

Anixter Inc.
 Regional Distribution Center
 11801 South Central
 Alsip, IL 60482

MASTER PACKING LIST

WAREHOUSE:102		PHONE NUMBER: 708-597-7100		DATE: 01/02/03 03:28	
049407 S JULIAN CONSTRUCTION PROJECT O COAHOMA COMM COLLEGE & AHS L 3240 FRIARS POINT ROAD D CLARKSDALE MS 38614 U.S.A. T O			S JULIAN CONSTRUCTION/KOAHOMA PR H ANIXTER/ RYAN / TIM I 500 WILSON PIKE CIRCLE, STE310 P BRENTWOOD TN 37027 U.S.A. T O		
CUSTOMER PO NO: 000026909		PAYMENT TERMS: NET 30		FREIGHT TERMS: PREPAID	
				SHIPPING ORDER: 85907232001	
LINE	QTY ORD	QTY SHP	QTY B/O	ITEM DESCRIPTION	
2				(Continued) COMPU-LINK M88DE7F606 CBL ASSY MOD D/E 24-4PR STRANDED LEV 6 CAT 5E A/B 7 FT BLUE PkgID:S0011648646 Qty: 100	
3	20	20	0	109687 TYCO/AMP 5-554720-4 MOD PLG 8P 8C RJ45 NK 24/26/28 AWG SOLID .200RD & .090 X .350 CABLE 25/PK PkgID:S0011648645 Qty: 20	
4	1	1	0	170006 CORNING-C TKT-UNICAM UNICAM INSTALLATION TOOL KIT ST/SC/FC/MT-RJ/LC UNIVERSAL TOOL CLEAVER/CRIMPER PkgID:S0011648645 Qty: 1	
5	20	20	0	170002 CORNING-C 95-000-50 ST CONNECTOR 62.5/125 COMP	

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CUSTOMER PO NO: 000026909		PAYMENT TERMS: NET 30		FREIGHT TERMS: PREPAID	
				SHIPPING ORDER: 85907232001	
LINE	QTY ORD	QTY SHP	QTY B/O	ITEM DESCRIPTION	
5				(Continued) PREPOLISHED STUB 0.9/3.0MM JKT UNICAM PkgID:S0011648645 Qty: 20	
6	20	20	0	207046 COMPU-LINK STPSTPD1 2-F JUMPER 3.3FT/1MT 62.5/125 ST TO ST POLY TIP PkgID:S0011648645 Qty: 20	
7	1	1	0	156214 SIEMON STM-8 CABLE TESTER OPENS/SHORTS/ SPLITS/568A/B/USOC/ 10BASET/TOKEN RING PkgID:S0011648645 Qty: 1	
8	1	1	0	247638 LEVITON 49560-TTS TONE GENERATOR TEST SET PkgID:S0011648645 Qty: 1	

Anixter
 Regional Distribution Center
 11801 South Central
 Alsip, IL 60482

CONTENTS OF CARTON

PAGE # OF 1
 LP : S0011648646

WAREHOUSE:102		PHONE NUMBER: 708-597-7100		DATE: 01/02/03 03:28	
049407 S JULIAN CONSTRUCTION PROJECT O COAHOMA COMM COLLEGE & AHS L 3240 FRIARS POINT ROAD D CLARKSDALE MS 38614 U.S.A. T O			S JULIAN CONSTRUCTION/KOAHOMA PR H ANIXTER/ RYAN / TIM I 500 WILSON PIKE CIRCLE,STE310 P BRENTWOOD TN 37027 U.S.A. T O		
CUSTOMER PO NO: 000026909		PAYMENT TERMS: NET 30		FREIGHT TERMS: PREPAID	
		SHIPPING ORDER: 85907232001			
LINE	QTY SHP	ITEM DESCRIPTION			
2	100	SALESREP: RM MM07-AX6-06 COMPU-LINK M88DE7F606 CBL ASSY MOD D/E 24-4PR STRANDED LEV 6 CAT 5E A/B 7 FT BLUE LicPl:S0011648646 Qty: 100			

