

Do Not Staple This Form

Do not write in this space.

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per response: 1.0 hourSchools and Libraries Universal Service
Service Provider Invoice FCC Form 474
This form can be filed online or by mail.

Invoice ID 2671940 Security Code 52180

Please read instructions before completing

Service Provider Form Identifier (Create an identifier for your own reference)

FCC Form 474 Invoice # 316666
(To be inserted by administrator)

BLOCK 1: Service Provider Information

1. Service Provider Name

AAA SECURITY

2. Service Provider Identification Number (SPIN)

143040848

3. Contact Person's Name

Arlen Kingston

4. Contact Telephone Number Area Code: Phone Number: Ext.

801-534-7508

153

Contact Fax Number

Area Code: Fax Number:

N/A

Contact Email Address

Service@aaasecurityco.com

5. Total Invoice Amount (total of Block 2, Column 13)

\$ 25,604.35

SPIN 143046848
 Service Provider Form Identifier AAA SECURITY
 Contact Person Arlen Kingston
 Contact Telephone Number 801-534-7508

Block 2, Page of
 Make as many copies of this page as necessary,

and number the completed pages to assure that they are all processed correctly.

BLOCK 2: Funding Request Number Information								11	12	13
6	7	8	9	10	11	12	13			
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service per FRN	Discount Rate	Amount Billed to USAC (Column 11 multiplied by Column 12)			
				For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH						
1	1045711	2853791 one time	11-12-2015		42,673.92	0.60	25,604.35			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5										

Service Provider Invoice FCC Form 474

Service Provider Form Identifier AAA SECURITY

Contact Person ARLEN KINGSTON

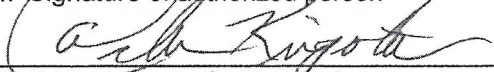
Contact Telephone Number 801-534-7508 EXT 153

Block 3: Service Provider Certifications & Signature

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.
- B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.
- C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

14. Signature of authorized person



15. Date

4-14-16

16. Printed name of authorized person

Arten Kingston

17. Title or position of authorized person

DIRECTOR

18. Telephone number of authorized person

801-534-7508 EXT 153

19. Address of authorized person

404 e. 4500 s. Sk. BID
SLC Utah 84107

FCC Form 474

Do not write in this space.

Approved by OMB
OMB Control No. 3060 – 0856
Estimated time per response: 1.0 hour**Schools and Libraries Universal Service
Service Provider Invoice FCC Form 474**

Please read instructions before completing

Service Provider Form Identifier AAA

Security

(Create an identifier for your own reference)

FCC Form 474 Invoice # 2671940

(To be inserted by administrator)

Block 1: Service Provider Information**1. Service Provider Name** AAA Security**2. Service Provider Identification Number (SPIN)** 143046848**3. Contact Person's Name** Arlen Kingston**4. Contact Telephone Number** Area Code: 801 Phone Number: 5347508 Ext. 153

Contact Fax Number Area Code: Fax Number:

Contact Email Address service@aaasecurityco.com

5. Total Invoice Amount (total of Block 2, Column 13) 25604.35

SPIN <u>143046848</u>
Service Provider Form Identifier <u>AAA Security</u>
Contact Person <u>Arlen Kingston</u>
Contact Telephone Number <u>801-5347508 153</u>

Block 2: Funding Request Number Information

6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <u>NOT BOTH</u>				
1045711	2853791	ONE-TIME	11/01/2015		42673.92	60	25604.35

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>AAA Security</u>	
Contact Person <u>Arlen Kingston</u>	
Contact Telephone Number <u>801-5347508 153</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p><input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person <input checked="" type="checkbox"/>	15. Date 8/24/2017
16. Printed name of authorized person Arlen Kingston	
17. Title or position of authorized person Director	
18. Telephone number of authorized person 801-5947508 153	
19. Address of authorized person 404 E 4500 S Suite B10 Murray UT, 84107	

Approved by OMB
OMB Control NO. 3060 – 0856

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Do not staple the FCC Form 474.

Do not write in this space.

Approval by OMB
OMB Control No. 3060 - 0856
Estimated time per response: 1.0 hours

Please read instructions before completing.

