

WIRE TELE-VIEW CORPORATION

603 E. Market St.
Pottsville PA 17901-2794
(570) 622-4501

"Proudly Serving the Community Since 1950"

Attachment B: Letter of Certification for Revision Request

February 27, 2008
USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

I wish to make the following revision for the FCC Form 498 currently on file with USAC:

Please change the address on the account to Carol Maberry, Wire Tele-View Corporation, 603 E Market Street, Pottsville, PA 17901.

I certify that I have provided the information on the attached Service Provider Identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number – 143024433

Signature _____ Date 6-22-07

Printed name of authorized person _____

Title or position of authorized person Adm. Assistant

If you wish to change the General Contact information, please fill out the section below:

Name of Former General Contact Provida Masi / Margaret Davenport

Signature _____

Title or position Adm Assistant

Name of New General Contact Carol Maberry

Signature of New General Contact _____

Title or position _____

Reason for Updating General Contact Information is currently being sent to wrong location. Prior contact no longer with the company.

Sincerely,

Carol Maberry



Universal Service Administrative Company

Schools and Libraries Division

Date: 2/26/2008

Provida Masi
Port Carbon Public Library
Phone: (570) 6226115
Email: ptclib@wtvaccess.com
Application Number: 559669

Response Due Date: March 12, 2008

The Appeals Review team is in the process of reviewing your Funding Year 2007 Form 471 Application on an appeals basis. To complete our review, we need some additional information. The information needed to complete the review is listed below.

Form 470 Contact vs Service Provider Contact

On your FY2007 Form 471 application # 559669, you indicated that Form 470 numbers listed below are the establishing Form 470 for the service(s) requested in FRN(s) listed below. **This Form 470 contains contact information associated with *Wire Tele-View Corporation SPIN 143024433*.** Program rules prohibit service providers from participating in the competitive bidding process other than as a bidder..

APP	Form 470	FRN
559669	514490000608187	1565733
559669	514490000608187	1565836

Please verify if the referenced Form 470 is the establishing Form 470 for this service. If the referenced Form 470 is NOT the establishing Form 470 please provide the 15-digit Form 470 Number that did establish the bidding for this service.

For additional information refer to the USAC website at:
<http://www.universalservice.org/sl/applicants/step03/>

If the referenced Form 470 is the establishing Form 470, please proceed to answer the following question:

Has the named contact person ***Provida Masi*** in FCC Form 470 ever been employed by, or otherwise affiliated with, ***Wire Tele-View Corporation*** ? Yes or No ____.

If Yes, please explain.

If No, please answer the following questions regarding the SPIN (Questions A-C) and follow the corresponding instructions based on your answers:

A.

Is the SPIN contact information correct? ___Yes or ___No? You can determine the service provider's contact information by USAC's SPIN Search Tool in the our website at,

<http://www.universalservice.org/sl/tools/search-tools/spin-contact.aspx>

- **If No, contact the service provider and have them contact the USAC's Billing Collections and Disbursement Division at 888-641-8722 or the service provider can make the changes online at USAC's website at Changes and Corrections - Schools and Libraries - USAC**
- **If Yes and this information appears to reference you, please explain.**
- **If Yes, and the service provider contact information is correct, but the SPIN is no longer being used because the company is no longer participating in the program, please contact the service provider and have them contact the USAC's Billing Collections and Disbursement Division at 888-641-8722 or the service provider can make the changes online at USAC's website at Changes and Corrections - Schools and Libraries - USAC**
- **Has the named contact person *Provida Masi* in FCC Form 470 ever been employed by, or otherwise affiliated with, *Wire Tele-View Corporation*? Yes ___ No ___. **If Yes, please explain.****

You have 15 days to resolve this issue with USAC's Billing, Collection and Disbursement Division, or else you risk losing funding associated with the FRN(s) cited above.

****Note: only the service provider can update the service provider contact information or deactivate the SPIN.**

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction or denial of funding.**

If you need additional time to prepare your response, please let me know as soon as possible.