Anixter
 Regional Distribution Center
 11801 South Central
 Alsip, IL 60482

CONTENT OF CARTON

PAGE # 1 OF 2
 LP : S0011648645

WAREHOUSE:102		PHONE NUMBER: 708-597-7100		DATE: 01/02/03 03:26	
049407 S JULIAN CONSTRUCTION PROJECT O COAHOMA COMM COLLEGE & AHS L 3240 FRIARS POINT ROAD D CLARKSDALE MS 38614 U.S.A. T O			S JULIAN CONSTRUCTION/KOAHOMA PR H ANIXTER/ RYAN / TIM I 500 WILSON PIKE CIRCLE,STE310 P BRENTWOOD TN 37027 U.S.A. T O		
CUSTOMER PO NO: 000026909		PAYMENT TERMS: NET 30		FREIGHT TERMS: PREPAID	
				SHIPPING ORDER: 85907232001	
LINE	QTY SHP	ITEM DESCRIPTION			
		SALESREP: RM			
3	20	109687 TYCO/AMP 5-554720-4	MOD PLG 8P 8C RJ45 NK 24/26/28 AWG SOLID .200RD & .090 X .350 CABLE 25/PK LicPl:S0011648645 Qty: 20		
4	1	170006 CORNING-C TKT-UNICAM	UNICAM INSTALLATION TOOL KIT ST/SC/FC/MT-RJ/LC UNIVERSAL TOOL CLEAVER/CRIMPER LicPl:S0011648645 Qty: 1		
5	20	170002 CORNING-C 95-000-50	ST CONNECTOR 62.5/125 COMP PREPOLISHED STUB 0.9/3.0MM JKT UNICAM LicPl:S0011648645 Qty: 20		

Anixter
 Regional Distribution Center
 11801 South Central
 Alsip, IL 60482

CONTENTS OF CARTON

PAGE # 2 OF 2
 LP : S0011648645

WAREHOUSE:102		PHONE NUMBER: 708-597-7100		DATE: 01/02/03 03:26	
049407 S JULIAN CONSTRUCTION PROJECT O COAHOMA COMM COLLEGE & AHS L 3240 FRIARS POINT ROAD D CLARKSDALE MS 38614 U.S.A. T O			S JULIAN CONSTRUCTION/KOAHOMA PR H ANIXTER/ RYAN / TIM I 500 WILSON PIKE CIRCLE,STE310 P BRENTWOOD TN 37027 U.S.A. T O		
CUSTOMER PO NO: 000026909		PAYMENT TERMS: NET 30		FREIGHT TERMS: PREPAID	
				SHIPPING ORDER: 85907232001	
LINE	QTY SHP	ITEM DESCRIPTION			
6		(Continued)			
6	20	207046 COMPU-LINK STPSTPD1	2-F JUMPER 3.3FT/1MT 62.5/125 ST TO ST POLY TIP	Qty:	20
		LicPl:S0011648645			
7	1	156214 SIEMON STM-8	CABLE TESTER OPENS/SHORTS/ SPLITS/568A/B/USOC/ 10BASET/TOKEN RING	Qty:	1
		LicPl:S0011648645			
8	1	247638 LEVITON 49560-TTS	TONE GENERATOR TEST SET	Qty:	1
		LicPl:S0011648645			

ANIXTER

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

FOR CUSTOMER SERVICE CALL: (615) 507-2150

SHIPPED FROM: NASHVILLE, TN 37027

049407	000026909	MS	7.000%	NET 30	1	1	01/03/03	859-011782
PROJECT NUMBER	CARRIER	SHIPPING TERMS	F.O.B. POINT	SHIP LOC.	SALESMAN	OUR SALES ORDER NUMBER		
U P S	PREPAID	SHIP. PT.	859	RM	859-07216			

LINE	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE	EXTENDED PRICE
01	DS-85907216-01 3C17702-US 4900 SWITCH	3	0	4,070.00	12,210.00
02	DS-85907216-02 3C17203-US 4400 SWITCH	12	12	820.00	11,040.00
03	DS-85907216-03 3C17221 4400 GIG MODULE	8	8	320.00	2,560.00

PLEASE NOTE - SALES TAX HAS BEEN CHARGED.
 CREDIT WILL BE ISSUED UPON RECEIPT OF EXEMPTION CERTIFICATE FOR SHIP-TO STATE.

