

Pawnee Mental Health Services
503 Grant Ave
Clay Center, KS 67432

Please process this service as month to month, receiving 36m contracted prices.

HCP: 28309
Cox: 143006715
Acct#: 001 1019 04446702

1.5M Metro E 25.L9XX.077585

SA: 503 Grant Avenue Clay Center, KS 67432

End: Central Office – Clay City KS

Rural Rate

Cost 684.00

Urban Rate - 36 month AT&T Switched Ethernet Contract

Cost \$327.58(\$214.50+\$113.08)



(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 09 05102017 NNNNNNY 01 001879 0009
PAWNEE MENTAL HEALTH SERVICES
PO BOX 747
MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US: www.coxbusiness.com
 800-620-6196

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Account Number 001 1019 044446702
COX PIN 8765
SERVICE ADDRESS 425 HOUSTON ST
MANHATTAN, KS 66502-6169



Account Summary as of May 9, 2017

Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30
Remaining Previous Balance	\$0.00
New Charges: May 9, 2017 - Jun 8, 2017	
Internet	\$1,544.76
Telephone	\$6,083.00
Taxes, Fees and Surcharges	\$732.54
New Charges	\$8,360.30
Total Due By May 24, 2017	\$8,360.30



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES
Account Number 001 1019 044446702
Service at 425 HOUSTON ST
MANHATTAN, KS 66502-6169

Total Due By May 24, 2017 \$8,360.30

COX BUSINESS
PO BOX 248871
OKLAHOMA CITY OK 73124-8871



0101900158004446702470836030

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Acct # 044446702 PAWNEE MENTAL HEALTH SERVICES
425 HOUSTON ST
MANHATTAN, KS 66502-6169

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4.99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545..COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94

TELEPHONE

Circuit Occurrence: 002
Circuit 25.L9XX.077590..COXC.
Circuit Description: Metro E-40Mb UNI
Metro E-40MB UNI Intrastate \$700.00
Circuit Occurrence: 003
Circuit 25.CUXX.077494.009.COXC
Circuit Description: Metro E-40Mb EVC
Metro E-EVC Intrastate 0.00
Total Telephone **\$700.00**

TOTAL MONTHLY SERVICES **\$1,619.94****Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$50.75
Total Fees and Surcharges	\$50.75

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges	\$50.75
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Total Taxes, Fees and Surcharges	\$50.75
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TOTAL FOR SERVICE ACCOUNT **\$1,670.69**

Acct # 035635301 PAWNEE MENTAL HEALTH SERVICES
814 CAROLINE AVE
JUNCTION CITY, KS 66441-5210

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94

TELEPHONE

Circuit Occurrence: 001
Circuit 25.L9XX.077565..COXC.
Circuit Description: Metro E-5Mb
Metro E-5MB UNI Interstate \$410.00
Circuit Occurrence: 002
Circuit Not Available
Circuit Description: Not Available
Metro E-EVC Interstate 0.00
Total Telephone **\$410.00**

TOTAL MONTHLY SERVICES **\$594.94****Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34

**Payment options**

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Taxes, Fees and Surcharges cont.**Total Taxes, Fees and Surcharges \$71.34****TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 063006301 PAWNEE MENTAL HEALTH SERVICES
 2001 CLAFLIN RD
 MANHATTAN, KS 66502-3415

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 100 - 100 Mbps x 20 Mbps 249.95
Total Internet \$254.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077561..COXC.
 Circuit Description: 10Mb Metro E - UNI
 Metro E-10MB UNI Intrastate \$525.00
Circuit Occurrence: 002
 Circuit 25.CUXX.077494.003.COXC.
 Circuit Description: 10Mb Metro E EVC
 Metro E-EVC Intrastate 0.00
Total Telephone \$525.00

TOTAL MONTHLY SERVICES \$779.94**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges Fees and Surcharges**

State Universal Service Fund \$38.06
Total Fees and Surcharges \$38.06
Total Telephone Taxes, Fees and Surcharges \$38.06

Total Taxes, Fees and Surcharges \$38.06**TOTAL FOR SERVICE ACCOUNT \$818.00**

Acct # 071093601 PAWNEE MENTAL HEALTH SERVICES
 1558 HAYES DR
 MANHATTAN, KS 66502-5068

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 50-50 Mbps x 10 Mbps 179.95
Total Internet \$184.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077560..COXC.
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Intrastate \$410.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available

Monthly Services cont.