Should you wish to cancel your Form 471 application, or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Ken Collis
Schools and Libraries Division
Phone# 973-581-5041
Fax# 973-599-6525
Email: kcollis@sl.universalservice.org

TRANSMISSION VERIFICATION REPORT

02/28/2008
TIME : ~~02/28/2008~~ 04:11
NAME :
FAX :
TEL :
SER. # : B6J125282

DATE, TIME 04/29 04:10
FAX NO./NAME 18886376226
DURATION 00:01:25
PAGE(S) 09
RESULT OK
MODE STANDARD
ECM

603 East Market Street
Pottsville Pa 17901

Office: 570-622-4501
Fax: 570-622-8340

Wire Tele-View

No Response

Fax

To: *Ken Fiscus* From: *Carol Moberly*
Fax: Pages:
Phone: Date:
Re: CC:

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

Please confirm that this has been approved.

Thanks

603 East Market Street
Pottsville Pa 17901

Office: 570-622-4501

Fax: 570-622-8340

Wire Tele-View

Fax

*Refaxed
2/28/08*

To: Ken Fiscus From: Carol Maberry
Fax: _____ Pages: _____
Phone: _____ Date: _____
Re: _____ CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:
Please confirm that this
has been approved.

Thanks
Carol

My email address is
cmaberry@wtvaccess.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	0495	
DESTINATION TEL #		18886376226
DESTINATION ID		
ST. TIME	06/22 11:33	
TIME USE	00'37	
PAGES SENT	3	
RESULT	OK	

Fax

To: *Ron*

Date: *6/22/07*

**From: Wire Tele-View Corporation
603 E Market Street
Pottsville Pa 17901**

Phone: 570-622-4501

Fax: 570-622-8340

Contact Name: *Carl [Signature]*

Description: *1 0 n 1 ... [Signature]*

WIRE TELE-VIEW CORPORATION

603 E. Market St.
Pottsville PA 17901-2794
(570) 622-4501

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Attachment B: Letter of Certification for Revision Request

February 27, 2008
USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

I wish to make the following revision for the FCC Form 498 currently on file with USAC:

Please change the address on the account to Carol Maberry, Wire Tele-View Corporation, 603 E Market Street, Pottsville, PA 17901.

I certify that I have provided the information on the attached Service Provider Identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number – 143024433

Signature Carol Maberry Date 2/27/08

Printed name of authorized person J Carol Maberry

Title or position of authorized person Adm. Assistant

If you wish to change the General Contact information, please fill out the section below:

Name of Former General Contact Provida Masi / Margaret Davenport

Signature J K Kim - Owner

Title or position Adm Assistant

Name of New General Contact Carol Maberry

Signature of New General Contact Carol Maberry

Title or position Adm. Assistant

Reason for Updating General Contact Information is currently being sent to wrong location. Prior contact no longer with the company.

Sincerely,

Carol Maberry

WIRE TELE-VIEW CORPORATION

603 E. Market St.
Pottsville PA 17901-2794
(570) 622-4501

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USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street NW Suite 200
Washington, DC 20036

*Mailed
3/24/06
4/10/06
5/17/07*

RE: LETTER OF CERTIFICATION FOR REVISION REQUEST

I wish to make the following revision for the FCC form 498 currently of file with USAC:
address change.

I certify that I have provided the information on the attached Service Provider Identification number and contact Information form and to the best of my knowledge, informationa dn belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number- 143024433
Signature Carol Maberry
Date 1/30/06
Printer Name Carol Maberry
Title CSR/ARIAP

Name of Former Contact Provida Maci / Margaret Davenport
Title - NAME of our entity
Name of New Contact see above
Title "

Please change the above information. This form is requesting to change the address of the contact person only and is not a request to change the billing type for this service provider. The entity affiliated with this service provider keeps receiving notification letters that the service provider should be receiving. This SPIN # supplies services to two entities St. Stephen School - entity # 19006 and Port Carbon Library - entity # 125889

Any help is greatly appreciated!

Carol Maberry
Wire Tele-View Corporation
603 E Market Street
Pottsville PA 17901
570-622-4501
SPIN # 143024433

Carol Maberry
J Richard Kim

Ticket #

(To be inserted by USAC Administrator)

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 2 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf.

