

EXHIBIT 2

Hannibal Regional Hospital
6000 Hospital Dr
Hannibal, MO 63401

Evergreen Status (RHC#841417)

CKT Terminates at 211 S 3rd St in Hannibal MO

HCP: 17837
AT&T 110-082-6134-134
Spin 143004662

50M Ethernet 41.KQFN.707001..SW

Rural Rate:

CKT \$937.50

Urban rate: 36 month AT&T Switched Ethernet contract

\$585.75 (\$214.50 + \$371.25)

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name Hannibal Regional Hospital	2 HCP Number 17837
3 Form 465 Application # 43142581	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Hannibal Regional Hospital	6 Billed Entity FCC RN 0002549848
7 Contact Name Brandon Meyer	
8 Address Line 1 6000 Hospital Dr	
9 Address Line 2	
10 City Hannibal	11 State MO 12 Zip 63401
13 Contact Phone # 573-248-5444	14 Fax # 15 Email brandon.meyer@hrhonline.org

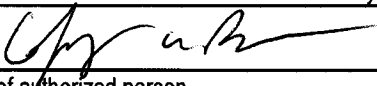
Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 50M	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 193
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	AT&T			
22 Service Provider Identification Number (SPIN)	143004662			
23 Service Provider Contact Person Name	Michael Eschbacher			
24 Service Provider Contact Person's Phone #	314-505-0100			
25 Service Provider Contact Person Email	me038a@att.com			
26 Circuit Start Location	6000 Hospital Dr, Hannibal MO 63401 +			
27 Circuit Termination Location	211 S 3rd St Hannibal MO 63334 +			
28 Billing Account Number	110-082-6134-134			
29 Tariff, Contract or other document reference number	841417			
30 Date Contract Signed or Date HCP Selected Carrier	3-27-2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	06-25-2018			
32 Service Installation Date	06-26-2105			
33 Actual Rural Rate per Month (Enclose Documentation)	937.50			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.				
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	585.75			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
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44 Cost per Mile per Month				
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked yes, copies of the bids MUST be submitted to RHCD.				
Block 8: Certification				
46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.				
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.				
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature			51 Date	07/31/2017
52 Printed name of authorized person	Geoff W Boggs		53 Title or position of authorized person	CEO
54 Employer of authorized person	USF Healthcare Consulting, INC.		55 Employer's FCC RN	0018694075

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

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

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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.

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Circuit terminates at the Central Office in Hannibal MO

HCP: 17837
AT&T 110-082-6134 134
Spin 143004662

100M Ethernet 41.KQFN.706953..SW

Rural Rate:

CKT High Capacity \$1,025.00

Urban rate: 36 month AT&T Switched Ethernet contract

\$648.44(\$214.50 + \$433.94)

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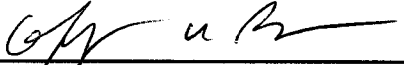
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Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 100M	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 193
20 Percentage of HCP's service used for the provision of health care. <u>100</u> (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
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23 Service Provider Contact Person Name	Michael Eschbacher			
24 Service Provider Contact Person's Phone #	314-505-0100			
25 Service Provider Contact Person Email	me038a@att.com			
26 Circuit Start Location	6000 Hospital Dr, Hannibal MO 63401			
27 Circuit Termination Location	central office, Hannibal MO 63401			
28 Billing Account Number	110-082-6134-134			
29 Tariff, Contract or other document reference number	841417			
30 Date Contract Signed or Date HCP Selected Carrier	3-27-2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	06-25-2018			
32 Service Installation Date	06-26-2105			
33 Actual Rural Rate per Month (Enclose Documentation)	1025.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

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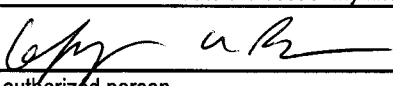
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Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. 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 average 3 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 (3060-0804), 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 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 3060-0804.