Metro E-EVC Interstate 0.00

Total Telephone \$410.00**TOTAL MONTHLY SERVICES \$594.94****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges**

Fees and Surcharges
 Federal Universal Service Fund \$71.34
Total Fees and Surcharges \$71.34
Total Telephone Taxes, Fees and Surcharges \$71.34

Total Taxes, Fees and Surcharges \$71.34**TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 076528201 PAWNEE MENTAL HEALTH SERVICES
 210 W 21ST ST
 CONCORDIA, KS 66901-5200

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077578..COXC
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Intrastate \$1,986.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available
 Metro E-EVC Intrastate 0.00
Total Telephone \$1,986.00

TOTAL MONTHLY SERVICES \$1,986.00**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges**

Fees and Surcharges
 State Universal Service Fund \$143.99
Total Fees and Surcharges \$143.99
Total Telephone Taxes, Fees and Surcharges \$143.99

Total Taxes, Fees and Surcharges \$143.99**TOTAL FOR SERVICE ACCOUNT \$2,129.99**

Acct # 076528701 PAWNEE MENTAL HEALTH SERVICES
 503 GRANT AVE
 CLAY CENTER, KS 67432-2931

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077585..COXC
 Circuit Description: Metro E-1.5Mb
 Metro E-1.5MB UNI Interstate \$684.00

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Monthly Services cont.

Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Interstate	0.00
Total Telephone	\$684.00

TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076528801 PAWNEE MENTAL HEALTH SERVICES

207 N MAIN ST

BELOIT, KS 67420-2353

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Circuit Occurrence: 001

Circuit 25, L9XX, 077586, COXC

Circuit Description: Metro E-1.5Mb

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate	0.00
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Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

406 N 3RD ST

MARYSVILLE, KS 66508-1496

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Monthly Services cont.

Circuit Occurrence: 001

Circuit 25, L9XX, 077587, COXC

Circuit Description: 5Mb Metro E UNI - Type II

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit 25, CUXX, 077494, 008, COXC

Circuit Description: 5Mb Metro E EVC - Type II

Metro E-EVC Intrastate	0.00
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Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
----------------------------------	-----------------

Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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TOTAL NEW CHARGES	\$8,360.30
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CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available.

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Customer Information cont.

Please review the following website for additional important information about Cox's 911 practices:

<http://ww2.cox.com/business/voice/regulatory.cox>

Pay Per Call Charges

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



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 Pawnee Mental Health Center - Marysville	2 HCP Number 14656
3 Form 465 Application #43166208	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Pawnee Mental Health Center - Marysville	6 Billed Entity FCC RN 0011656840
7 Contact Name Robert Hanson	
8 Address Line 1 406 North 3rd Street	
9 Address Line 2	
10 City Marysville	11 State KS 12 Zip 66508
13 Contact Phone #785-587-4300	14 Fax # 15 Email robert.hanson@pawnee.org

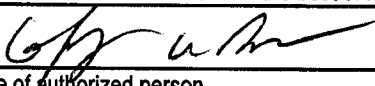
Block 3: Funding Year Information

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) 1.5 Mbps Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 163
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	Cox Business				
22 Service Provider Identification Number (SPIN)	143006715				
23 Service Provider Contact Person Name	Cynthia				
24 Service Provider Contact Person's Phone #	316-260-7425				
25 Service Provider Contact Person Email	cynthia.schmucker@cox+ om				
26 Circuit Start Location	406 North 3rd Street				
27 Circuit Termination Location	Central Office				
28 Billing Account Number	001 1019 011116700				
29 Tariff, Contract or other document reference number	NA				
30 Date Contract Signed or Date HCP Selected Carrier	04/30/2015				
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM				
32 Service Installation Date	04/30/2015				
33 Actual Rural Rate per Month (Enclose Documentation)	684.00				
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.					