**Universal Service for Schools and Libraries
Service Provider Annual Certification Form**

(To be completed by Service Provider)

Block 1: Service Provider Information

1. Service Provider Name A A A Security	
2. Service Provider Identification Number (SPIN) 143046848	3. Funding Year: July 1, <u>2015</u> through June 30, <u>2016</u>
4. Contact Name Arlen Kingston	
5. Complete Mailing Address of Contact Person Street Address, P.O. Box or Route Number 404 E 4500 S Suite B10	
Murray	UT 84107
City	State Zip Code
6. Telephone Number with Area Code 801-534-7508 ext. 153	7. Fax Number with Area Code -
8. Email Address service@aaasecurity.com	

Block 2: Certification

I declare under penalty of perjury that the foregoing is true and correct: I am authorized to submit this Service Provider Annual Certification Form on behalf of the above-named Service Provider, which has been assigned the above-referenced Service Provider Identification Number, and that based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this Form has been examined and reviewed and is true, accurate and complete. I acknowledge that any false statement on this Form or on the Service Provider Invoice Form (FCC Form 474) can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001, and that any such false statement could subject this Service Provider to liability under the False Claims Act.

9. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider contain requests for universal service support for services which have been billed to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.
10. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider are based on bills or invoices issued by the Service Provider to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.
11. I certify that the bills or invoices issued by this Service Provider to the Billed Entity are for equipment and services eligible for universal service support by the Administrator, and exclude any charges previously invoiced to the Administrator by the Service Provider.
12. I certify that any requests for reimbursement that are sought under a Service Provider Invoice Form (FCC Form 474) for discounts for products or services that contain both eligible and ineligible components are properly allocated as required by the Commission's rules at 47 C.F.R. § 54.504(e).
13. I certify that the invoices that are submitted by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) are accurate and represent payments from the Billed Entity to the Service Provider for equipment and services provided pursuant to E-rate program rules.

Service Provider Name A A A Security

SPIN 143046848

Contact Name Arlen Kingston

Contact Telephone Number 801-534-7508 ext. 153

Block 2: Certification (Continued)

14. I certify that this Service Provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that represent the costs of services provided to eligible entities for eligible purposes.

15. I certify that no non-discount portion of the costs for eligible services will be waived, paid, or promised to be paid by this Service Provider. I acknowledge that the provision by any service provider of a supported service, or of free services or products unrelated to the supported service or product constitutes a rebate of the non-discount portion of the supported services as stated in 47 C.F.R. § 54.523.

16. I certify that no kickbacks, as defined in 41 U.S.C. § 8701, were paid by this Service Provider to anyone in connection with the schools and libraries universal support program.

17. I certify that this Service Provider is in compliance with the Commission's rule and orders regarding gifts and this Service Provider has not directly or indirectly offered or provided any gifts, gratuities, favors, entertainment, loans, or any other thing of value to any eligible schools, libraries, or consortium that includes eligible schools or libraries, except as permitted by the Commission's rule at 47 C.F.R. § 54.503(d).

18. I certify that if the fund administrator, as necessary, requests additional supporting information, this Service Provider will make all documents requested available to the Fund Administrator as required by 47 C.F.R. § 54.516(b). I certify that this Service Provider will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding requests, (1) any and all records that I rely upon to complete this form and each Service Provider Invoice Form (FCC Form 474) that is submitted by this Service Provider during the present funding year, (2) any and all records issued by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472), and (3) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program as required by 47 C.F.R. § 54.516(a)(2) I acknowledge that this Service Provider may be audited pursuant to 47 C.F.R. § 54.516(c), and that the Service Provider must provide such records as required by 47 C.F.R. § 54.516(b)

19. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered.

20. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this Service Provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law.

21. I certify that no attempt will be made by this Service Provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

22. I certify that this Service Provider is not suspended or debarred from participating in Federal programs.

23. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and acknowledges that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

24. Signature of authorized person
Signed electronically by Arlen Kingston

25. Date
8/24/2017

26. Printed name of authorized person
Arlen Kingston

27. Title or position of authorized person
CEO

28. Address of authorized person
404 E 4500 S STE B10, Murray UT 84107

29. Telephone number of authorized person
801-534-7508 ext. 153

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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