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.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>



AUG 9 11:00

HANNIBAL REGIONAL HC SYS
6000 HOSPITAL DR
HANNIBAL MO 63401

Marti
8-1-16

BILL NO 110 082 6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25 2016
AMOUNT DUE 3314.49
ACNA ZZZ

FOR INQUIRIES CALL:
800 721 8127

DEAR CUSTOMER:

ENCLOSED IS YOUR BILL FOR SERVICES RENDERED. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS BILL OR YOUR ACCOUNT, PLEASE CONTACT YOUR ACCOUNT REPRESENTATIVE AT THE NUMBER LISTED ABOVE. WHEN MAKING PAYMENT, IT IS IMPORTANT FOR YOU TO INCLUDE THE RETURN STUB LOCATED IN THE LOWER PORTION OF THIS PAGE. IF YOU ARE PAYING MORE THAN ONE BILL, A SEPARATE RETURN STUB SHOULD BE INCLUDED WITH EACH PAYMENT. THIS WILL ENSURE THAT YOUR PAYMENT IS PROMPTLY APPLIED TO THE CORRECT BILL.

SERVICES IN THIS BILL ARE PROVIDED BY SOUTHWESTERN BELL TELEPHONE, L.P.,
D/B/A AT&T MISSOURI.

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BILL NO 110 082-6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25, 2016
ACNA ZZZ PAGE 1

HANNIBAL REGIONAL HC SYS
6000 HOSPITAL DR
HANNIBAL MO 63401

BILLING INQUIRIES CALL (800) 721-8127
COLLECT CALLS WILL BE ACCEPTED
E-MAIL ADDRESS: BMTAEUB@ATT.COM

FOR TELCO USE:
ICSC OFC 81
BILLING INQUIRIES

ACCESS TRANSPORT SERVICES

TOTAL-MISSOURI

*** BALANCE DUE INFORMATION ***

TOTAL AMOUNT OF LAST BILL	3,314.49
PAYMENTS APPLIED - SEE DETAIL	3,314.49CR
<u>TOTAL BALANCE DUE</u>	.00

*** DETAIL OF CURRENT CHARGES ***

LATE PAYMENT CHARGES	.00
INTERSTATE	.00
INTRASTATE	.00
MONTHLY ACCESS CHARGES	
FROM JUL 25 THRU AUG 24	2,900.00
INTRASTATE	2,900.00
TAXES - SEE DETAIL	269.48
SURCHARGE - SEE DETAIL	145.01
TOTAL CURRENT CHARGES * <u>DUE BY AUG 25</u> *	3,314.49 ✓

TOTAL AMOUNT DUE 3,314.49



BILL NO 110 082-6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25, 2016
ACNA ZZZ PAGE 2

*** DETAIL OF PAYMENTS APPLIED ***

JUL 18 16 PAYMENT APPLIED 3,314.49CR

TOTAL PAYMENTS APPLIED 3,314.49CR





BILL NO 110 082-6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25, 2016
ACNA ZZZ PAGE 3

*** ACCESS TRANSPORT CIRCUIT LISTING ***

THE FOLLOWING CIRCUITS ARE INCLUDED IN THE MONTHLY ACCESS CHARGES
CIRCUIT IDENTIFICATION AMOUNT MPB

NON HIGH CAPACITY

CLS 41.KQFN.706953..SW #

CKR UNKNOWN

INTRASTATE

1,025.00

CLS 41.KQFN.707001..SW #

CKR UNKNOWN

INTRASTATE

937.50

CLS 41.KQFN.707053..SW #

CKR UNKNOWN

INTRASTATE

937.50

INTRASTATE SUBTOTALS

ACCESS TRANSPORT CHARGE

2,900.00

TOTAL

2,900.00

TOTAL ACCESS TRANSPORT CIRCUIT CHARGES..... 2,900.00

TOTAL CHARGES 2,900.00

TOTAL ACCESS TRANSPORT CIRCUITS..... 3

#AT&T PREMIERSERV(SM) SERVICES



BILL NO 110 082-6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25, 2016
ACNA ZZZ PAGE 4

