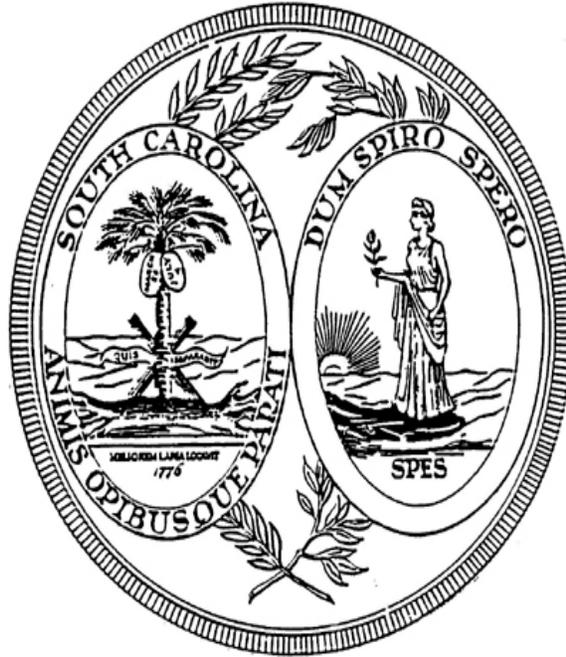


**2016 South Carolina Universal Service Fund Contribution Worksheet
Revenue Reporting for Year Ending 12/31/2015**

Name of Company



Form must be completed and returned by August 1, 2016 to:

South Carolina Office of Regulatory Staff
Universal Service Fund Administrator
1401 Main Street, Suite 900
Columbia, SC 29201

| |
|---|
| <i>For ORS Use Only</i> USF FORM Entered: |
| |
| |
| |

2016 South Carolina Universal Service Fund Contribution Worksheet
Revenue Reporting for Year Ending 12/31/2015

Contributor Identification Information

| | |
|--|--|
| (1) Legal Name of Reporting Entity | |
| (2) IRS Employer Identification Number | |
| (3) Name(s) by which Reporting Entity is doing business, if different than Name in Line 1 above (DBA or FKA) | |
| (4) Complete Mailing Address of Reporting Entity | |
| (5) Name of Individual completing this worksheet | |
| (6) Telephone Number of Individual completing this worksheet | |
| (7) E-mail Address of Individual completing this worksheet | |
| (8) Fax Number of Individual completing this worksheet | |
| (9) Type Communications Service Provided | |
| (10) Date Carrier began providing services in South, Carolina (Month,Year) | |

Information related to Universal Service billing addresses should be provided as part of the information provided through the authorized utility representative form.

**2016 South Carolina Universal Service Fund Contribution Worksheet
Revenue Reporting for Year Ending 12/31/2015**

| Legal Name of Reporting Entity | A | B | C | D |
|--|--|--|----------------------------------|------------------------------|
| | <u>INTRASTATE</u> South Carolina End User (Retail) Column A | <u>INTERSTATE</u> South Carolina End User (Retail) Column B | Carrier's Carrier (Wholesale) | Total Column A + Column B |
| Gross South Carolina Revenues From All Sources | | | | |
| 201 - Surcharges or other amounts on bills identified as recovering both state and federal Universal Service contributions | | | | |
| Fixed Local Services | | | | |
| 202 a. - Monthly service, local calling, connect charges, vertical features, and other local exchange service charges including the basic local service and Lifeline revenue | | | | |
| 202 b. - Lifeline Revenues: Revenue generated from Lifeline customers exceeding all federal/state Lifeline reimbursement. | | | | |
| 203 a. - Tariffed subscriber line charges and PICC charges levied by local exchange carrier on no PIC customers. | | | | |
| 203 b. - Revenues from Subscriber Line Charges billed to Public Telephone Access Line Services | | | | |
| 204 - Local private line and special access service | | | | |
| 205 a. - Payphone coin in box local and long distance revenues | | | | |
| 205 b.- Revenues from Payphone Telephone Access Line Services (Resale) | | | | |
| 206 - Other local telecommunications service revenues | | | | |
| Mobile Service (i.e., wireless telephony, and mobile services) | | | | |
| 207 - Monthly service and activation charge revenues including roaming and airtime charges for toll calls. | | | | |
| Toll Services | | | | |
| 208 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards | | | | |
| 209 Operator and toll calls with alternative billing arrangements (credit card, collect, and other revenues(<u>excluding</u> international revenues) | | | | |
| 210 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services (<u>excluding</u> international calling). | | | | |
| 211- Long distance private line services (<u>excluding</u> international) | | | | |
| 212 - All other long distance services (<u>excluding</u> international) | | | | |
| 213 - Company End User Prepaid Wireless Revenues (non-assessable data) | | | | |
| 214 - Universal service support received from federal and state sources (both USF and Interim LEC Funds) | | | | |
| 215 - Revenues from provision of broadband services | | | | |
| 216 - International operator and toll calls, international calling card sales, international private line services and any other international services | | | | |
| 217 - Revenues from other non-telecommunications services, including, but not limited to: Information services, inside wiring maintenance, billing and collection, customer premises equipment, published directory, CATV, and dark fiber | | | | |
| 218 - Gross revenues from all sources (Lines 201 through 217) | | | | |

**2016 South Carolina Universal Service Fund Contribution Worksheet
Revenue Reporting for Year Ending 12/31/2015**

| Legal Name of Reporting Entity | A | B | C | D |
|---|--|--|----------------------------------|------------------------------|
| | <u>INTRASTATE</u> South Carolina End User (Retail) Column A | <u>INTERSTATE</u> South Carolina End User (Retail) Column B | Carrier's Carrier (Wholesale) | Total Column A + Column B |
| South Carolina State USF Fund Contribution Revenue: | | | | |
| 219 - Total Gross universal service contribution base amounts - Lines 201 through 212 | | | | |
| 220 - Uncollectible revenue/bad debts expense associated with gross revenue amounts on Line 218 | | | | |
| 221 - Uncollectible revenue/bad debts expense associated with universal service contribution amounts on Line 219 | | | | |
| 222 - Total Universal Service Fund Contribution Base Revenue (Line 219 minus Line 221) | | | | |

Data Certification and Non-Disclosure Statement

I certify that the revenue data contained herein is privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. Pursuant the South Carolina Public Service Commission USF Guidelines, I request non disclosure of the revenue information contained herein.

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 and that said Worksheet is an accurate statement of the affairs of this company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate.

| | |
|--------------------------------|---------------------------|
| Signature | |
| Print Name of Officer | First Middle Initial Last |
| Position with reporting entity | |
| Business telephone number | |
| Email of Officer - Required | |
| Date | |