

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier MCS72004

Form 471 Application # _____
(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	Maumee City School District		
2	Funding Year: July 1, 2004 through June 30, 2005	3	Entity Number (up to 10 digits)	129283
4a	Street Address, P.O. Box, or Route Number	2345 Detroit Avenue		
	City	State	Zip Code	
	Maumee	OH	43537-3712	
b	Telephone Number (10 digits + ext.)	(419) 893 - 3200		
c	Fax Number (10 digits)	(419) 891- 5387		
d	E-mail Address (50 characters max.)			
5	Type of Application	<input type="checkbox"/>	School	(public or non-public school)
		<input checked="" type="checkbox"/>	School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
		<input type="checkbox"/>	Library	(library (i.e. outlet/branch, system))
		<input type="checkbox"/>	Consortium	<input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.
6a	Contact Person's Name	Paul Brotzki		
	<i>First, fill in every item of the Contact Person's information below that is different from Item 4, above.</i>			
	<i>Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)</i>			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number	2345 Detroit Avenue		
	City	State	Zip Code	
	Maumee	OH	43537-3712	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	(419) 893 - 3200		
d	<input type="checkbox"/> Fax Number (10 digits)	(419) 891 - 5387		
e	<input type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation/summer contact information:			

Block 2: Minor Modification to Existing Contract?

7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: _____ Funding Request Number: _____

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number 128283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	240	240
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	6	6
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	1.54	1.54
d	Dial-up Internet connections: How many before and after your order?	N/A	N/A
e	Dial-up Internet connections: Highest speed before and after your order?	N/A	N/A
f	Direct connections to the Internet: How many before and after your order?	2	2
g	Direct connections to the Internet: Highest speed before and after your order?	1.54	1.54
h	Internet access (for schools): How many rooms have Internet access before and after your order?	240	240
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	N/A	N/A
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	600	600
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

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 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 1 of 1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5-for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: Maumee City School District

School District Entity Number: 129283

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 + Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Maumee High School	01292	U	987	44	0.04457953	40%	394.8
Gateway Middle School	01291	U	691	58	0.08393632	40%	276.4
Fairfield Elementary	01289	U	311	24	0.07717042	40%	124.4
Fort Miami Elementary	01290	U	248	19	0.07661290	40%	99.2
Union Elementary	01293	U	224	45	0.20089286	40%	89.6
Wayne Trail Elementary	01294	U	329	31	0.09422492	40%	131.6
Totals for calculating Weighted Average Discount			2790				1116

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →

40%

Entity Number _____ Applicant's Form Identifier _____
 Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

**BLOCK 4: Discount Calculation Worksheet B
 For Libraries**

Worksheet #B- 1
 Page 1__ of 1__

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services: Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well): Complete columns 1-5 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches: Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: _____ Library System Entity Number: _____

1	2	3	4	5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
Totals for calculating Shared Discount				

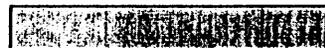
10c Shared Discount % (Col. 5 total divided by # of outlets/branches in Col. 1. Round to nearest %) →

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Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- 1

Page 1 of 1



(For Administrator's Use)

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

10a If you are:

- **Applying for discounts ONLY on site-specific services:**
Complete columns 1-4 only. Add and number pages as needed.
- **Applying for discounts on services shared by ALL members (with or without site-specific services as well):**
Complete columns 1-4 PLUS 10c, below.
- **Applying for discounts on different shared services shared by different groups of consortium members:**
Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc.

10b List entities and calculate discount(s).

1	2	3	4
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1		ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library System: Discount from Worksheet B, Item 10c
Totals for calculating Shared Discount			

10c Shared Discount %

(Col. 4 total divided by # of entities in Col. 1. Round to nearest %)



Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 1 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN# (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM																																												
		16 Billing Account Number (e.g., billed telephone number) 419/893-8778 - 1938																																												
12 Form 470 Application Number (15 digits) 177500000481257		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/18/2003																																												
13 SPIN - Service Provider Identification Number (9 digits) 143005290		18 Contract Award Date (mm/dd/yyyy)																																												
		19a Service Start Date (mm/dd/yyyy) 07/01/04																																												
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2005																																												
14 Service Provider Name Buckeye Telesystems, Inc.		20 Contract Expiration Date (mm/dd/yyyy)																																												
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # B1																																												
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01292 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
23 Calculations																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Recurring Charges</th> <th colspan="3" style="text-align: center;">Non-Recurring Charges</th> <th colspan="3" style="text-align: center;">Total Charges</th> </tr> <tr> <th style="width: 10%;">A</th> <th style="width: 15%;">B</th> <th style="width: 15%;">C</th> <th style="width: 10%;">D</th> <th style="width: 15%;">E</th> <th style="width: 10%;">F</th> <th style="width: 10%;">G</th> <th style="width: 10%;">H</th> <th style="width: 10%;">I</th> <th style="width: 10%;">J</th> <th style="width: 10%;">K</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">Monthly \$ charges (total amount per month for service)</td> <td style="font-size: small;">How much of the \$ amount in (A) is ineligible?</td> <td style="font-size: small;">Eligible monthly pre-discount amount (A minus B)</td> <td style="font-size: small;"># of months service provided in program year</td> <td style="font-size: small;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="font-size: small;">Annual non-recurring (one-time) \$ charges</td> <td style="font-size: small;">How much of the \$ amount in (F) is ineligible?</td> <td style="font-size: small;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="font-size: small;">Total program year pre-discount \$ amount (E + H)</td> <td style="font-size: small;">% discount (from Block 4 Worksheet)</td> <td style="font-size: small;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td style="text-align: center;">897.00</td> <td></td> <td style="text-align: center;">897.00</td> <td style="text-align: center;">12</td> <td style="text-align: center;">10764.00</td> <td></td> <td></td> <td></td> <td style="text-align: center;">10764.00</td> <td style="text-align: center;">0.4</td> <td style="text-align: center;">4305.60</td> </tr> </tbody> </table>				Recurring Charges				Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	897.00		897.00	12	10764.00				10764.00	0.4	4305.60
Recurring Charges				Non-Recurring Charges			Total Charges																																							
A	B	C	D	E	F	G	H	I	J	K																																				
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																				
897.00		897.00	12	10764.00				10764.00	0.4	4305.60																																				

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 2 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN# [REDACTED] (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
	16 Billing Account Number (e.g., billed telephone number)	419/893-3386 - 1964
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143005290	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/2005
14 Service Provider Name Buckeye Telesystems, Inc.	20 Contract Expiration Date (mm/dd/yyyy)	
21 Description of This Service: Attachment # B2	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01291 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

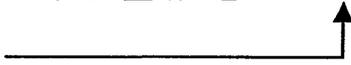
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
335.73		335.73	12	4028.76				4028.76	0.4	1611.504

Entity Number 129283 Applicant's Form Identifier MCS72004
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Block 5: Discount Funding Request(s)

Block 5, page 3 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. 

FRN # [REDACTED] (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
	16 Billing Account Number (e.g., billed telephone number) 419/893-2201 - 1963
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143005290	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2004 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2005
14 Service Provider Name Buckeye Telesystems, Inc.	20 Contract Expiration Date (mm/dd/yyyy)
21 Description of This Service: Attachment # B3	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01290 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

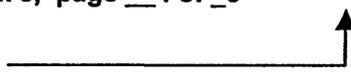
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
163.8		163.8	12	1965.6				1965.6	0.4	786.24

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 4 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. 

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
	16 Billing Account Number (e.g., billed telephone number)	419/893-2221 - 1968
12 Form 470 Application Number (15 digits)	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/18/2003
13 SPIN - Service Provider Identification Number (9 digits)	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	7/2/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/2005
14 Service Provider Name	20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # B4

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01293
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations				Recurring Charges			Non-Recurring Charges		Total Charges		
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	
162.45		162.45	12	1949.4				1949.4	0.4	779.76	

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 5 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
	16 Billing Account Number (e.g., billed telephone number) 419/893-9821 - 1962
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143005290	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2005
14 Service Provider Name Buckeye Telesystems, Inc.	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # B5

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01289

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

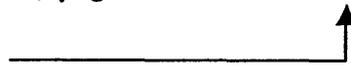
Recurring Charges				Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
163.2		163.2	12	1958.4				1958.4	0.4	783.36

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 6 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. 