SALES TOTAL	SALES TAX	SHIPPING CHGS	REEL CHARGES	OTHER CHARGES
25,810.00	1,806.70	0.00	0.00	0.00

PLEASE SEND REMITTANCE TO

PLEASE P

ANIXTER INC.
 P.O. BOX 847428
 DALLAS, TX 75284-7428

27,616.

PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR REMITTANCE.

THIS INVOICE IS SUBJECT EXCLUSIVELY TO THE TERMS & CONDITIONS ON THE BACK INCLUDING THOSE LIMITING WARRANTIES.

ANIXTER

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

JULIAN CONSTRUCTION/KOAHOMA PR
 ANIXTER/ RYAN / TIM
 500 WILSON PIKE CIRCLE, STE310
 BRENTWOOD TN 37027

FOR CUSTOMER SERVICE CALL: (615) 307-2130

SHIPPED FROM: NASHVILLE, TN 37027

049407	000026909	TN	9.250%	NET 30	1	1	01/06/03	859-011874
PROJECT NUMBER	CARRIER	SHIPPING TERMS	F.O.B. POINT	SHIP LOC.	SALESMAN	OUR SALES ORDER NUMBER		
	U P S	PREPAID	SHIP. PT.	859	RM	859-07232		

	***	NOTE	***	CT	1	RL	0	CO	0	WT	0	
09 DS-85907232-09	144	144	0	SL100B2X2	DS-85907232-09					3.34		480.
				2" X 2" SLOTTED GREY PVC WIRING DUCT						PER FT		
10 DS-85907232-10	144	144	0	SL100C2	DS-85907232-10					1.12		161
				2" X 2" COVER GREY PVC						PER FT		

PLEASE NOTE - SALES TAX HAS BEEN CHARGED.
 CREDIT WILL BE ISSUED UPON RECEIPT OF EXEMPTION CERTIFICATE FOR SHIP-TO STATE.

SALES TOTAL	SALES TAX	SHIPPING CHGS.	REEL CHARGES	OTHER CHARGES	PLEASE SEND REMITTANCE TO	PLE
642.24	59.41	0.00	0.00	0.00		
OF THIS INVOICE WITH YOUR REMITTANCE					ANIXTER INC. P.O. BOX 847428 DALLAS, TX 75284-7428	
THIS INVOICE IS SUBJECT EXCLUSIVELY TO THE TERMS & CONDITIONS ON THE BACK INCLUDING THOSE LIMITING WARRANTIES.						

ANIXTER

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

FOR CUSTOMER SERVICE CALL: (615) 507-2150

SHIPPED FROM: NASHVILLE, TN 37027

049407	000026909	MS	7.000%	NET 30	1	1	01/07/03	859-011856
PROJECT NUMBER	CARRIER	SHIPPING TERMS	F.O.B. POINT	SHIP LOC.	SALESMAN	OUR SALES ORDER NUM		
	FEDEX GROUND IN	PREPAID	SHIP. PT.	859	RM	859-07216		

QTY	UNIT	DESCRIPTION	PRICE	TOTAL
04	DS-85907216-04	5 1 4 3C16981-A DS-85907216-04 3300 SWITCH	780.00	780.00
			PER EA	

PLEASE NOTE - SALES TAX HAS BEEN CHARGED.
 CREDIT WILL BE ISSUED UPON RECEIPT OF EXEMPTION CERTIFICATE FOR SHIP-TO STATE.