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	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			
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 checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	327.58			
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.				
42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			
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 07/27/2017			
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO			
54 Employer of authorized person USF Healthcare Consulting	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

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-PERF, 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>

Pawnee Mental Health Services
406 N 3rd St
Marysville, KS 66508

Please process this service as month to month, still receiving 36m contracted prices.

HCP: 14656
Cox 143006715
Acct # 001 1019 044446702

Metro E 1.5M 25.L9XX.077587.COXC

SA: 406 North 3rd Street Marysville, KS 66508

End: Central Office – Marysville, KS

Rural Rate

Cost \$684.00

Urban Rate – 36 month AT&T switched Ethernet contract

Cost \$327.58(\$214.50+\$113.08)



(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009

PAWNEE MENTAL HEALTH SERVICES
PO BOX 747
MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US: www.coxbusiness.com

800-620-6196

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Account Number 001 1019 044446702
COX PIN 8765
SERVICE ADDRESS 425 HOUSTON ST
MANHATTAN, KS 66502-6169



Account Summary as of May 9, 2017

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May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702
Service at 425 HOUSTON ST
MANHATTAN, KS 66502-6169

Total Due By May 24, 2017 \$8,360.30

COX BUSINESS
PO BOX 248871
OKLAHOMA CITY OK 73124-8871



0101900158004446702470836030

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Acct # 044446702 PAWNEE MENTAL HEALTH SERVICES
425 HOUSTON ST
MANHATTAN, KS 66502-6169

MONTHLY SERVICES May 9 - Jun 8

INTERNET

Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4.99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545..COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94

TELEPHONE

<i>Circuit Occurrence: 002</i>	
Circuit 25.L9XX.077590..COXC.	
Circuit Description: Metro E-40Mb UNI	
Metro E-40MB UNI Intrastate	\$700.00
<i>Circuit Occurrence: 003</i>	
Circuit 25.CUXX.077494.009.COXC	
Circuit Description: Metro E-40Mb EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$700.00

TOTAL MONTHLY SERVICES **\$1,619.94**

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges	
<i>Fees and Surcharges</i>	
State Universal Service Fund	\$50.75
Total Fees and Surcharges	\$50.75

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges	\$50.75
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Total Taxes, Fees and Surcharges	\$50.75
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TOTAL FOR SERVICE ACCOUNT	\$1,670.69
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Acct # 035635301 PAWNEE MENTAL HEALTH SERVICES
814 CAROLINE AVE
JUNCTION CITY, KS 66441-5210

MONTHLY SERVICES May 9 - Jun 8

INTERNET

CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94

TELEPHONE

<i>Circuit Occurrence: 001</i>	
Circuit 25.L9XX.077565..COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Interstate	\$410.00
<i>Circuit Occurrence: 002</i>	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$410.00

TOTAL MONTHLY SERVICES **\$594.94**

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges	
<i>Fees and Surcharges</i>	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34



Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.
Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.
Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.
In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 3 of 6

Taxes, Fees and Surcharges cont.**Total Taxes, Fees and Surcharges \$71.34****TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 063006301 PAWNEE MENTAL HEALTH SERVICES
 2001 CLAFLIN RD
 MANHATTAN, KS 66502-3415

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 100 - 100 Mbps x 20 Mbps 249.95
Total Internet \$254.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077561..COXC.
 Circuit Description: 10Mb Metro E - UNI
 Metro E-10MB UNI Intrastate \$525.00
Circuit Occurrence: 002
 Circuit 25.CUXX.077494.003.COXC.
 Circuit Description: 10Mb Metro E EVC
 Metro E-EVC Intrastate 0.00
Total Telephone \$525.00

TOTAL MONTHLY SERVICES \$779.94**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges Fees and Surcharges**

State Universal Service Fund \$38.06
Total Fees and Surcharges \$38.06
Total Telephone Taxes, Fees and Surcharges \$38.06

Total Taxes, Fees and Surcharges \$38.06**TOTAL FOR SERVICE ACCOUNT \$818.00**

Acct # 071093601 PAWNEE MENTAL HEALTH SERVICES
 1558 HAYES DR
 MANHATTAN, KS 66502-5068

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 50-50 Mbps x 10 Mbps 179.95
Total Internet \$184.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077560..COXC.
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Interstate \$410.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available

Monthly Services cont.

