Attachment A Missouri USF Net Jurisdictional Revenue Report

Missouri telecommunications carriers must complete and return this form to the Missouri Universal Fund Administrator no later than ninety (90) days after the receipt of this request. The information provided will be treated confidentially and will be used only for the operations of the Missouri Universal Fund.

Company Name	(Include Certificated)	Name and d/b/a(s) if applicabl	
Mailing Address	(include contineated)	vanie and d/b/a(s) ii applicabi	3)
Contact Name			
Contact Position			
Contact Phone	Contact Fax	Contact E-mail	
Type of Business Activitie	es (please select all applicable c	ategories):	
ILEO	C CLEC (resale only)	CLEC (facilities based)	IXC
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Certification

To the best of my knowledge, information and belief, I hereby certify that the information reported above is consistent with 4 CSR 31 (the Missouri Universal Service Fund rules promulgated by the Commission). I further recognize that any false statement or declaration made herein is punishable under Section 575.060, RSMo 2000, as a class B misdemeanor.

Date	
Authorized Agent	(Name)
Authorized Agent	(Title)

Mail to:	Missouri Universal Service Fund Administrator P.O. Box 14067 Parkville, MO 64152	
	816.801.8145 816.801.8147 fax MoUSF@QSIConsulting.com	