SALES TOTAL	SALES TAX	SHIPPING CHGS.	REEL CHARGES	OTHER CHARGES
780.00	54.60	0.00	0.00	0.00

PLEASE SEND REMITTANCE TO

ANIXTER INC.
 P.O. BOX 847428
 DALLAS, TX 75284-7428

PLEASE P

834.

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ANIXTER

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

JULIAN CONSTRUCTION PROJECT
 COAHOMA COMM COLLEGE & AHS
 3240 FRIARS POINT ROAD
 CLARKSDALE MS 38614

FOR CUSTOMER SERVICE CALL (815) 507-2150

SHIPPED FROM: NASHVILLE, TN 37027

049407	000026909	MS	7.000%	NET 30	1	1	01/10/03	859-011883
PROJECT NUMBER	CARRIER	SHIPPING TERMS	F.O.B. POINT	SHIP LOC.	SALESMAN	OUR SALES ORDER NUMBER		
	FEDEX GROUND IN	PREPAID	SHIP.PT.	859	RM	859-07216		

04 DS-85907216-04	5	4	0	3C16981-A 3300 SWITCH	DS-85907216-04	780.00 PER EA	3,120.00
05 DS-85907216-05	2	2	0	3C16975 3300 GIG MODULES	DS-85907216-05	530.00 PER EA	1,060.00

PLEASE NOTE - SALES TAX HAS BEEN CHARGED.
 CREDIT WILL BE ISSUED UPON RECEIPT OF EXEMPTION CERTIFICATE FOR SHIP-TO STATE.

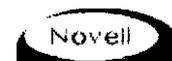
NET SALES TOTAL	SALES TAX	SHIPPING CHGS.	REEL CHARGES	OTHER CHARGES
4,180.00	292.60	0.00	0.00	0.00

PLEASE SEND REMITTANCE TO	PLEASE PAY
ANIXTER INC. P.O. BOX 847428 DALLAS, TX 75284-7428	4,472.60

RETURN ONE COPY OF THIS INVOICE WITH YOUR REMITTANCE

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Mail Message



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From: "SLDClient Operations" <SLDClientOperations@sl.universalservice.org>
To: Carol Borgognoni
Date: Tuesday - February 25, 2003 1:45 PM
Subject: E-Rate Program / Further information needed for FRN 823440
 Mime.822 (2712 bytes) [\[View\]](#) [\[Save As\]](#)

Thank you for your SPIN change request. It has come to our attention that additional information associated with the SPIN request effective date is required before we can continue to process. Please provide the following information:

1. Application Number
2. Funding Request Number (FRN)
3. The Original Service Provider
4. Complete dollars (whether invoiced to date or not) associated with the Original Service Provider (this is your partial pre-discount dollar amount)
5. New Service Provider
6. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is the remaining amount associated with the new service provider)
7. Proposed Effective date of New Service Provider (date service began with new Service Provider)

We understand you may have provided some of this information already with your original request, however so we can match up that request with the added information it is necessary to provide all that is listed above.

The request may be sent by regular mail, fax, or e-mail.

Regular Mail

The letter should be labeled "Operational SPIN Change" and sent to:

Operational SPIN Change
Schools and Libraries Division
Box 125 - Correspondence Unit
80 S. Jefferson Road
Whippany, NJ 07981

Fax

Please include a fax cover page to ATTN: Operational SPIN Change and indicate the contact name, phone number and, if available, an e-mail address the number of pages you are faxing. The Fax Number is (973) 599-6526.

E-mail

The subject line of the e-mail should include the words "Operational SPIN Change". The e-mail address is: SLDCorrespondenceUnit@sl.universalservice.org

Thank you for participating in the Universal Service support program for Schools and Libraries.