Metro E-EVC Interstate 0.00

Total Telephone \$410.00**TOTAL MONTHLY SERVICES \$594.94****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges**

Fees and Surcharges
 Federal Universal Service Fund \$71.34
Total Fees and Surcharges \$71.34
Total Telephone Taxes, Fees and Surcharges \$71.34

Total Taxes, Fees and Surcharges \$71.34**TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 076528201 PAWNEE MENTAL HEALTH SERVICES
 210 W 21ST ST
 CONCORDIA, KS 66901-5200

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077578..COXC
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Intrastate \$1,986.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available
 Metro E-EVC Intrastate 0.00
Total Telephone \$1,986.00

TOTAL MONTHLY SERVICES \$1,986.00**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges Fees and Surcharges**

State Universal Service Fund \$143.99
Total Fees and Surcharges \$143.99
Total Telephone Taxes, Fees and Surcharges \$143.99

Total Taxes, Fees and Surcharges \$143.99**TOTAL FOR SERVICE ACCOUNT \$2,129.99**

Acct # 076528701 PAWNEE MENTAL HEALTH SERVICES
 505 GRANT AVE
 CLAY CENTER, KS 67432-2931

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077585..COXC
 Circuit Description: Metro E-1.5Mb
 Metro E-1.5MB UNI Interstate \$684.00

May 09, 2017 BILL for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Monthly Services cont.

Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Interstate	0.00
Total Telephone	\$684.00

TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076528801 PAWNEE MENTAL HEALTH SERVICES

207 N MAIN ST

BELOIT KS 67420-2353

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.077586.COXC

Circuit Description: Metro E-1.5Mb

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate	0.00
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Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
--------------------------------	----------

Total Fees and Surcharges	\$119.02
----------------------------------	-----------------

Total Telephone Taxes, Fees and Surcharges	\$119.02
---	-----------------

Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

406 N 3RD ST

MARYSVILLE KS 66508-1496

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE****Monthly Services cont.**

Circuit Occurrence: 001

Circuit 25.L9XX.077587.COXC

Circuit Description: 5Mb Metro E UNI - Type II

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit 25.CUXX.077494.008.COXC

Circuit Description: 5Mb Metro E EVC - Type II

Metro E-EVC Intrastate	0.00
------------------------	------

Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
--------------------------------	----------

Total Fees and Surcharges	\$119.02
----------------------------------	-----------------

Total Telephone Taxes, Fees and Surcharges	\$119.02
---	-----------------

Total Taxes, Fees and Surcharges	\$119.02
---	-----------------

TOTAL FOR SERVICE ACCOUNT	\$803.02
----------------------------------	-----------------

TOTAL NEW CHARGES	\$8,360.30
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CUSTOMER INFORMATION**Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available.

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 5 of 6

Customer Information cont.

Please review the following website for additional important information about Cox's 911 practices:

<http://www2.cox.com/business/voice/regulatory.cox>

Pay Per Call Charges

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the Information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



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 Pawnee Mental Health Center - Mitchell County	2 HCP Number 28308
3 Form 465 Application #43166209	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Pawnee Mental Health Center - Mitchell County	6 Billed Entity FCC RN 0011656840
7 Contact Name Robert Hanson	
8 Address Line 1 207-5 North Mill Street	
9 Address Line 2	
10 City Beloit	11 State KS 12 Zip 67420
13 Contact Phone #785-587-4300	14 Fax # 15 Email robert.hanson@pawnee.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) 1.5 Mbps Ethernet
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 139
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.

21 Service Provider Name	Cox Business			
22 Service Provider Identification Number (SPIN)	143006715			
23 Service Provider Contact Person Name	Cynthia			
24 Service Provider Contact Person's Phone #	316-260-7425			
25 Service Provider Contact Person Email	cynthia.schmucker@cox.com			
26 Circuit Start Location	207-5 North Mill Street			
27 Circuit Termination Location	Central Office			
28 Billing Account Number	001 1019			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	04/30/2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM			
32 Service Installation Date	04/30/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	684.00			

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.

