FCC Form
486

486 01-29-03 21400017

FY 05 NEC48601-29-0321400017

Approval by OMB
3060-0853

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing. # 318697

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier USF FY03

Block 1: Billed Entity Information

1. Name of Billed Entity
Iditarod Area School District

2. Billed Entity Number
145590

3. Funding Year
2003

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number
Takotna Ave, Box 90

City
McGrath

State
AK

Zip Code
99627 - 00090

Telephone Number
907 524 3033

Extension
224

Fax Number
907 524 3217

Email Address
jharrington@iditarodsd.org

FCC Form 41

Entity Number	145590	**Applicant's Form Identifier**	USF FY03 Year 5
Contact Person	Isabelle Harrington	**Phone Number**	907 524 3033 x224

5. Contact Person Information

Contact Person Name

Isabelle Harrington

Street Address, P.O. Box or Route Number

Takotna Ave, Box 90

City

McGrath

State: AK Zip Code: 99627 -

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

[X] Telephone Number: 907 - 524 - 3033 Extension: 224

[ ] Fax Number: - -

[X] Email Address

lharrington@iditarodsd.org

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.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Entity Number 145590 Applicant's Form Identifier USE FY03 Year 5

Contact Person Isabelle Harrington Phone Number 907 524 3033x224

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

☒ The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and/or (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

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ity Number 145590

Applicant's Form Identifier USF-PY03 Years

ntact Person Isabelle Hannington

Phone Number 907 524 3033 x224

ck 3: Service Information

Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
318697	8433772	907-524-3033	United-KUC	143022020	07012002
318697	844220	001-373673	GCI Communications	143001199	07012002
318697	844449	907-663-6348	Bush-Tell	143002687	07012002
318697	844521	907-524-3033	United Utilities	143002704	07012002
318697	844634	N/A	Matanuska Telephone	143002697	07012002
318697	844700	N/A	GCI Communications	143001199	07012002
318697	844762	N/A	AT&T Alascom	143005617	07012002
318697	844851	N/A	AT&T Alascom	143005617	07012002

0 4 8 6 0 1 0 4 0 2

Number 145590

Applicant's Form Identifier USF-FY03 Years

Person Isabelle Harrington

Phone Number 907 524 3033x224

3: Service Information

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1318697	1846038	N/A	AT&T Wireless	143024165	07/01/2002
1318697		100-001476	GCI Communications	143001197	07/01/2002
1318697		100-001476	GCI Communications	143001197	07/01/2002
1318697		100-001476	GCI Communications	143001197	07/01/2002
1318697		100-001476	GCI Communications	143001197	07/01/2002
1318697	1853222	100-001476	GCI Communications	143001197	07/01/2002
1318697	1853241	100-001476	GCI Communications	143001197	07/01/2002
1318697	1853258	100-001476	GCI Communications	143001197	MM/DD/YYYY

0 4 8 6 0 1 0 4 0 2

Number 145590 Applicant's Form Identifier USF FY03 Year 5

ct Person Isabelle Harrington Phone Number 907 524 3033 x224

3: Service Information

Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

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3186977	853277	100-001476	GCI Communications	143001999	M M D D Y Y Y Y
					M M D D Y Y Y Y
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					M M D D Y Y Y Y

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Entity Number	145590	Applicant's Form Identifier	USF FY03 Years
Contact Person	Isabelle Harrington	Phone Number	907 524 3033x224

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

The technology certification committee convened by the Alaska Department of Education and the Lieutenant Governor.

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. Note that the certification in Items 11a and 11b are different for schools and for libraries. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

Entity Number	145590	Applicant's Form Identifier	USF FY03 Years
Contact Person	Isabelle Hornington	Phone Number	907 524 3033x224

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

a. (FOR SCHOOLS) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

(FOR LIBRARIES) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l).

b. (FOR SCHOOLS) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR LIBRARIES) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

c. The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES [1]:

I certify that as of the date of the start of discounted services:

d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.

e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR

g. I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

[1] See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

FCC Form
486

Approval by OMB
3060-0853

86C 01-29-03 7000004
486 01-29-03 21400017
F
FY 05 NCC48681-29-03214000017

Entity Number	145590	Applicant's Form Identifier	USF FY03 Year 5
Contact Person	Isabelle Harrington	Phone Number	907 524 3033x224