Schools and Libraries Division
Universal Service Administrative Company

Mail Message



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From: "SLDClient Operations" <SLDClientOperations@sl.universalservice.org>
To: Carol Borgognoni
Date: Tuesday - February 25, 2003 1:46 PM
Subject: E-Rate Program / Additional Information needed for FRN 820443
 Mime.822 (2715 bytes) [\[View\]](#) [\[Save As\]](#)

Thank you for your SPIN change request. It has come to our attention that additional information associated with the SPIN request effective date is required before we can continue to process. Please provide the following information:

1. Application Number
2. Funding Request Number (FRN)
3. The Original Service Provider
4. Complete dollars (whether invoiced to date or not) associated with the Original Service Provider (this is your partial pre-discount dollar amount)
5. New Service Provider
6. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is the remaining amount associated with the new service provider)
7. Proposed Effective date of New Service Provider (date service began with new Service Provider)

We understand you may have provided some of this information already with your original request, however so we can match up that request with the added information it is necessary to provide all that is listed above.

The request may be sent by regular mail, fax, or e-mail.

Regular Mail

The letter should be labeled "Operational SPIN Change" and sent to:
Operational SPIN Change
Schools and Libraries Division
Box 125 - Correspondence Unit
80 S. Jefferson Road
Whippany, NJ 07981

Fax

Please include a fax cover page to ATTN: Operational SPIN Change and indicate the contact name, phone number and, if available, an e-mail address the number of pages you are faxing. The Fax Number is (973) 599-6526.

E-mail

The subject line of the e-mail should include the words "Operational SPIN Change". The e-mail address is: SLDCorrespondenceUnit@sl.universalservice.org

Thank you for participating in the Universal Service support program for Schools and Libraries.

Schools and Libraries Division
Universal Service Administrative Company

Coahoma Agricultural High School
Technology Department
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315

TO: Schools and Libraries Division

Fax: 973-599-6526

From: Carol Borgognoni
662-621-4260 (currently not working)
662-621-4160 (Main office – can leave a message)
cborgognoni@mde.k12.ms.us (currently not working)
carol@borgognoni.com (alternative email address)

Attn: Operational Spin Change

Pages: 3

Please excuse me for taking so long in replying to your request for additional information. We were out of school for Spring Break; I have also been out of town on school business; and the Mississippi Department of Education is having problems with the network and new email server.

There are two different SPIN changes covered in this fax. The new service provider completed work for both FRNs. I hope you can understand the information I have entered.

If you need to contact me, our phone system is also being repaired, please send email to carol@borgognoni.com or call our school's main office and leave a message for me. 662-621-4160.

Thank you for your help and I would like to apologize for all the problems we are having at our school.

Coahoma Agricultural High School
Technology Department
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315

SPIN CHANGE ADDITIONAL INFORMATION

1. Application Number:

314299

2. Funding Request Number (FRN):

823440

3. The Original Service Provider:

Micro Warehouse – 143004694

4. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is your partial pre-discount dollar amount)

\$13,235.00

5. New Service Provider:

Julian Construction – 143026238

6. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is the remaining amount associated with the new service provider)

\$66,740.10 (total which includes this FRN plus FRN 820443 – next page)

\$13,210.50 (covered in this FRN)

7. Proposed Effective date of New Service Provider (date service began with new Service Provider)

Feb 1, 2003

Coahoma Agricultural High School
Technology Department
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315

*Inv't with SLD
386093*

1. Application Number:

313341

2. Funding Request Number (FRN):

820443

3. The Original Service Provider:

McInnis Electric, Inc. - 143006222

4. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is your partial pre-discount dollar amount)

\$53,556.13

5. New Service Provider:

Julian Construction - 143026238

6. Complete dollars (whether invoiced to date or not) associated to the New Service Provider (this is the remaining amount associated with the new service provider)

\$66,740.10 (total which includes this FRN plus FRN 823440 - previous page)

\$53,529.60(covered in this FRN)

7. Proposed Effective date of New Service Provider (date service began with new Service Provider)

Feb 1, 2003

COAHOMA AGRICULTURE HIGH SCHOOL DIST
3240 FRIARS POINT RD
CLARKSDALE, MS 38614

Attention Carol Borgognoni

Phone: (662) 621-4260

Re: Universal Service Administrator's Confirmation of SPIN

The request to change / correct the Service Provider has been granted.