*** DETAIL OF TAXES ***

TOTAL-MISSOURI

TYPE	MONTHLY ACCESS	USAGE	OTHER	TOTAL
MO/LOCAL	269.48	.00	.00	269.48

TOTAL	269.48	.00	.00	269.48





BILL NO 110 082-6134 134
INVOICE NO 0826134134-072516
BILL DATE JUL 25, 2016
ACNA ZZZ PAGE 5

*** DETAIL OF SURCHARGE ***

TOTAL-MISSOURI

TYPE	MONTHLY ACCESS	USAGE	OTHER	TOTAL
MUNICIPAL GROSS RECEIPTS SURCHARGE	145.01	.00	.00	145.01

TOTAL	145.01	.00	.00	145.01



CUSTOMER SERVICE RECORD

(CSR) 110 082-6134 134

07-25-16

PAGE 1

CSA

AMC

HANNIBAL REGIONAL HC SYS

BILLING INQUIRIES CALL CLS SVC BILL DAY ACCT DATE FOR TELCO USE
(800) 721-8127 ***** 25TH 07-02-15 ICSC OFC 58

---ACCOUNT IDENTIFICATION---

FOR TELCO USE: ACNA ZZZ LAT 520 CCNA SBT

BIN A0008

TN 110-082-6134

BILLED TO: HANNIBAL REGIONAL HC SYS
6000 HOSPITAL DR
HANNIBAL MO 63401

CUSTOMER'S SERVICE ADDRESS: HANNIBAL REGIONAL HC SYS

1-6000 HOSPITAL DR

1-ZZZZZZZZZZ

---SERVICES AND FEATURES---

SVC	ESTBL	QTY	CODE	DESCRIPTION	TAX	AMOUNT	ACTVTY
							DATE
070215			CLS	41.KQFN.706953..SW			070215
				/NC KQA-/DES OEMAT1			
				/PIU 000			
070215	1		EL7XX				070215
070215			CKL	1-6000 HOSPITAL DR,			070215
				HANNIBAL,MO/SN			
				HANNIBAL REGIONAL/NCI			
				04LN9.1CT/LSO 573 221			
				/ACTL 1/XPOI			
				HNBLMOG00AW			
				/LSOC HNBLMOACDSA			
070215	1		CTG				070215
070215			CKL	2-820 BROADWAY,			070215
				HANNIBAL,MO/NCI 02CXF.			
				1GE/LSO 573 221/XPOI			
				HNBLMOAC0CW			
				/LSOC HNBLMOACDSA			
070215	1		P5FAS	/RTE 1025.00	1,2		070215
				INTRA 100%			
						1,025.00	
070215	1		EYQEX	/RIE			050116
				/SPP OM06-10-15 1 36			
070215	1		R6ELX	/RIE			050116
				/SPP OM06-10-15 1 36			
				INTRASTATE SUBTOTAL		1,025.00	





CUSTOMER SERVICE RECORD

(CSR) 110 082-6134 134

07-25-16

PAGE 2

CSA

AMC

HANNIBAL REGIONAL HC SYS

---SERVICES AND FEATURES---

SVC	ESTBL	:QTY	: CODE	: DESCRIPTION	: TAX:	AMOUNT	ACTVTY	: DATE
				CIRCUIT SUBTOTAL		1,025.00		
061515	CLS			41.KQFN.707001..SW			061515	
				/NC KQA5/DES OEMAT1				
				/PIU 000				
061515	1 EL7XX						061515	
061515	CKL			1-211 S 3RD ST,			061515	
				LOUISIANA,MO/SN				
				HANNIBAL REGIONAL/NCI				
				04LN9.1CT/LSO 573 754				
				/ACTL 1/XPOI				
				LOSNM0050AW				
				/LSOC LOSNMOSKRS4				
061515	1 CTG						061515	
061515	CKL			2-820 BROADWAY,			061515	
				HANNIBAL,MO/NCI 02CXF.				
				1GE/LSO 573 221/XPOI				
				HNBLMOAC0CW				
				/LSOC HNBLMOACDSA				
061515	1 P5FAS			/RTE 937.50	1,2		061515	
				INTRA 100%				
						937.50		
061515	1 EYQEX			/RIE			050116	
				/SPP OM06-15-15 1 36				
061515	1 R6EHX			/RIE			050116	
				/SPP OM06-15-15 1 36				
				INTRASTATE SUBTOTAL		937.50		
				CIRCUIT SUBTOTAL		937.50		
062515	CLS			41.KQFN.707053..SW			062515	
				/NC KQA5/DES OEMAT1				
				/PIU 000				
062515	1 EL7XX						062515	
062515	CKL			1-905 HIGHWAY 161,			062515	
				BOWLING GREEN,MO/SN				
				HANNIBAL REGIONAL/NCI				
				04LN9.1CT/LSO 573 324				
				/ACTL 1/XPOI				
				BWLGMO090AW				
				/LSOC BWLGMOEARS3				
062515	1 CTG						062515	
062515	CKL			2-820 BROADWAY,			062515	
				HANNIBAL,MO/NCI 02CXF.				
				1GE/LSO 573 221/XPOI				
				HNBLMOAC0CW				
				/LSOC HNBLMOACDSA				
062515	1 P5FAS			/RTE 937.50	1,2		062515	



