



### State Universal Service Fund Waiver Certificate

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

| State USF Registration Number |                          | State USF Registration Number |                    |
|-------------------------------|--------------------------|-------------------------------|--------------------|
| <input type="checkbox"/>      | Alaska ID:               | <input type="checkbox"/>      | Missouri ID:       |
| <input type="checkbox"/>      | Arizona ID:              | <input type="checkbox"/>      | Nebraska ID:       |
| <input type="checkbox"/>      | Colorado ID:             | <input type="checkbox"/>      | Nevada ID:         |
| <input type="checkbox"/>      | District of Columbia ID: | <input type="checkbox"/>      | New Mexico ID:     |
| <input type="checkbox"/>      | Georgia ID:              | <input type="checkbox"/>      | Oklahoma ID:       |
| <input type="checkbox"/>      | Idaho ID:                | <input type="checkbox"/>      | Oregon ID:         |
| <input type="checkbox"/>      | Illinois ID:             | <input type="checkbox"/>      | South Carolina ID: |
| <input type="checkbox"/>      | Indiana ID:              | <input type="checkbox"/>      | Texas ID:          |
| <input type="checkbox"/>      | Louisiana ID:            | <input type="checkbox"/>      | Vermont ID:        |
| <input type="checkbox"/>      | Maine ID:                | <input type="checkbox"/>      | Wisconsin ID:      |
| <input type="checkbox"/>      | Maryland ID:             | <input type="checkbox"/>      | Wyoming ID:        |
| <input type="checkbox"/>      | Michigan ID:             | <input type="checkbox"/>      |                    |

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