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person
Isabelle Harrington
Isabelle Harrington

13. Date resent 1/24/03
M M D D Y Y Y Y

14. Printed name of authorized person
Isabelle Harrington

15. Title or position of authorized person
Business Manager

16. Telephone number of authorized person **Extension**
907 524 3033 224

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

Universal Service Administrative Company
Schools & Libraries Division

FORM 486 RETURN LETTER

February 13, 2003

[redacted]
[redacted] SCHOOL DISTRICT
[redacted] AVE, BOX 90
MCGRATH, AK 99627

Re: Applicant's Form 486 Identifier: USFFT03

Dear **ISABELLE HARRINGTON:**

Enclosed you will find an FCC Form 486 Receipt of Service Confirmation Form that you sent to the Schools and Libraries Division (SLD). Unfortunately, we are unable to process your Form. We have included a list of the reason(s) why we were not able to process your Form. We encourage you to review this information and make the necessary corrections or changes to the Form and resubmit your FCC Form 486 to us.

Reasons Why Your FCC Form 486 is Being Returned to You:

- **The certifications in Block 4, Items 11(a)-11(e), of the FCC Form 486 submitted are all blank. For Funding Year 4 and later Funding Years, Billed Entities must check at least one of the boxes labeled (a) through (e) in Item 11.**

We regret the delay in processing your form. We encourage you to respond to this letter as soon as you are able, by submitting a correct FCC Form 486. If you have any questions about the enclosed information, or you need a clean copy of the FCC Form 486, please visit the SLD Web Site at <http://www.sl.universalservice.org>; or, contact our Client Service Bureau at 888-203-8100. Once you return a correct FCC Form 486 to the SLD, we will process your Form and notify each Service Provider that is listed in this Form of the relevant information for the particular service or group of services being delivered by that Service Provider to you.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure (1) FCC Form 486

Universal Service Administrative Company
Schools & Libraries Division

FORM 486 RETURN LETTER

February 13, 2003

ISABELLE HARRINGTON
IDITAROD AREA SCHOOL DISTRICT
TAKOTNA AVE, BOX 90
MCGRATH, AK 99627

Re: Applicant's Form 486 Identifier: USFFY03

Dear **ISABELLE HARRINGTON**:

Enclosed you will find an FCC Form 486 Receipt of Service Confirmation Form that you sent to the Schools and Libraries Division (SLD). Unfortunately, we are unable to process your Form. We have included a list of the reason(s) why we were not able to process your Form. We encourage you to review this information and make the necessary corrections or changes to the Form and resubmit your FCC Form 486 to us.

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FCC Form
486

486 11-08-02 16200038
NEC49611-08-0216200038
FY 05

Approval by OM
3060-08

20479

Schools and Libraries Universal Service
Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hou
For Subsequent Submissions: 1.5 hou

Applicant's Form Identifier USF P403 Years	Form 486 Application # (To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity

Iditarod Area School District

2. Billed Entity Number

145590

3. Funding Year

2003

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

Takotna Ave, Box 90

City

McGrath

State Zip Code

AK 99627 0090

Telephone Number Extension Fax Number

907 524 3033 224 907 524 3217

Email Address

iharrington@iditarodsd.org

FCC Form

Entity Number 145590 Applicant's Form Identifier USF FY03 Year 5

Contact Person Isabelle Harrington Phone Number 907 524 3033 x224

5. Contact Person Information

Contact Person Name

Isabelle Harrington

Street Address, P.O. Box or Route Number

Takotna Ave, Box 90

City

McGrath

State Zip Code

AK 99627

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

X Telephone Number Extension Fax Number

907 524 3033 224

X Email Address

iharrington@iditarodsd.org

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The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form will in response to subsequent inquiries may be disclosed to the public.

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Entity Number	145590	Applicant's Form Identifier	USF F403 Year 5
Contact Person	Isabelle Harrington	Phone Number	907 524 3033x224

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ***ON OR BEFORE*** JULY 31 OF THE FUNDING YEAR.

