



Universal Service Administrative Company
Schools & Libraries Division

Form 472 (BEAR Form) Notification Letter

October 27, 2006

Southwestern Bell Telephone, L.P.
Michelle Tudyk
406 North Carancahua
Room 450
Corpus Christi, TX 78401

Re: Form 472 Invoice Number: 699166
Service Provider Identification Number: 143004662
Applicant Form 472 Identifier: YR4SBC-JUL-FEB-2
Billed Entity Number: 141499

SOMERSET INDEP SCHOOL DISTRICT
GLORIA WYNKOOP
PO BOX 279
SOMERSET, TX 78069

Preferred Mode of Contact: Phone at (210) 622-9165
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

471 Application Number: A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

Funding Year: The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

Contract Number: The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

Funding Commitment Decision: This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

Reimbursement Amount for this FRN: This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT): This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division
Universal Service Administrative Company
CC: SOMERSET INDEP SCHOOL DISTRICT

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 545208
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: MTM
Funding Commitment Decision: \$16200.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

Funding Request Number: 545208
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: MTM
Funding Commitment Decision: \$16200.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

Funding Request Number: 545208
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: MTM
Funding Commitment Decision: \$16200.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

Funding Request Number: 545208
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
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Funding Commitment Decision: \$16200.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

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471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: MTM
Funding Commitment Decision: \$16200.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

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Customer Billed Date before Service Start Dat;

7004 1160 0003 1206 9149

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12



Sent To **SLC-BEAR Form**
 Street, Apt. No., or PO Box No. **3833 Greenway Drive**
 City, State, ZIP+4 **Lawrence, KS 66046**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SLC-BEAR Form
3833 Greenway Drive
Lawrence, KS 66046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **REINHOLD GIBT SOLUTIONS MAIL AGENT** Addressee

B. Received by (Printed Name)
OCT 23 2006

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7004 1160 0003 1206 9149**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Do not write in this space.

Approval by OMB

3060 - 0856

Universal Service for Schools and LibrariesEstimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. 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.

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 form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form 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 form 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.

If you owe a past due debt to the federal government, the taxpayer identification 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 this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. 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 1.5 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, D.C. 20554.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum)	Somerset Indep School District
2. 471 Billed Entity Applicant Number (10 digits maximum)	141499
3. Service Provider Identification Number (SPIN) (9 digits maximum)	143004662
4. Contact Name (30 characters maximum)	Gloria Wynkoop
5. Contact Telephone Number (14 digits maximum)	866-852-9858
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum)	YR4SBC-Jul-Feb-2
7. Reimbursement Form Date to SLC (mm/dd/yyyy)	10/17/2006
8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum)	\$15,135.39

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Somerset Indep School District 471 Billed Entity Applicant Number 141499 Contact Name Gloria Wynkoop
 Contact Telephone Number 866-852-9858 Reimbursement Form Number YR4SBC-Jul-Feb-2

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	233277	545208		07/2001		\$1,332.67	\$1,199.40
2	233277	545208		08/2001		\$1,442.37	\$1,298.13
3	233277	545208		09/2001		\$2,269.13	\$2,042.22
4	233277	545208		10/2001		\$2,335.69	\$2,102.12
5	233277	545208		11/2001		\$2,342.71	\$2,108.44
6	233277	545208		12/2001		\$2,252.48	\$2,027.23
7	233277	545208		01/2002		\$2,255.49	\$2,029.94
8	233277	545208		02/2002		\$2,586.57	\$2,327.91
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$15,135.39

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Wynkoop

Contact Telephone Number 866-852-9858

Reimbursement Form Number YR4SBC-Jul-Feb-2

Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)

18. Printed name of authorized person (required)

Mary Ellen Morin

19. Title or position of authorized person (required)

Superintendent

20. Telephone number of authorized person (required)

866-852-9858

21. Address of authorized person (required)

19644 Somerset Road, , Somerset, TX 78069

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Winkess

Contact Telephone Number 808-342-8658

Reimbursement Form Number YR(SBC-Jul-Feb)

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for this Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (for copy or original signature)	23. Date (required)
<i>Mary A. Winkess</i>	10/17/2006
24. Printed name of authorized person (required)	25. Title of position of authorized person (required)
Mary A. Winkess	Service Representative - FUSF
26. Telephone number of authorized person (required)	
1-800-759-8195	
27. Address of authorized person (required)	
406 N. Caranacua, Km. 450 B, Corpus Christi, TX 78401	

Page 4 of 4 pages

FCR Form 472 - October 1998

A paper copy of this Form (pages 1-4) should mailed to:
SLC-BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:
SLC-BEAR Form
c/o Ms. Smith
3932 Greenway Drive
Lawrence, KS 66046



P.O. Box 279
Somerset, Texas 78069
Voice: 866-852-9862 ext. 6141
Fax: 866-448-2740
gwynkoop@sisdk12.net

Fax Cover Sheet

Date: October 16, 2006

Number of Pages: 9

Sent To: **Name:** E-Rate Service Center – Attention Mimi Reynolds

Company: SBC

Phone Number:

FAX Number: 800-443-4757

Sent By: **Name:** Gloria Wynkoop, Director of Technology

Phone Number: 866-852-9862, ext. 6141 fax: 866-448-2740

Description

Find attached E-Rate Form 472 – BEAR Form for Somerset ISD. This is being submitted to request a reimbursement of telecommunication services for Somerset ISD. Please sign where appropriate and return only Page 4 to Somerset ISD. Fax: 866-448-2740. Thank you, Gloria Wynkoop, Technology Administrator.