Form 471 Application Number: 313341

The new Service Provider will receive a Funding Commitment Decision Letter (FCDL). PLEASE NOTE: While this FCDL will contain more detailed information on the FRNs listed below, it will show the ORIGINAL COMMITMENT amount, rather than the amount that remains undisbursed for this FRN.

THIS E-MAIL IS FOR ADVISORY PURPOSES ONLY. REPLIES WILL NOT BE RECEIVED. IF YOU HAVE QUESTIONS REGARDING THE SUBJECT OF THIS ADVISORY E-MAIL, PLEASE CALL OUR CLIENT SERVICE BUREAU AT 1-888-203-8100.

Funding Request No. (FRN):	820443
Original Service Provider:	McInnis Electric, Inc.
Original SPIN:	143006222
New Service Provider:	Julian Construction, LLC
New SPIN:	143026238
Original Commitment Amount:	\$48,200.52
Disbursement	\$0.00
CAP Remaining:	\$48,200.52
Date of	5/9/03
A Form 486 has been filed for this	No
This FRN includes Non-Recurring	Yes

From: "carol" <carol@borgognoni.com>
To: <cborgognoni@mde.k12.ms.us>
Date: 5/28/03 5:38PM
Subject: Fw: E-Rate Program/Confirmation of SPIN Change/FRN 82344

----- Original Message -----

From: "SLDClient Operations" <SLDClientOperations@sl.universalservice.org>
To: <carol@borgognoni.com>
Sent: Wednesday, May 21, 2003 12:03 PM
Subject: E-Rate Program/Confirmation of SPIN Change/FRN 823440

COAHOMA AGRI HIGH SCHOOL DIST
3240 FRIARS POINT RD
CLARKSDALE, MS 38614

Attention Carol Borgognoni Phone: (662) 621-4260

Re: Universal Service Administrator's Confirmation of SPIN

The request to change / correct the Service Provider has been granted.

Form 471 Application Number: 314299

The new Service Provider will receive a Funding Commitment Decision Letter (FCDL). PLEASE NOTE: While this FCDL will contain more detailed information on

the FRNs listed below, it will show the ORIGINAL COMMITMENT amount, rather than the amount that remains undisbursed for this FRN.

THIS E-MAIL IS FOR ADVISORY PURPOSES ONLY. REPLIES WILL NOT BE RECEIVED. IF YOU HAVE QUESTIONS REGARDING THE SUBJECT OF THIS ADVISORY E-MAIL, PLEASE CALL OUR CLIENT SERVICE BUREAU AT 1-888-203-8100.

Funding Request No. (FRN): 823440

Original Service Provider: MicroWarehouse, Inc.

Original SPIN: 143004694

New Service Provider: Julian Construction, LLC

New SPIN: 143026238

Original Commitment Amount: \$11,911.50

Disbursement \$0.00

CAP Remaining: \$11,911.50

Date of 5/9/03

A Form 486 has been filed for this No

This FRN includes Non-Recurring Yes

Schools and Libraries Universal Service Receipt of Service Confirmation Form

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

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

Applicant's Form Identifier C A H S 4 8 6 B	Form 486 Application # 213373 (To be inserted by Fund Administrator)
---	---

Block 1: Billed Entity Information

1. Name of Billed Entity

C O A H O M A A G R I H I G H S C H O O L D I S T

2. Billed Entity Number

1 2 8 5 3 5

3. Funding Year

2 0 0 2

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

3 2 4 0 F R I A R S P O I N T R D

City

C L A R K S D A L E

State

Zip Code

M S 3 8 6 1 4 9 3 5 9

Telephone Number

Extension

Fax Number

6 0 1 6 2 4 8 0 4 5 6 0 1 6 2 4 8 0 4 5

Email Address



0 4 8 6 0 1 0 1 0 2

Entity Number	128535	Applicant's Form Identifier	CAHS486B
Contact Person	Carol Borgognoni	Phone Number	(662) 621-4260

