

FCC Form 474

Do not write in this space.

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

Please read instructions before completing

Service Provider Form Identifier

67293

(Create an identifier for your own reference)

FCC Form 474 Invoice

# 2778516

(To be inserted by administrator)

**Block 1: Service Provider Information**

1. Service Provider Name NEVESEM, INC.

2. Service Provider Identification Number (SPIN) 143022659

3. Contact Person's Name Ricardo Dreyfous, Ph.D.

4. Contact Telephone Number Area Code: 787 Phone Number: 7062700 Ext. 2701

Contact Fax Number Area Code: 787 Fax Number: 7892018

Contact Email Address rdreyfous@dreyfous.com

5. Total Invoice Amount (total of Block 2, Column 13) 29729.25

SPIN <u>143022659</u>							
Service Provider Form Identifier <u>67293</u>							
Contact Person <u>Ricardo Dreyfous, Ph.D.</u>							
Contact Telephone Number <u>787-7062700 2701</u>							
<b>Block 2: Funding Request Number Information</b>							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <b>NOT BOTH</b>				
161035544	1699074846	MONTHLY	07/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	08/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	09/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	10/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	11/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	12/01/2016		4525	73	3303.25
161035544	1699074846	MONTHLY	01/01/2017		4525	73	3303.25
161035544	1699074846	MONTHLY	02/01/2017		4525	73	3303.25
161035544	1699074846	MONTHLY	03/01/2017		4525	73	3303.25
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5</b>							

2/23/2018

Approved by OMB  
OMB Control No. 3060 – 0856

<b>Service Provider Invoice FCC Form 474</b>	
<b>Service Provider Form Identifier</b> <u>67293</u>	
<b>Contact Person</b> <u>Ricardo Dreyfous, Ph.D.</u>	
<b>Contact Telephone Number</b> <u>787-7062700 2701</u>	
<b>Block 3: Service Provider Certifications &amp; Signature</b>	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.	
<input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.	
<input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
<b>14. Signature of authorized person</b> <input checked="" type="checkbox"/>	<b>15. Date</b> <u>2/23/2018</u>
<b>16. Printed name of authorized person</b> Ricardo Dreyfous, Ph.D.	
<b>17. Title or position of authorized person</b> President	
<b>18. Telephone number of authorized person</b> 787-7062700 2701	
<b>19. Address of authorized person</b> PMB-641 HC-01, BOX 29030 Caguas PR, 00725	



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Estimated time per response: 1.0 hour**Schools and Libraries Universal  
Service  
Service Provider Invoice FCC Form  
474**

Please read instructions before completing

Service Provider Form Identifier

67759

(Create an identifier for your own reference)

FCC Form 474 Invoice

# 2778517

(To be inserted by administrator)

**Block 1: Service Provider Information**

1. Service Provider Name		NEVESEM, INC.	
2. Service Provider Identification Number (SPIN)		143022659	
3. Contact Person's Name		Ricardo Dreyfous, Ph.D.	
4. Contact Telephone Number		Area Code: 787 Phone Number: 7062700 Ext. 2701	
Contact Fax Number		Area Code: 787 Fax Number: 7892018	
Contact Email Address		rdreyfous@dreyfous.com	
5. Total Invoice Amount (total of Block 2, Column 13)		3303.25	

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FCC Form 474

July 2016

SPIN <u>143022659</u>							
Service Provider Form Identifier <u>67759</u>							
Contact Person <u>Ricardo Dreyfous, Ph.D.</u>							
Contact Telephone Number <u>787-7062700 2701</u>							
<b>Block 2: Funding Request Number Information</b>							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <b>NOT BOTH</b>				
161035544	1699074846	MONTHLY	04/01/2017		4525	73	3303.25
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5</b>							

Approved by OMB  
OMB Control No. 3060 – 0856

<b>Service Provider Invoice FCC Form 474</b>	
<b>Service Provider Form Identifier</b> <u>67759</u>	
<b>Contact Person</b> <u>Ricardo Dreyfous, Ph.D.</u>	
<b>Contact Telephone Number</b> <u>787-7062700 2701</u>	
<b>Block 3: Service Provider Certifications &amp; Signature</b>	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.	
<input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.	
<input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
<b>14. Signature of authorized person</b> ✓	<b>15. Date</b> 2/23/2018
<b>16. Printed name of authorized person</b> Ricardo Dreyfous, Ph.D.	
<b>17. Title or position of authorized person</b> President	
<b>18. Telephone number of authorized person</b> 787-7062700 2701	
<b>19. Address of authorized person</b> PMB-641 HC-01, BOX 29030 Caguas PR, 00725	