FRN # [REDACTED] (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
	16 Billing Account Number (e.g., billed telephone number)	419/893-2851 - 1969
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143005290	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/2005
14 Service Provider Name Buckeye Telesystems, Inc.	20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # B6

22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 01294
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
164.25		164.25	12	1971				1971	0.4	788.4

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 7 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
	16 Billing Account Number (e.g., billed telephone number) 419/111-0006 - 1105
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143005290	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2005
14 Service Provider Name Buckeye Telesystems, Inc.	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # B7

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

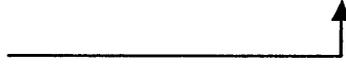
23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)			
1795.69		1795.69	12	21548.28				21548.28	0.4	8619,312			

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 8 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. 

FRN: (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	not available
	16 Billing Account Number (e.g., billed telephone number)	OC-3
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	1/15/2002
13 SPIN - Service Provider Identification Number (9 digits) 143007175	18 Contract Award Date (mm/dd/yyyy)	1/15/2002
	19a Service Start Date (mm/dd/yyyy)	7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
14 Service Provider Name Northern Buckeye Education Council	20 Contract Expiration Date (mm/dd/yyyy)	7/1/2007
21 Description of This Service: Attachment # B8	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
5361.12		5361.12	12	64333.44				64333.44	0.4	25733.376

Entity Number 129283 Applicant's Form Identifier MCS72004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Block 5, page 9 of 9

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
	16 Billing Account Number (e.g., billed telephone number)	419/893-3200
12 Form 470 Application Number (15 digits) 177500000481257	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/18/2003
13 SPIN - Service Provider Identification Number (9 digits) 143001262	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	7/1/2004
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/2005
14 Service Provider Name LCI International dba Qwest	20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # B9

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-1

Recurring Charges				Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
185.15		185.15	12	2221.8				2221.8	0.4	888.72

Do not write in this area

Entity Number 129283 Applicant's Form Identifier MCS72004
Contact Person Paul Brotzki Phone Number 419893-3200

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a an individual technology plan for using the services requested in this application; and/or
 - b higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a technology plan(s) has/have been approved; and/or
 - b technology plan(s) will be approved by a state or other authorized body; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 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 service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person	<i>Paul Brotzki</i>	35 Date	<i>JAN 30, 2004</i>
36 Printed name of authorized person	Paul Brotzki		
37 Title or position of authorized person	Treasurer		
38 Telephone number of authorized person:	(419) 893-3200, ext.		
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.			
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.			

Entity Number 129283 Applicant's Form Identifier MCS72004
Contact Person Paul Brotzki Phone Number 419/893-3200

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. 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 report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

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 personal 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 a potential violation of a 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 of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and 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 4 hours per response, 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, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

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

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

Entity Number <u>129283</u>	Applicant's Form Identifier <u>MCS712004</u>
Contact Person <u>Paul Brotzki</u>	Phone Number <u>419/893-3200</u>

Block 5				
Services	Bill number	Provider	Attachment #	Monthly Cost
ISDN PRI for local voice service and 2 business lines (entity 01292)	419/893-8778 - 1938	Buckeye Telesystems	B1	\$897.00
12 Centrex lines (entity 01291)	419/893-3386 - 1964	Buckeye Telesystems	B2	\$335.73
6 Centrex lines (entity 01290)	419/893-2201 - 1963	Buckeye Telesystems	B3	\$163.80
5 Centrex lines (entity 01293)	419/893-2221 - 1968	Buckeye Telesystems	B4	\$162.45
5 Centrex lines (entity 01289)	419/-893-9821 - 1962	Buckeye Telesystems	B5	\$163.20
5 Centrex lines (entity 01294)	419/893-2851 - 1969	Buckeye Telesystems	B6	\$164.25
leased lines to all for internet access	419/111-0006 - 1105	Buckeye Telesystems	B7	\$1,795.69
internet access for the district	OC-3	Northern Buckeye Ed.	B8	\$5,361.12
long distance service for the district	419/893-3200	Qwest	B9	\$185.15
Total				\$9,228.39

TELEPHONE NUMBER 419/893-8778	ACCOUNT NUMBER 1938 V
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NOT A MAUMEE DB
ALL ON