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	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

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"/>	327.58			

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.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

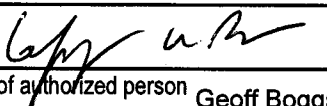
Block 8: Certification

46 ☒ 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 ☒ 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 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ 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 07/27/2017
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	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

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-PER, 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>

Pawnee Mental Health Services
207-5 N Mill St
Beloit, KS 67420

HCP: 28308
Cox 143006715
Acct # 001 1019 044446702

1.5M Metro Ethernet 25.L9XX.077586

Process month to month. Receiving 36m contract rate.

SA: 207-5 North Mill St. Beloit, KS 67420

End: Central Office – Beloit, KS

Rural Rate

Cost \$ 684.00

Urban Rate – 36 month AT&T Switched Ethernet Contract

Cost \$327.58(\$214.50 + \$113.08)



(NOT FOR PAYMENTS)
DEPARTMENT # 102432

PO BOX 1259
OAKS, PA 19456

6400 0080 NO RP 09 05102017 NNNNNNY 01 001879 0009

PAWNEE MENTAL HEALTH SERVICES
PO BOX 747
MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US: www.coxbusiness.com

800-620-6196

Page 1 of 6

Account Number 001 1019 04446702
COX PIN 8765
SERVICE ADDRESS 425 HOUSTON ST
MANHATTAN, KS 66502-6169



Account Summary as of May 9, 2017

Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30

Remaining Previous Balance	\$0.00
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New Charges: May 9, 2017 - Jun 8, 2017

Internet	\$1,544.76
Telephone	\$6,083.00
Taxes, Fees and Surcharges	\$732.54

New Charges	\$8,360.30
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Total Due By May 24, 2017	\$8,360.30
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Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 04446702

Service at 425 HOUSTON ST
MANHATTAN, KS 66502-6169

Total Due By May 24, 2017

\$8,360.30

COX BUSINESS
PO BOX 248871
OKLAHOMA CITY OK 73124-8871



0101900158004446702470836030

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 2 of 6

Acct # 044446702 PAWNEE MENTAL HEALTH SERVICES
 425 HOUSTON ST
 MANHATTAN, KS 66502-6169

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4.99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545..COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94

TELEPHONE

Circuit Occurrence: 002
 Circuit 25.L9XX.077590..COXC.
 Circuit Description: Metro E-40Mb UNI
 Metro E-40MB UNI Intrastate \$700.00
 Circuit Occurrence: 003
 Circuit 25.CUXX.077494.009.COXC
 Circuit Description: Metro E-40Mb EVC
 Metro E-EVC Intrastate 0.00
Total Telephone \$700.00

TOTAL MONTHLY SERVICES \$1,619.94**Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$50.75
Total Fees and Surcharges	\$50.75

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges	\$50.75
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Total Taxes, Fees and Surcharges	\$50.75
---	----------------

TOTAL FOR SERVICE ACCOUNT	\$1,670.69
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Acct # 035635301 PAWNEE MENTAL HEALTH SERVICES
 814 CAROLINE AVE
 JUNCTION CITY, KS 66441-5210

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077565..COXC.
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Interstate \$410.00
 Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available
 Metro E-EVC Interstate 0.00
Total Telephone \$410.00

TOTAL MONTHLY SERVICES \$594.94**Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34

**Payment options**

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 3 of 6

Taxes, Fees and Surcharges cont.

Total Taxes, Fees and Surcharges	\$71.34
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TOTAL FOR SERVICE ACCOUNT	\$666.28
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Acct # 063006301 PAWNEE MENTAL HEALTH SERVICES
2001 CLAFLIN RD
MANHATTAN, KS 66502-3415

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem	\$4.99
CBI 100 - 100 Mbps x 20 Mbps	249.95
Total Internet	\$254.94

TELEPHONE

Circuit Occurrence: 001
Circuit 25.L9XX.077561..COXC.
Circuit Description: 10Mb Metro E - UNI
Metro E-10MB UNI Intrastate \$525.00
Circuit Occurrence: 002
Circuit 25.CUXX.077494.003.COXC.
Circuit Description: 10Mb Metro E EVC
Metro E-EVC Intrastate 0.00
Total Telephone **\$525.00**