Attention Mimi,

Please note that these BEARs are for Year 4 (2002). I have included two sets for the following reasons:

- During that E-Rate year, we had a change (twice) of Technology Director, consequently no BEARs were ever submitted for that E-Rate Year.
- The SLD has approved an invoice extension for FRN #545208
- No 486 was ever submitted for this application, and all FRNs under this application, thus resulting in a service start date of 03/01/2002.
- I fully expect denial of payment for the months of July 01 – Feb 02. I, however, know that I will be paid for months Mar 02 – Jun 02. That is why I'm sending two different BEARs.
- Once I'm denied payment for the ONE BEAR, I will then proceed with an appeal.



BUSINESS COMMUNICATION SERVICES - Federal Universal Service Fund

406 N. Carancahua, Rm 450B

Corpus Christi, TX 78401

FAX

Date: October 17, 2006
Number of pages including cover sheet: 2

<i>To: Gloria Wynkoop</i>	<i>From: Noemi (Mimi) C. Reynolds</i>
<i>Re: Block 4 of 472 (Bear Form) YR4SBC-MAR-JUN</i>	<i>Service Representative SBC E-Rate Service Center</i>
<i>Phone: 866 852-9858</i>	<i>Phone : 1 800-759-8195</i>
<i>Fax : 866 448-2740</i>	<i>Fax : 1 800 443-4757</i>

REMARKS: *Hi Gloria, attached is your signed BEAR block 4, please forward all four pages to the Schools and Library Division. Before mailing, please make the following correction: on block 1, line 7, should be the actual date mailed to the SLD. If you have any questions or concerns, please do not hesitate to call our office.*

*Thank you,
Noemi (Mimi) C. Reynolds*

P.S. *You may want to attach the bills or spreadsheet along with the BEAR.*

USAC

Schools and Libraries Division
Correspondence Unit
100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07981

TIME SENSITIVE MATERIAL

01096
SOMERSET INDEP SCHOOL DISTRICT
GLORIA WYNKOOP
PO BOX 279
SOMERSET, TX 78069





Universal Service Administrative Company
Schools & Libraries Division

Form 472 (BEAR Form) Notification Letter

November 07, 2006

Verizon Southwest Inc.
Shirley Harper
1717 Arch Street, 22nd Floor
Attn Maureen K. Cummings
Philadelphia, PA 19103

Re: Form 472 Invoice Number: 706170
Service Provider Identification Number: 143004789
Applicant Form 472 Identifier: YR4VERIZ-JUL-JAN
Billed Entity Number: 141499

SOMERSET INDEP SCHOOL DISTRICT
GLORIA WYNKOOP
PO BOX 279
SOMERSET, TX 78069

Preferred Mode of Contact: Phone at (210) 622-9165
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

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Contract Number: The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

Funding Commitment Decision: This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

Reimbursement Amount for this FRN: This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT): This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division
Universal Service Administrative Company
CC: SOMERSET INDEP SCHOOL DISTRICT

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 545349
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: T
Funding Commitment Decision: \$32936.40
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Customer Billed Date before Service Start Dat;

Funding Request Number: 545349
471 Application Number: 233277
Funding Year : 07/01/2001 - 06/30/2002
Contract Number: T
Funding Commitment Decision: \$32936.40
Reimbursement Amount for this FRN: \$0.00
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7004 1160 0003 1206 6339

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To
 Street, Apt. No.; or PO Box No. **SLC-BEAR Form**
3833 Greenway Drive
 City, State, ZIP+4 **Lawrence, KS 66046**

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SLC-BEAR Form
3833 Greenway Drive
Lawrence, KS 66046

2. Article Number
(Transfer from service label)

7004 1160 0003 1206 6339

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

MAIL AGENT

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Universal Service for Schools and LibrariesEstimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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 TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. 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.

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 form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form 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 form 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.