4818 Angola Rd.
Toledo, Ohio 43615
(419) 724-9898
1-888-21FIBER

MAUMEE CITY SCHOOLS

PAGE 1 OF

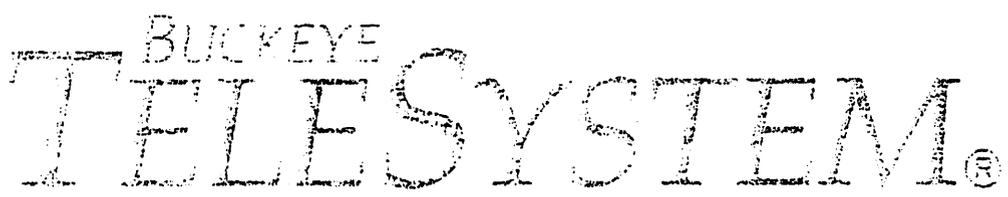
PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	BILLING DATE	DELINQUENT AFTER
\$901.90	\$901.90	\$.00	DEC 8, 2003	DEC 27, 2003
			CURRENT CHARGES	AMOUNT DUE
			\$897.00	\$897.00

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES	
MONTHLY SERVICE FROM DEC 8 THRU JAN 7	890.95
OTHER CHARGES/CREDITS	.00
BUCKEYE TELESYSTEM	6.05
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	\$897.00 ✓



FOR BILLING INQUIRIES, OUR OFFICE IS OPEN 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

Maumee High School
4
01292



TELEPHONE NUMBER	ACCOUNT NUMBER
419/893-3386 ✓	1964



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MAUMEE CITY SCHOOLS

PAGE 1 OF

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED			BILLING DATE	DELINQUENT AFTER
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	DEC 8, 2003	DEC 27, 2003
\$335.23	\$335.23	\$.00	CURRENT CHARGES	AMOUNT DUE
			\$335.73	\$335.7

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES	
MONTHLY SERVICE FROM DEC 8 THRU JAN 7	329.68
OTHER CHARGES/CREDITS	.00
BUCKEYE TELESYSTEM	6.05
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	\$335.73 ✓

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RESIDENCES CALL 419-724-9899

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GATEWAY
MIDDLE
School ✓

01291

Ba

TELEPHONE NUMBER	ACCOUNT NUMBER
419/893-2201 ✓	1963



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Toledo, Ohio 43615
(419) 724-9898
1-888-21FIBER

MAUMEE CITY SCHOOLS

PAGE 1 OF

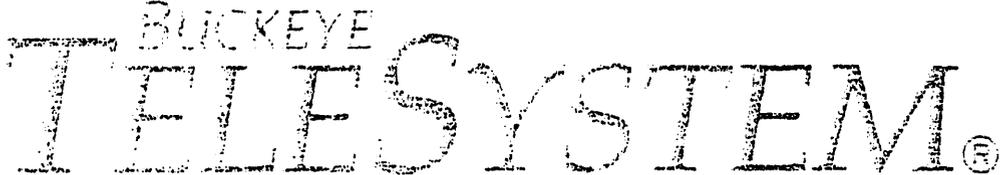
PAYMENTS RECEIVED AFTER -DEC 7 ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$164.55	\$164.55	\$.00	\$163.80	\$163.80

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES	
MONTHLY SERVICE FROM DEC 8 THRU JAN 7	162.45
OTHER CHARGES/CREDITS	.00
BUCKEYE TELESYSTEM	1.35
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	<u>\$163.80</u> ✓



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RESIDENCES CALL 419-724-9899

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FORT MIAMI
B3V3
01290

419/893-2221 ✓	ACCOUNT NUMBER 1968
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BUCKEYE TELESYSTEM

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Toledo, Ohio 43615

(419) 724-9898
1-888-21FIBER

MAUMEE CITY SCHOOLS

PAGE 1 OF 3

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	BILLING DATE	DELINQUENT AFTER
\$162.75	\$162.75	\$.00	DEC 8, 2003	DEC 27, 2003
			CURRENT CHARGES	AMOUNT DUE
			\$162.45	\$162.45

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7	162.45
OTHER CHARGES/CREDITS	.00
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	162.45 ✓

BUCKEYE TELESYSTEM

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MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

UNION ✓
Elementary
B4
01293

419/893-9821 ✓ 1962



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MAUMEE CITY SCHOOLS

PAGE 1 OF 4

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

BILLING DATE	DELINQUENT AFTER
DEC 8, 2003	DEC 27, 2003
CURRENT CHARGES	AMOUNT DUE
\$163.20	\$163.20

PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD
\$165.75	\$165.75	\$.00

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7 162.45
 OTHER CHARGES/CREDITS .00
 BUCKEYE TELESYSTEM .75

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$163.20 ✓



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 MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
 RESIDENCES CALL 419-724-9899

