## **BLACKFOOT**

## 2019 FEDERAL UNIVERSAL SERVICE FUND ANNUAL CERTIFICATION

| CUSTOMER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
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| Legal<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |                                                                                                                                                                                            | 499 Filer<br>ID                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| As providers of interstate telecommunications contribute to the Federal Universal Service Fur Commission (FCC) permits Blackfoot to recove some cases, however, purchasers of Blackfoot determine whether your company ("Customer" exempt status. If you mark exempt in eithe statement: "I certify under penalty of perjury interconnected Voice over Internet Protocol se federal universal service support mechanisms, worksheet filer and a direct contributor to the | Id (FUSF), based or<br>r its FUSF contribut<br>Services may be ex<br>') is subject to FUSI<br>er 1. or 2. below,<br>or that my company<br>vervice. I also certify<br>or that each entity | n their sales of those sions from the purchase empt from paying FUF charges, and where <b>by signing the form</b> is purchasing service of under penalty of perfect to which I provide re- | Services. In turn, the sers of these Services in JSF charges under the applicable, for Custon you are additional for resale in the form jury that either my consold telecommunication. | Federal Control of the form FCC rules of the following the | ommunications on of FUSF charges. In s. This form is used to tify to Customer's ying to the following mmunications or otherwise directly to the |  |  |
| CUSTOMER EXEMPT STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
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| 1. Resale                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer with the 499 Filer ID listed above purchases the Services for resale and contributes directly to FUSF pursuant to FCC rules.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| 2. Carrier's Carrier                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer with the 499 Filer ID listed above purchases the Services for resale and contributes directly to FUSF pursuant to FCC rules.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| 3. International                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer with the 499 Filer ID listed above uses services only to traverse the US, with neither origination or termination in the U.S.                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| 4. Non-assessable Service                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer is not purchasing FUSF assessable Services, such as intrastate or information services. The attached spreadsheet reflects accounts with non-assessable services.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| If Customer did not select an exempt status above then Customer understands it will be billed for FUSF fees. Blackfoot will then in turn contribute directly to the FUSF pursuant to the FCC's rules.                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| CERTIFICATION AND IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Signature of Authorized Representative:                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Printed Name of Representative:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Title of Representative:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| City, State, Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer FUSF Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer FUSF Contact Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Customer FUSF Contact E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| VERIFICATION (BLACKFOOT USE ON                                                                                                                                                                                                                                                                                                                                                                                                                                            | ILY)                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |  |  |
| Employee Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                        | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |  |  |

| EXEMPT ACCOUNT NUMBERS/TELEPHONE NUMBERS |  |  |  |  |  |  |
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