CUSTOMER SERVICE RECORD

(CSR) 110 082-6134 134

07-25-16

PAGE 3

CSA

AMC

HANNIBAL REGIONAL HC SYS

---SERVICES AND FEATURES---

SVC	ESTBL	:QTY	: CODE	: DESCRIPTION	:TAX:	AMOUNT	ACTVTY	:DATE
-----	-------	------	--------	---------------	-------	--------	--------	-------

INTRA 100%

062515	1	EYQEX	/RIE			937.50		
			/SPP	OM06-25-15 1 36			050116	
062515	1	R6EHX	/RIE				050116	
			/SPP	OM06-25-15 1 36				

INTRASTATE SUBTOTAL 937.50

CIRCUIT SUBTOTAL 937.50

ACCOUNT INTERSTATE TOTAL 0.00

ACCOUNT INTRASTATE TOTAL 2,900.00

ACCOUNT TOTAL 2,900.00

ACCESS TRANSPORT CIRCUIT TOTAL 3

---AMOUNTS SUBJECT TO TAXES---

INTERSTATE:

FEDERAL 0.00

STATE/LOCAL 0.00

INTRASTATE:

FEDERAL 2,900.00

STATE/LOCAL 2,900.00

---SUMMARY---

LAST COMPLETED ACTIVITY

ACTIVITY LEGEND

* - SERVICE ORDER ACTIVITY
R - RATE CHANGE
X - CROSS REFERENCE
M - MISCELLANEOUS





CUSTOMER SERVICE RECORD

(CSR) 110 082-6134 134

07-25-16

PAGE 4

CSA

AMC

HANNIBAL REGIONAL HC SYS

---SUMMARY---

TAX LEGEND

TYPE	APPLICABLE CODE	EXEMPT CODE
ALL EXEMPT		A
FEDERAL	1	B
STATE/LOCAL	2	C

PIU LEGEND

C	CUSTOMER PROVIDED
I	INTERNALLY CALCULATED
E	EC DESIGNATED (TARIFF)

SPECIAL ACCESS CIRCUIT INVENTORY

CIRCUIT ID - SERIAL NO. PAGE

41.KQFN.706953..SW	1
41.KQFN.707001..SW	2
41.KQFN.707053..SW	2

ENGLISH LANGUAGE GLOSSARY

ACNA	ACCESS CUSTOMER NAME ABBREV
ACTL	ACCESS CUSTOMER LOCATION
BIN	BILLING INQUIRY NUMBER CODE
CCNA	CUSTOMERS CARRIER NAME ABBREV
CKL	CIRCUIT LOCATION
CLS	COMMON LANGUAGE CIRCUIT ID-SERIAL
DES	DESCRIPTION
LAT	LOCAL ACCESS TRANSPORT AREA ID
LSO	LOCAL SERVING OFFICE
LSOC	LOCAL SERVING OFFICE WIRE CENTER CLLI
NC	NETWORK CHANNELS
NCI	NETWORK CHANNEL INTERFACE
PIU	PERCENT OF INTERSTATE USAGE
QTY	QUANTITY
RIE	RATE INCLUDED ELSEWHERE
RTE	RATE
SN	SERVICE NAME
SPP	SPECIAL PRICING PLAN
TN	TELEPHONE NUMBER
XPOI	SPECIFIC POINT OF INTERFACE

CTG	CHANNEL TERMINATION
EL7XX	INTERACTIVE CLS OF SVC



CUSTOMER SERVICE RECORD

(CSR) 110 082-6134 134

07-25-16

PAGE 5

CSA

AMC

HANNIBAL REGIONAL HC SYS

---SUMMARY---

ENGLISH LANGUAGE GLOSSARY (CONT.)

EYQEX 100 MBPS PORT

P5FAS PRICING FLEXIBLE ARRANGEMENTS

R6EHX CIR-50 MB

R6ELX CIR-100 MB

END OF RECORD





5788 2 29 5502 2 AB 0.399 ZZZ MO fc
HANNIBAL REGIONAL HC SYS
6000 HOSPITAL DR
HANNIBAL MO 63401-6887

5788 2 29 5502 2 AB 0.399 ZZZ MO fc
HANNIBAL REGIONAL HC SYS
6000 HOSPITAL DR
HANNIBAL MO 63401-6887



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