Nan Fisher

From: CustomerSupport@usac.org
Sent: Monday, October 31, 2016 2:12 PM
To: Nan Fisher
Subject: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443004327

USAC
Universal Service Administrative Company®

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SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
AS OF OCTOBER 31, 2016

Attn: Nan Fisher
RANGEVIEW LIBRARY DISTRICT

RE: FCC Form 498 ID 443004327

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR) payment for the following invoices.

Approved

10/31/2016 143003990 Comcast Business Communications 2693810 NONE $0.00
Applicant Name:RANGEVIEW LIBRARY DISTRICT;SLD Invoice Number:2461678;BEAR Letter Date:10/31/2016;Line Item Detail Number:8252916;Amount Requested:97588.25;Invoice Received Date [10/27/2016] Later Than FCC Extension Date [02/26/2016];80;Billed Date Outside of Funding Year;285; Funding Year is 2015-2016

10/31/2016 143035551 Comcast IP Phone LLC 2693790 NONE $0.00
Applicant Name:RANGEVIEW LIBRARY DISTRICT;SLD Invoice Number:2461834;BEAR Letter Date:10/31/2016;Line Item Detail Number:8253305;Amount Requested:1950.71;Invoice Received Date [10/27/2016] Later Than 486NL plus 120 Days [10/29/2015];88;Billed Date After Contract Expiration Date;224;Billed Date Outside of Funding Year;285; Funding Year is 2015-2016

10/31/2016 143031547 Peak Methods, Inc 2693865 NONE $0.00
Applicant Name:RANGEVIEW LIBRARY DISTRICT;SLD Invoice Number:2462082;BEAR Letter Date:10/31/2016;Line Item Detail Number:8254122;Amount Requested:46245.71;Invoice Received Date [10/27/2016] Later Than 486NL plus 120 Days [10/29/2015];88;Billed Date Outside of Funding Year;285; Funding Year is 2015-2016

Total Approved Disbursement **$0.00**

Total Actual Disbursement: **$0.00**

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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Bear - Rebilled

Need Help?

View BEAR Invoice

PRINTABLE PAGE

The following has been successfully certified:
Certified on 10/27/2016 3:21 PM
Invoice ID: 2462082
Created on 10/27/2016 3:21 PM
Last updated on 10/27/2016 3:21 PM

Applicant Form Identifier

Block 1: Header Information

Need Help?

1. Billed Entity Name	2. Billed Entity Number	3. Service Provider Identification Number (SPIN)
RANGEVIEW LIBRARY DISTRICT	142159	143031547

Applicant FCC Form 498 ID
443004327

4. Contact Name	NANETTE FISHER
5. Contact Telephone Phone	(303) 405-3283
Contact Fax	(303) 451-0190
Contact Email	nfisher@anythinklibraries.org

6. Total Reimbursement Amount (total from Block 2, Column 14)
$ 46245.71

Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 987438	2693865	MONTHLY	7/31/2016		$ 65134.80	71	$ 46245.71	CERTIFIED

Block 3: Billed Entity Certification

Need Help?

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

FCC Form 472

Do not write in this space.

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per Response: 1.0 hours

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
Only one Service Provider Identification Number (SPIN) per form.
Must be completed and signed by the Billed Entity Applicant.

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-PERM, 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.

Applicant Form Identifier (Create an identifier for your own reference)	**FCC Form 472 Invoice # (To be inserted by administrator) 2461834**

BLOCK 1: HEADER INFORMATION	
1. **Billed Entity Name**	**RANGEVIEW LIBRARY DISTRICT**
2. **Billed Entity Number**	**142159**
3. **Service Provider Identification Number** (SPIN)	**143035551**
Applicant FCC Form 498 ID	**443004327**
4. **Contact Name**	**NANETTE FISHER**
5. **Contact Telephone Number**	**303- 4053283 ext**
6. **Total Reimbursement Amount** (total from Block 2, Column 14)	**$1,950.71**

Comcast

OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name _ RANGEVIEW LIBRARY DISTRICT Billed Entity Number _142159
Contact Name_ NANETTE FISHER_ Contact Telephone Number_ 303-4053283
Applicant Form Identifier_ _

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	987438	2693790	MONTHLY	7/31/2016		$2,747.48	71.00	$1,950.71
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TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)	$1,950.71

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name RANGEVIEW LIBRARY DISTRICT

Billed Entity Number 142159

Contact Name NANETTE FISHER

Applicant Form Identifier __

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.

B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).

D. I acknowledge that I may be audited pursuant to this application and 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 request any and all records that I rely upon to complete this form.

E. I certify that, in addition to the foregoing, this Billed Entity Applicant 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. 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.

15. Signature of authorized person **Signed electronically by NAN FISHER**	16. Date **10/27/2016**
17. Printed name of authorized person **NAN FISHER**	
18. Title or position of authorized person **FINANCE MANAGER**	
19. Telephone number of authorized person **303- 4053283**	
20. Address of authorized person **5877 E 120TH AVE, THORNTON CO 80602**	

FCC Form 472

Do not write in this space.

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per Response: 1.0 hours

Universal Service for Schools and Libraries

Please read instructions before completing.

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Applicant Form Identifier (Create an identifier for your own reference)	**FCC Form 472 Invoice # (To be inserted by administrator) 2461678**
BLOCK 1: HEADER INFORMATION	
1. **Billed Entity Name**	**RANGEVIEW LIBRARY DISTRICT**
2. **Billed Entity Number**	**142159**
3. **Service Provider Identification Number** (SPIN)	**143003990**
Applicant FCC Form 498 ID	**443004327**
4. **Contact Name**	**NANETTE FISHER**
5. **Contact Telephone Number**	**303- 4053283 ext**
6. **Total Reimbursement Amount** (total from Block 2, Column 14)	**$97,588.25**

Comcast - for 2016

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name _ RANGEVIEW LIBRARY DISTRICT Billed Entity Number _142159
Contact Name_ NANETTE FISHER Contact Telephone Number_ 303-4053283
Applicant Form Identifier_ _

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	987438	2693810	MONTHLY	6/30/2016		$137,448.24	71.00	$97,588.25
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TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6) **$97,588.25**

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name RANGEVIEW LIBRARY DISTRICT

Billed Entity Number 142159

Contact Name NANETTE FISHER

Applicant Form Identifier __

Block 3: Billed Entity Certification

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17. Printed name of authorized person **NAN FISHER**	
18. Title or position of authorized person **FINANCE MANAGER**	
19. Telephone number of authorized person **303- 4053283**	
20. Address of authorized person **5877 E 120TH AVE, THORNTON CO 80602**	