TOTAL MONTHLY SERVICES	\$779.94
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$38.06
Total Fees and Surcharges	\$38.06
Total Telephone Taxes, Fees and Surcharges	\$38.06

Total Taxes, Fees and Surcharges	\$38.06
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TOTAL FOR SERVICE ACCOUNT	\$818.00
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Acct # 071093601 PAWNEE MENTAL HEALTH SERVICES
1558 HAYES DR
MANHATTAN, KS 66502-5068

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94

TELEPHONE

Circuit Occurrence: 001
Circuit 25.L9XX.077560..COXC.
Circuit Description: Metro E-5Mb
Metro E-5MB UNI Interstate \$410.00
Circuit Occurrence: 002
Circuit Not Available
Circuit Description: Not Available

Monthly Services cont.

Metro E-EVC Interstate	0.00
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Total Telephone	\$410.00
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TOTAL MONTHLY SERVICES	\$594.94
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34

Total Taxes, Fees and Surcharges	\$71.34
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TOTAL FOR SERVICE ACCOUNT	\$666.28
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Acct # 076528201 PAWNEE MENTAL HEALTH SERVICES
210 W 21ST ST
CONCORDIA, KS 66901-5200

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
Circuit 25.L9XX.077578..COXC.
Circuit Description: Metro E-5Mb
Metro E-5MB UNI Intrastate \$1,986.00
Circuit Occurrence: 002
Circuit Not Available
Circuit Description: Not Available
Metro E-EVC Intrastate 0.00
Total Telephone **\$1,986.00**

TOTAL MONTHLY SERVICES	\$1,986.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$143.99
Total Fees and Surcharges	\$143.99
Total Telephone Taxes, Fees and Surcharges	\$143.99

Total Taxes, Fees and Surcharges	\$143.99
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TOTAL FOR SERVICE ACCOUNT	\$2,129.99
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Acct # 076528701 PAWNEE MENTAL HEALTH SERVICES
503 GRANT AVE
QUAY CENTER, KS 67432-2931

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
Circuit 25.L9XX.077585..COXC.
Circuit Description: Metro E-1.5Mb
Metro E-1.5MB UNI Interstate \$684.00

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 4 of 6

Monthly Services cont.

Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Interstate	0.00
Total Telephone	\$684.00

TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076528801 PAWNEE MENTAL HEALTH SERVICES

207 N MILL ST

BELOIT, KS 67420-2353

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.077586.COXC

Circuit Description: Metro E-1.5Mb

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate	0.00
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Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

406 N 3RD ST

MARYSVILLE, KS 66508-1496

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE****Monthly Services cont.**

Circuit Occurrence: 001

Circuit 25.L9XX.077587.COXC

Circuit Description: 5Mb Metro E UNI - Type II

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit 25.CUXX.077494.008.COXC

Circuit Description: 5Mb Metro E EVC - Type II

Metro E-EVC Intrastate	0.00
------------------------	------

Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
---	-----------------

TOTAL FOR SERVICE ACCOUNT	\$803.02
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TOTAL NEW CHARGES	\$8,360.30
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CUSTOMER INFORMATION**Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available.

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 5 of 6

Customer Information cont.

Please review the following website for additional important information about Cox's 911 practices:

<http://ww2.cox.com/business/voice/regulatory/cox>

Pay Per Call Charges

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



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 Pawnee Mental Health Center - Concordia	2 HCP Number 13731
3 Form 465 Application #43166207	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Pawnee Mental Health Center - Concordia	6 Billed Entity FCC RN 0011656840
7 Contact Name Robert Hanson	
8 Address Line 1 210 West 21st Street	
9 Address Line 2	
10 City Concordia	11 State KS 12 Zip 66901
13 Contact Phone #785-587-4300	14 Fax # 15 Email robert.hanson@pawnee.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) 5 Mbps	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 141
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.	

21 Service Provider Name	Cox Business			
22 Service Provider Identification Number (SPIN)	143006715			
23 Service Provider Contact Person Name	Cynthia			
24 Service Provider Contact Person's Phone #	316-260-7425			
25 Service Provider Contact Person Email	cynthia.schmucker@cox.com			
26 Circuit Start Location	210 W. 21st St., Concordia KS			
27 Circuit Termination Location	Central Office			
28 Billing Account Number	001 1019			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	4/30/2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM			
32 Service Installation Date	4/30/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	1986.00			
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.				