If you owe a past due debt to the federal government, the taxpayer identification 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 this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. 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 1.5 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, D.C. 20554.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum)	Somerset Indep School District
2. 471 Billed Entity Applicant Number (10 digits maximum)	141499
3. Service Provider Identification Number (SPIN) (9 digits maximum)	143004789
4. Contact Name (30 characters maximum)	Gloria Wynkoop
5. Contact Telephone Number (14 digits maximum)	866-852-9858
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum)	YR4VERIZ-Jul-Jan
7. Reimbursement Form Date to SLC (mm/dd/yyyy)	10/23/2006
8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum)	\$22,876.18

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Somerset Indep School District 471 Billed Entity Applicant Number 141499 Contact Name Gloria Wynkoop

Contact Telephone Number 866-852-9858 Reimbursement Form Number YR4VERIZ-Jul-Jan

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	233277	545349		07/2001		\$1,199.36	\$1,079.42
2	233277	545349		08/2001		\$8,810.54	\$7,929.49
3	233277	545349		09/2001		\$3,119.02	\$2,807.12
4	233277	545349		10/2001		\$3,022.79	\$2,720.51
5	233277	545349		11/2001		\$3,026.95	\$2,724.26
6	233277	545349		12/2001		\$3,238.78	\$2,914.90
7	233277	545349		01/2002		\$3,000.53	\$2,700.48
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$22,876.18

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Wynkoop

Contact Telephone Number 866-852-9858

Reimbursement Form Number YR4VERIZ-Jul-Jan

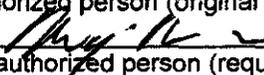
Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)



10/10/06

18. Printed name of authorized person (required)
Mary Ellen Morin

19. Title or position of authorized person (required)
Superintendent

20. Telephone number of authorized person (required)
866-852-9858

21. Address of authorized person (required)
19644 Somerset Road, , Somerset, TX 78069

From: Somerset ISD To: Cheryl Corley

Date: 10/19/2006 Time: 10:49:40 AM

Page 5 of 5

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name: Somerset Innap School District

471 Billed Entity Applicant Number: 341495

Contact Person Name: Blake Wintoor

Contact Telephone Number: 616-851-0153

Reimbursement Form Number: YR06002-041-100

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

A. The service provider must retain the amount of the approved discount amount for the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discount on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.

B. The service provider must retain payment of the approved discount amount to the Billed Entity Applicant prior to rendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discount for this Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (required) <i>Cheryl Corley</i>	23. Date (required) <i>10/19/06</i>
24. Printed name of authorized person (required) <i>Cheryl Corley</i>	25. Title of position of authorized person (required) <i>CAF-8555</i>
26. Telephone number of authorized person (required) <i>918-851-0153</i>	
27. Address of authorized person (required) <i>500 E. Carpenter Pkwy, Irving TX 75012</i>	

Page 4 of 4 pages

FCC Form 472 - October 1995

A paper copy of this Form (pages 1-4) should mailed to:

SLO-BEAR Form
P. O. Box 7036
Lawrence, KS 66044-7036

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLO-BEAR Form
c/o Ms. Smith
3833 Greerway Drive
Lawrence, KS 66044

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Wynkoop

Contact Telephone Number 866-852-9858

Reimbursement Form Number YR4VERIZ-Jul-Jan

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should mailed to:

SLC-BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046

Send Confirmation (Event Succeeded)

Date: 10/16/2006

Time: 11:36 AM

Pages: 5

Duration: 14 min 48 sec

Recipient: Corley, Cheryl

Company: Verizon

Fax Number: 99728934480,,4009

Subject:

Type: Fax



P.O. Box 279
Somerset, Texas 78069
Voice: 866-852-9862 ext. 6141
Fax: 866-448-2740
gwynkoop@sisdk12.net

Fax Cover Sheet

Date: October 16, 2006

Number of Pages: 5

Sent To: Name: Cheryl Corley

Company: Verizon

Phone Number:

FAX Number: 972-893-4480

Sent By: Name: Gloria Wynkoop, Director of Technology

Phone Number: 866-852-9863, ext. 6141 fax: 866-448-2740

Description

Find attached E-Rate Form 472 – BEAR Form for Somerset ISD. This is being submitted to request a reimbursement of telecommunication services for Somerset ISD. Please sign where appropriate and return only Page 4 to Somerset ISD. Fax: 866-448-2740. Thank you, Gloria Wynkoop, Director of Technology.

As indicated on my email, I fully expect denial for this BEAR since service start date is 03/01/2002. The bills cover July 2001 – January, 2002. I will follow up with an appeal due to the circumstances with respect to a change of Technology Director during this E-Rate year.



BRANCH SALES OFFICE
500 E. John Carpenter Frwy - 5th Floor
Irving, TX 75062

FACSIMILE TRANSMITTAL

Date: October 24, 2006

To: Gloria Wynkoop/Somerset ISD

Fax: 866/448-2740

RE: E-rate 472 BEAR form

Number of pages including fax cover sheet (2)

NOTES:

*Gloria,
Following is your signed copy of Block 4 for FRN's 545349 funding year 2001-02. Finance faxed me a copy of the Administrators Decision on Invoice Deadline Extension Request and stated they did not think you would have to appeal since it was approved.
Thanks, Cheryl*

*From the Desk of
Cheryl Corley
USF BSSS
Phone#: 800/483-6000
Voice #: 972/893-4406
Fax #: 972/893-4480*