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Fairfield
Elementary
B5
01289

TELEPHONE NUMBER	ACCOUNT NUMBER
419/893-2851	1969



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Toledo, Ohio 43615
(419) 724-9898
1-888-21FIBER

MAUMEE CITY SCHOOLS

PAYMENTS RECEIVED AFTER -DEC -7 ARE NOT INCLUDED

BILLING DATE	DELINQUENT AFTER
DEC 8, 2003	DEC 27, 2003
CURRENT CHARGES	AMOUNT DUE
\$164.25	\$164.25

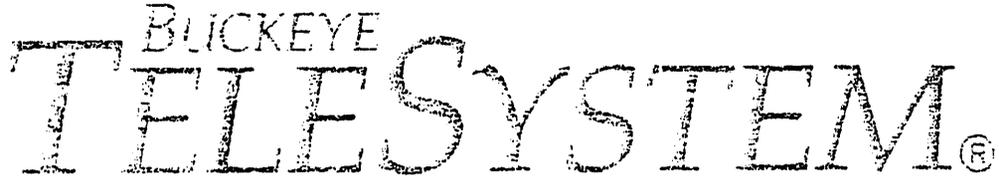
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD
\$164.25	\$164.25	\$.00

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7	162.45
OTHER CHARGES/CREDITS	.00
BUCKEYE TELESYSTEM	1.80
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	\$164.25 ✓



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MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

WAYNE TRAIL ✓
01294
B6 ✓
01294

TELEPHONE NUMBER 419/111-0006 ✓	ACCOUNT NUMBER 1105
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① CIRCUITS

MAUMEE PUBLIC SCHOOLS



**BUCKEYE
TELESYSTEM**

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Toledo, Ohio 43615

(419) 724-9898
1-888-21FIBER

PAGE 1 OF 2

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED			BILLING DATE DEC 8, 2003	DELINQUENT AFTER DEC 27, 2003
PREVIOUS BALANCE \$1,795.69	PREVIOUS PAYMENTS \$1,795.69	BALANCE FORWARD \$.00	CURRENT CHARGES \$1,795.69	AMOUNT DUE \$1,795.69

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

① B7

CUSTOMER SUMMARY

BUCKEYE-CAP CURRENT CHARGES	
MONTHLY SERVICE FROM DEC 8 THRU JAN 7	1,795.69
OTHER CHARGES/CREDITS	.00
TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	\$1,795.69

BUCKEYE
TELESYSTEM

FOR BILLING INQUIRIES PLEASE CALL 419-724-9898 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. THANK YOU.

KEEP THIS PORTION FOR YOUR RECORD

① [scribble]

Item 21 Attachment

Applicant: Maumee City School District		Attachment: I-A21		
BEN: 129283		Application:		
<p>Narrative Description: Northern Buckeye Education Council will provide unbundled Internet Access to Customer. This service offering includes Internet access, e-mail accounts for district personnel, Domain Name Services, and caching services. Service to be delivered to the Customer over a dedicated connection with a minimum transfer rate of 1.544mbs.</p>				
Quantity	Product or Service Description	Unit Cost	Extended Pre-discount Cost	
			Recurring	Non-Recurring
12	Monthly Internet Access to High School	\$3,756.52	\$45,078.19	
12	Monthly Internet Access to Middle School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Fairfield Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Fort Miami Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Union Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Wayne Trail Elementary School	\$320.92	\$3,851.00	
		<i>5361.12</i>		
TOTAL			\$64,333.19	

(B8)



December 15, 2003
Invoice 578010336
Billing Cycle: 40-124

MAUMEE CITY SCHOOLS

Account 30099218
Phone # 419-893-3200

Payment summary

Current gross charges	182.50
Taxes and Surcharges	2.65
Current net charges	\$185.15
Previous balance	\$226.64
Payment(s) received, Thank you	-226.64

Amount due \$185.15

Contact Qwest

- Billing inquiries and general information
1-888-560-0466
- For services provided by Touch America
call 1-800-590-1025
- Visit our website at
www.Qwest.com

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Thank you for choosing Qwest.

~~XXXXXXXXXX~~
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ok to pay.
K. Allen