X The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

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ntity Number 145590 Applicant's Form Identifier USF-P403 4 years

Contact Person Isabelle Hannington Phone Number 907 524 3033 x224

ock 3: Service Information

Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
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318697	843372	907-524-3033	United-KUC	143022020	07012002
318697	844220	001-373673	GCI Communications	143001199	07012002
318697	844449	907-663-6348	Bush-Tell	143002687	07012002
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318697	844700	N/A	GCI Communications	143001199	07012002
318697	844762	N/A	AT&T Alascom	143005617	07012002
318697	844851	N/A	AT&T Alascom	143005617	07012002

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Number 145590 Applicant's Form Identifier USF-FY03 Years

ct Person Isabelle Harrington Phone Number 907 524 3033x224

3: Service Information

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3186977	8460338	N/A	AT&T Wireless	143024165	07/01/2002
3186977	8531216	100-001476	GCI Communication	143001199	07/01/2002
3186977	8531317	100-001476	GCI Communications	143001197	07/01/2002
3186977	8531641	100-001476	GCI Communications	143001199	07/01/2002
3186977	8532112	100-001476	GCI Communications	143001199	07/01/2002
3186977	8532222	100-001476	GCI Communications	143001199	07/01/2002
3186977	8532441	100-001476	GCI Communications	143001199	07/01/2002
3186977	8532458	100-001476	GCI Communication	143001197	MM/DD/YYYY

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THU-13-2003 14:08 P.15/21

Number 145590

Applicant's Form Identifier USF FY03 Year 5

ct Person Isabelle Harrington

Phone Number 907 524 3033 x224

3: Service Information

Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
3186917	1853277	100-001476	GCI Communications	143601199	M M 0 2 0 1
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0 4 8 6 0 1 0 4 0 2

Entity Number	145590	Applicant's Form Identifier	USF FY03 Years
Contact Person	Isabelle Harrington	Phone Number	907 524 3033x224

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

The technology certification committee convened by the Alaska Department of Education and the Lieutenant Governor.

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. Note that the certification in Items 11a and 11b are different for schools and for libraries. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

Entity Number	145590	Applicant's Form Identifier	USF P403 Years
Contact Person	Isabelle Hannington	Phone Number	907 524 3033x224

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

a. (FOR SCHOOLS) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

(FOR LIBRARIES) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l).

b. (FOR SCHOOLS) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR LIBRARIES) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

c. The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES : [1]

I certify that as of the date of the start of discounted services:

d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.

e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR

g. I certify that *no* eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

[1] See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

FCC Form
486

Do Not Write In This Area

Approval by OM
3060-08

Entity Number	145590	Applicant's Form Identifier	USF F403 Year 5
Contact Person	Isabelle Harrington	Phone Number	907 524 3033x224

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

Isabelle Harrington

13. Date

11 01 2002

14. Printed name of authorized person

Isabelle Harrington

15. Title or position of authorized person

Business Manager

16. Telephone number of authorized person **Extension**

907 524 3033 224

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

Universal Service Administrative Company
Schools & Libraries Division

FORM 486 RETURN LETTER

February 7, 2003

ISABELLE HARRINGTON
IDITAROD AREA SCHOOL DISTRICT
TAKOTNA AVE, BOX 90
MCGRATH, AK 99627

Re: Applicant's Form 486 Identifier: USF FY03 YEAR 5

Dear ISABELLE HARRINGTON:

Enclosed you will find an FCC Form 486 Receipt of Service Confirmation Form that you sent to the Schools and Libraries Division (SLD). Unfortunately, we are unable to process your Form. We have included a list of the reason(s) why we were not able to process your Form. We encourage you to review this information and make the necessary corrections or changes to the Form and resubmit your FCC Form 486 to us.

Reasons Why Your FCC Form 486 is Being Returned to You:

- **The certifications in Block 4, Items 11(a)-11(e), of the FCC Form 486 submitted are all blank. For Funding Year 4 and later Funding Years, Billed Entities must check at least one of the boxes labeled (a) through (e) in Item 11.**

We regret the delay in processing your form. We encourage you to respond to this letter as soon as you are able, by submitting a correct FCC Form 486. If you have any questions about the enclosed information, or you need a clean copy of the FCC Form 486, please visit the SLD Web Site at <http://www.sl.universalservice.org>; or, contact our Client Service Bureau at 888-203-8100. Once you return a correct FCC Form 486 to the SLD, we will process your Form and notify each Service Provider that is listed in this Form of the relevant information for the particular service or group of services being delivered by that Service Provider to you.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure (1) FCC Form 486