

**Kansas Universal Service Fund
March 2019 – February 2020 (FY 23)**

COMPANY IDENTIFICATION AND OPERATIONS

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

Company 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):

LEC CLEC IXC CEL 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: _____

YES: Statements and Invoices Will be Mailed to the Agent (Please Check if Applicable)

*I authorize GVNW to discuss or release Company information to the Agent for the March 1, 2019 to February 29, 2020 Fiscal Year (FY 23). I understand this authorization **must** be updated each KUSF Fiscal Year and is effective for FY 23, 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 23 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 23 Revised Election for FY 23

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 23.

Company Officer Signature/Title: _____ Date: _____

*Submit to: GVNW Consulting, Inc. Manager-KUSF Administration,
2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: KUSF@gvnw.com*