

IDAHO UNIVERSAL SERVICE FUND FORM 1.0

DUE DATE: FIRST OF THE MONTH

REVISED 10/15

COMPANY NAME: _____

REPORTING PERIOD: _____ To _____

LOCAL EXCHANGE SERVICES

| | <u># OF LINES</u> | | <u>SURCHARGE</u> |
|---|-------------------|-------|------------------|
| 1. RESIDENCE LINES | _____ | X .12 | _____ |
| 2. PRO-RATED CHARGES | _____ | | _____ |
| 3. BUSINESS LINES | _____ | X .20 | _____ |
| 4. PRO-RATED CHARGES | _____ | | _____ |
| 5. TOTAL LOCAL SURCHARGE REVENUES (SUM LINES 1 THROUGH 4) | | | ===== |

MTS/WATS TYPE TOLL SERVICES

| | |
|--|----------------|
| 6. INTRASTATE BILLED MTS & WATS MINUTES | _____ |
| 7. SURCHARGE RATE PER MINUTE | _____ \$0.0050 |
| 8. TOTAL MTS/WATS SURCHARGE REVENUES (LINE 6 X LINE 7) | ===== |
| 9. INTRASTATE BILLED MTS & WATS REVENUES | _____ |

SURCHARGE

10. TOTAL SURCHARGE REVENUES
(SUM LINES 5 AND 8)

PREPARED BY: _____ PHONE: _____
(PLEASE PRINT)

E-MAIL: _____

PLEASE MAKE CHECKS PAYABLE TO:
IDAHO UNIVERSAL SERVICE FUND
1964 NORTH 300 EAST
CENTERVILLE, UT 84014-1085

QUESTIONS?
CALL ALYSON ANDERSON, ADMINISTRATOR
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E-MAIL: alyson_anderson@msn.com