FCC Form 474	Do not write in this space.	Approved by OMB OMB Control No. 3060 – 0856 Estimated time per response: 1.0 hour
<b>Schools and Libraries Universal Service Service Provider Invoice FCC Form 474</b>		
Please read instructions before completing		
Service Provider Form Identifier 68304 (Create an identifier for your own reference)	FCC Form 474 Invoice # 2778519 (To be inserted by administrator)	
<b>Block 1: Service Provider Information</b>		
1. Service Provider Name NEVESEM, INC.		
2. Service Provider Identification Number (SPIN) 143022659		
3. Contact Person's Name Ricardo Dreyfous, Ph.D.		
4. Contact Telephone Number Area Code: 787 Phone Number: 7062700 Ext. 2701		
Contact Fax Number Area Code: 787 Fax Number: 7892018		
Contact Email Address rdreyfous@dreyfous.com		
5. Total Invoice Amount (total of Block 2, Column 13) 3303.25		

SPIN <u>143022659</u>							
Service Provider Form Identifier <u>68304</u>							
Contact Person <u>Ricardo Dreyfous, Ph.D.</u>							
Contact Telephone Number <u>787-7062700 2701</u>							
<b>Block 2: Funding Request Number Information</b>							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <b><u>NOT BOTH</u></b>				
161035544	1699074846	MONTHLY	05/01/2017		4525	73	3303.25
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5</b>							



Approved by OMB  
OMB Control No. 3060 – 0856

<b>Service Provider Invoice FCC Form 474</b>	
<b>Service Provider Form Identifier</b> <u>68304</u>	
<b>Contact Person</b> <u>Ricardo Dreyfous, Ph.D.</u>	
<b>Contact Telephone Number</b> <u>787-7062700 2701</u>	
<b>Block 3: Service Provider Certifications &amp; Signature</b>	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p><input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
<b>14. Signature of authorized person</b> <input checked="" type="checkbox"/>	<b>15. Date</b> <u>2/23/2018</u>
<b>16. Printed name of authorized person</b> Ricardo Dreyfous, Ph.D.	
<b>17. Title or position of authorized person</b> President	
<b>18. Telephone number of authorized person</b> 787-7062700 2701	
<b>19. Address of authorized person</b> PMB-641 HC-01, BOX 29030 Caguas PR, 00725	

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

Please read instructions before completing

Service Provider Form Identifier

68422

(Create an identifier for your own reference)

FCC Form 474 Invoice

# 2778521

(To be inserted by administrator)

**Block 1: Service Provider Information**

- |   |                |                                 |
|---|----------------|---------------------------------|
| 1. Service Provider Name                              |                | NEVESEM, INC.                   |
| 2. Service Provider Identification Number (SPIN)      |                | 143022659                       |
| 3. Contact Person's Name                              |                | Ricardo Dreyfous, Ph.D.         |
| 4. Contact Telephone Number                           | Area Code: 787 | Phone Number: 7062700 Ext. 2701 |
| Contact Fax Number                                    | Area Code: 787 | Fax Number: 7892018             |
| Contact Email Address                                 |                | rdreyfous@dreyfous.com          |
| 5. Total Invoice Amount (total of Block 2, Column 13) |                | 3303.25                         |

Page 1 of 4

FCC Form 474

July 2016

SPIN 143022659							
Service Provider Form Identifier 68422							
Contact Person Ricardo Dreyfous, Ph.D.							
Contact Telephone Number 787-7062700 2701							
<b>Block 2: Funding Request Number Information</b>							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <b>NOT BOTH</b>				
161035544	1699074846	MONTHLY	06/01/2017		4525	73	3303.25
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5</b>							



Approved by OMB  
OMB Control No. 3060 – 0856

<b>Service Provider Invoice FCC Form 474</b>	
<b>Service Provider Form Identifier</b> <u>68422</u>	
<b>Contact Person</b> <u>Ricardo Dreyfous, Ph.D.</u>	
<b>Contact Telephone Number</b> <u>787-7062700 2701</u>	
<b>Block 3: Service Provider Certifications &amp; Signature</b>	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.	
<input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.	
<input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
<b>14. Signature of authorized person</b> ✓	<b>15. Date</b> 2/23/2018
<b>16. Printed name of authorized person</b> Ricardo Dreyfous, Ph.D.	
<b>17. Title or position of authorized person</b> President	
<b>18. Telephone number of authorized person</b> 787-7062700 2701	
<b>19. Address of authorized person</b> PMB-641 HC-01, BOX 29030 Caguas PR, 00725	