5. Contact Person Information

Contact Person Name

C a r o l B o r g o g n o n i

Street Address, P.O. Box or Route Number

3 2 4 0 F r i a r s P o i n t R o a d

City

C l a r k s d a l e

State Zip Code

M S 3 8 6 1 4

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

Telephone Number

Extension

Fax Number

6 6 2 6 2 1 4 2 6 0

6 6 2 6 2 4 4 3 1 5

Email Address

c b o r g o g n o n i @ m d e . k 1 2 . m s . u s

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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

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

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

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

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

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



Entity Number	128535	Applicant's Form Identifier	CAHS486B
Contact Person	Carol Borgognoni	Phone Number	(662) 621-4260

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

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

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

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

6b. CIPA Waiver

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

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



Entity Number 128535

Applicant's Form Identifier CAHS486B

Contact Person Carol Borgognoni

Phone Number (662) 621-4260

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 A

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 1 3 3 4 1	0 0 0 0 8 2 0 4 4 3	CCC/Agriculture	Julian Construction,	1 4 3 0 2 6 2 3 8	1 0 1 7 2 0 0 2
2						
3						
4						
5						
6						
7						
8						



Entity Number	128535	Applicant's Form Identifier	CAHS486B
Contact Person	Carol Borgognoni	Phone Number	(662) 621-4260

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.
- M i s s i s s i p p i D e p a r t m e n t o f E d u c a t i o n
9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

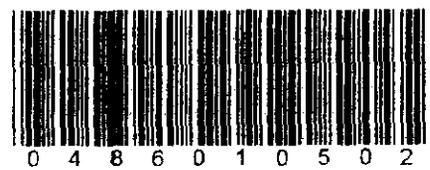
NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

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

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

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

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



Entity Number	<u>128535</u>	Applicant's Form Identifier	<u>CAHS486B</u>
Contact Person	<u>Carol Borgognoni</u>	Phone Number	<u>(662) 621-4260</u>

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

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

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

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

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

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

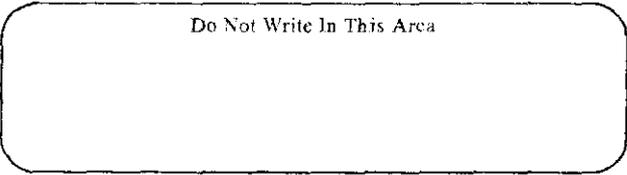
For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

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

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





Entity Number	<u>128535</u>	Applicant's Form Identifier	<u>CAHS486B</u>
Contact Person	<u>Carol Borgognoni</u>	Phone Number	<u>(662) 621-4260</u>

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

12. Signature of authorized person

13. Date

0 5 2 1 2 0 0 3

14. Printed name of authorized person

C a r o l B o r g o g n o n i

15. Title or position of authorized person

T e c h n o l o g y S p e c i a l i s t

16. Telephone number of authorized person

Extension

6 6 2 6 2 1 4 2 6 0

Please submit this form to:

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

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

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



Application Number: **486**Entry Number: **128535**Contact Person: **Carol Borgognoni** Phone Number: **(662) 621-4260****Certifications and Signature**

Do not write in this area

486 Application Number: 213373

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. 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.
3. 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.
4. 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.
5. 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.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. Signature of authorized person **Cert ID = 30267** | 8. Date
5/21/2003

9. Printed name of authorized person **Carol Borgognoni**

10. Title or position of authorized person **Technology Specialist**

11. Telephone number of authorized person **(662) 621 - 4260**

ATTENTION: If you are signing Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance

**486 Application Number: 213373
COAHOMA AGRI HIGH SCHOOL DIST
3240 FRIARS POINT RD
CLARKSDALE , MS 38614 -9359**

Persons willfully making false statements on this form can be held liable by fine or forfeiture, under the Communications Act, 47 U.S.C. Sec. 502, (a)(1), 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 available to persons with disabilities.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication 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 486) 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 services 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.