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	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

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"/>	373.35			

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.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

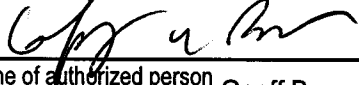
Block 8: Certification

46 ☒ 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 ☒ 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 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ 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 07/27/2017
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	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

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-PERF, 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>

Pawnee Mental Health Services
210 W 21st ST
Concordia, KS 66901

Please process this service as month to month, still receiving 36 month contracted prices.

HCP: 13731
Cox 143006715
Acct: 001 1019 044446702

5M Ethernet 25.L9XX.077578

SA: 210 W 21st St Concordia, KS 66901

End: Central Office – Concordia KS

Rural Rate

Cost 1986.00

Urban Rate - AT&T Switched Ethernet 36 month contracted rates

\$373.35 (214.50+\$158.85)



(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 09 05102017 NNNNNNY 01 001679 0009

PAWNEE MENTAL HEALTH SERVICES
PO BOX 747
MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US: www.coxbusiness.com

800-620-6196

Page 1 of 6

Account Number 001 1019 04446702
COX PIN 8765
SERVICE ADDRESS 425 HOUSTON ST
MANHATTAN, KS 66502-6169



Account Summary as of May 9, 2017

Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30
Remaining Previous Balance	\$0.00
New Charges: May 9, 2017 - Jun 8, 2017	
Internet	\$1,544.76
Telephone	\$6,083.00
Taxes, Fees and Surcharges	\$732.54
New Charges	\$8,360.30
Total Due By May 24, 2017	\$8,360.30



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702
Service at 425 HOUSTON ST
MANHATTAN, KS 66502-6169

Total Due By May 24, 2017 \$8,360.30

COX BUSINESS
PO BOX 248871
OKLAHOMA CITY OK 73124-8871



0101900158004446702470836030

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 2 of 6

Acct # 044446702 PAWNEE MENTAL HEALTH SERVICES
 425 HOUSTON ST
 MANHATTAN, KS 66502-6169

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4.99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545..COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94

TELEPHONE

Circuit Occurrence: 002
 Circuit 25.L9XX.077590..COXC.
 Circuit Description: Metro E-40Mb UNI
 Metro E-40MB UNI Intrastate \$700.00
 Circuit Occurrence: 003
 Circuit 25.CUXX.077494.009.COXC
 Circuit Description: Metro E-40Mb EVC
 Metro E-EVC Intrastate 0.00
Total Telephone \$700.00

TOTAL MONTHLY SERVICES \$1,619.94**Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$50.75
Total Fees and Surcharges	\$50.75

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges	\$50.75
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Total Taxes, Fees and Surcharges	\$50.75
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TOTAL FOR SERVICE ACCOUNT \$1,670.69

Acct # 035635301 PAWNEE MENTAL HEALTH SERVICES
 814 CAROLINE AVE
 JUNCTION CITY, KS 66441-5210

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077565..COXC.
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Interstate \$410.00
 Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available
 Metro E-EVC Interstate 0.00
Total Telephone \$410.00

TOTAL MONTHLY SERVICES \$594.94**Taxes, Fees and Surcharges**

Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34

**Payment options**

Online: Visit cox.com to register for 24-hour online access or make payments to your account.
Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.
Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.
In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 3 of 6

Taxes, Fees and Surcharges cont.**Total Taxes, Fees and Surcharges \$71.34****TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 063006301 PAWNEE MENTAL HEALTH SERVICES
 2001 CLAFLIN RD
 MANHATTAN, KS 66502-3415

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 100 - 100 Mbps x 20 Mbps 249.95
Total Internet \$254.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077561..COXC.
 Circuit Description: 10Mb Metro E - UNI
 Metro E-10MB UNI Intrastate \$525.00
Circuit Occurrence: 002
 Circuit 25.CUXX.077494.003.COXC.
 Circuit Description: 10Mb Metro E EVC
 Metro E-EVC Intrastate 0.00
Total Telephone \$525.00

TOTAL MONTHLY SERVICES \$779.94**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges Fees and Surcharges**

