, July 1 – September 30,			$\frac{92021}{2}$ January 1 – March 31, $\frac{2021}{2022}$		
2020 2021					
October 1 – December 31, $\frac{20202021}{}$ April 1 – June 30, $\frac{20212022}{}$					
20212022 January 1 – March 31, $\frac{20212022}{2022}$				$1 - $ September 30, $\frac{2021}{2022}$	
☐ May 1, 20212022 April 1 – June 30, 20212022 October 1 – December 31, 20212022					
\square August 1,					
20212022					
Check if using safe harbor to allocate interstate/intrastate revenues for each of the following (as applicable):					
Cellular & broadband PCS: ☐ Paging: ☐ Analog SMR: ☐ Interconnected VoIP: ☐					
					International Revenues
uncollectibles. See Instructions.			(a)	(b)	(c)
Telecommunications provided to other universal service					
contributors for resale as telecommunications or as interconnected VoIP					
116 End-user telecommunications revenues including any pass-					
through charges for universal service contributions, but excluding international-to-international revenues					
117 All other goods and services				Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]				for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecomn			ications revenues		
including any pass-through cha	but excluding				
international-to-international revenues					
Projected collected end-user interstate and international telecommunications revenues					
including any pass-through charges for universal service contributions, but excluding international-to-international revenues					
Block 4: CERTIFICATION: to be sign		na ontita	,		
	•			ablic disclosure of such inform	ation -
I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.					
I certify 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, that said Worksheet is an accurate statement of the affairs of the above-named company for					
the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.					
122 Signature					
123 Printed name of officer	First		MI	Last	
124 Position with reporting entity					
125 Email of officer (Required if availab	le)				
126 Date	/				
127 This filing is: □ Original filing □ Revised filing [revisions due within 45 days of original filing deadline]					
Do not mail checks with this form. File this form online https://forms.universalservice.org/portal/login For additional information regarding this worksheet contact:					
Telecommunications Reporting Worksheet Info: (888)641-8722 or via email: Form 499@usac.org					

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

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