

State Universal Service Fund Waiver Certificate

Check applicable states and provide state registration numbers adjacent to applicable states.

| | |
|---|---|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> California | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Wyoming |

ISSUED TO: _____

I certify that

 Name of Business (hereafter "Customer")

 Effective Date

 Street Address or P.O. Box No.

 City State Zip

is registered with the above States and that the telecommunication services purchased after the Effective Date are purchases for resale, either wholesale or retail to end-users in the above checked state(s), and accepts responsibility for remitting Universal Service Fund Surcharges on these services, where applicable, directly to the state(s).

I further certify that if any telecommunications service so purchased tax-free is used or consumed by CUSTOMER as to make it subject to tax, CUSTOMER will pay the tax directly to the proper taxing authority when state law so provides or inform for added tax billing. This certificate will be considered a part of each order which CUSTOMER may hereafter give to and shall be valid until canceled by CUSTOMER in writing or revoked by the state.

I declare under the penalties of false statements that this certificate has been examined by me and to the best of my knowledge and belief all statements contained herein are true, correct and accurate.

Customer's Authorized Signature

| | | |
|---|-------|------|
| (Owner, Partner or Corporation Officer) | Title | Date |
|---|-------|------|