State Universal Service Fund \$38.06
Total Fees and Surcharges \$38.06
Total Telephone Taxes, Fees and Surcharges \$38.06

Total Taxes, Fees and Surcharges \$38.06**TOTAL FOR SERVICE ACCOUNT \$818.00**

Acct # 071093601 PAWNEE MENTAL HEALTH SERVICES
 1558 HAYES DR
 MANHATTAN, KS 66502-5068

MONTHLY SERVICES May 9 - Jun 8**INTERNET**

CBI Modem \$4.99
 CBI 50-50 Mbps x 10 Mbps 179.95
Total Internet \$184.94

TELEPHONE

Circuit Occurrence: 001
 Circuit 25.L9XX.077560..COXC.
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Intrastate \$410.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available

Monthly Services cont.

Metro E-EVC Interstate 0.00

Total Telephone \$410.00**TOTAL MONTHLY SERVICES \$594.94****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges**

Fees and Surcharges
 Federal Universal Service Fund \$71.34
Total Fees and Surcharges \$71.34
Total Telephone Taxes, Fees and Surcharges \$71.34

Total Taxes, Fees and Surcharges \$71.34**TOTAL FOR SERVICE ACCOUNT \$666.28**

Acct # 076528201 PAWNEE MENTAL HEALTH SERVICES
 210 W 21ST ST
 CONCORDIA, KS 66901-5200

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077578..COXC
 Circuit Description: Metro E-5Mb
 Metro E-5MB UNI Intrastate \$1,986.00
Circuit Occurrence: 002
 Circuit Not Available
 Circuit Description: Not Available
 Metro E-EVC Intrastate 0.00
Total Telephone \$1,986.00

TOTAL MONTHLY SERVICES \$1,986.00**Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges Fees and Surcharges**

State Universal Service Fund \$143.99
Total Fees and Surcharges \$143.99
Total Telephone Taxes, Fees and Surcharges \$143.99

Total Taxes, Fees and Surcharges \$143.99**TOTAL FOR SERVICE ACCOUNT \$2,129.99**

Acct # 076528701 PAWNEE MENTAL HEALTH SERVICES
 503 GRANT AVE
 CLAY CENTER, KS 67432-2931

MONTHLY SERVICES May 9 - Jun 8**TELEPHONE**

Circuit Occurrence: 001
 Circuit 25.L9XX.077585..COXC
 Circuit Description: Metro E-1.5Mb
 Metro E-1.5MB UNI Interstate \$684.00

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

Page 4 of 6

Monthly Services cont.

Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Interstate	0.00
Total Telephone	\$684.00

TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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Acct # 075823801 PAWNEE MENTAL HEALTH SERVICES

207 N MILL ST

BELOIT, KS 67420-2953

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.077586.COXC

Circuit Description: Metro E-1.5Mb

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate	0.00
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Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
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Total Fees and Surcharges	\$119.02
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Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
----------------------------------	-----------------

Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

406 N 3RD ST

MARYSVILLE, KS 66508-1496

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Monthly Services cont.

Circuit Occurrence: 001

Circuit 25.L9XX.077587.COXC

Circuit Description: 5Mb Metro E UNI - Type II

Metro E-1.5MB UNI Interstate	\$684.00
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Circuit Occurrence: 002

Circuit 25.CUXX.077494.008.COXC

Circuit Description: 5Mb Metro E EVC - Type II

Metro E-EVC Intrastate	0.00
------------------------	------

Total Telephone	\$684.00
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TOTAL MONTHLY SERVICES	\$684.00
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Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund	\$119.02
--------------------------------	----------

Total Fees and Surcharges	\$119.02
----------------------------------	-----------------

Total Telephone Taxes, Fees and Surcharges	\$119.02
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Total Taxes, Fees and Surcharges	\$119.02
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TOTAL FOR SERVICE ACCOUNT	\$803.02
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TOTAL NEW CHARGES	\$8,360.30
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CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available.

May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES

Account number 001 1019 044446702

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Customer Information cont.

Please review the following website for additional important information about Cox's 911 practices:

<http://www2.cox.com/business/voice/regulatory.cox>

Pay Per Call Charges

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