Please read instructions, located at: <http://www.universalservice.org/forms>, before beginning this application.

Please check one box below.

Original Application for SPIN

Revision to existing Form 498 on file with USAC
(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

Service Provider Identification Number (SPIN) 143024432
(To be inserted by USAC for first time applicants. Required for subsequent revisions.)

See Instruction Section III.A

499 Filer ID
(Required if your company is a contributor to Federal universal service)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 Wire Tele-View Corporation
Company Name

2 _____
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 _____
Street Address

4 603 E Market St
Address Line 2

5 Pottsville 6 PA 7 17901
City State Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Carol Middle Initial: _____ Last: Maberry 9 CSR
General Company Contact Person Name Title

10 (570) 622-4501 11 ()
Phone Number Ext. Fax Number

12 603 E Market St
Street Address

13 _____
Address Line 2

14 Pottsville 15 PA 16 17901
City State Zip Code

17 cmaberry@wtvacoop.com
E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

See Instruction Section III.D

18 231-38-17879 19 Corporation Partnership Other
Enter Federal Identification Number, or Tax ID Number. (Check applicable corporate structure.)

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer
to: www.universalservice.org/ii/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

Check this box if this information is the same as the General Contact information (Block 2) and continue on lines 54-57.

44 Remittance Company Name _____

45 First: _____ Middle Initial: _____ Last: _____ 46 _____

Remittance Contact Name- Checks will be sent to Remittance Contact's attention _____ Title _____

47 _____

Remittance Address _____

48 _____

Address Line 2 _____

49 _____ 50 _____ 51 _____

City _____ State _____ Zip Code _____

52 (_____) _____ 53 (_____) _____

Phone Number _____ Ext _____ Fax Number _____

54 _____

Remittance Bank for ACH or locked box transfer of funds _____

55 _____ 56 _____

Bank Account Number for ACH _____ ACH Bank transit Number (must be nine digits) _____

57 _____

E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism) _____

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
 (If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: _____ Middle Initial: _____ Last: _____ 59 _____

Contact Name for Low Income Support Mechanism _____ Title _____

(Must be a company employee or designated representative)

60 _____

Contact Address for Low Income Support Mechanism _____

61 _____

Address Line 2 _____

62 _____ 63 _____ 64 _____

City _____ State _____ Zip Code _____

65 (_____) _____ 66 (_____) _____

Phone Number _____ Ext _____ Fax Number _____

67 _____

E-mail Address of Contact _____

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www.universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

116 Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

117 FCC Form 499 Filer ID Number is required for any filer that receives payments from the Rural Health Care Support Mechanism and for those filers that check "Yes" for Box 116.

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier	OTHM - Other Mobile
CEL - Cellular/PCS/SMR	OTHT - Other Toll
DAT - Wireless Data	PAG - Paging/Messaging
ISP - Internet Service Provider	PAY - Payphone Service Provider
IXC - Interexchange Carrier	PRE - Pre-paid Card
LEC - Incumbent Local Exchange Provider	PRIV - Private Sector Provider
LRES - Local reseller	SAT - Satellite
NTP - Non-Traditional Provider	SMR-SMR dispatch
OSP - Operator Service	TEN - Shared Tenant Service Provider
OTHL - Other Local	TRES - Toll Reseller

Choose ONE code from the list above. Enter Here.

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company must sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an existing FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

	<u>2/27/08</u>
Signature of General Contact	Date
First: <u>Carol</u> Middle Initial: Last: <u>Maherry</u>	
Printed Name	
<u>Adm. Assistant</u>	<u>cmaherry@wtvaccess.com</u>
Title	E-mail address
	<u>6/22/07</u>
Signature of the Company Officer	Date
First: <u>J. Richard</u> Middle Initial: Last: <u>Kien</u>	
Printed Name	
<u>Officer - President</u>	<u>jrk@wtvaccess.com</u>
Title	E-mail address

After reading the notice below scroll down and click submit to complete the online portion of your submission

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of the Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various support mechanisms. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Low Income, Rural Health Care, or Schools and Libraries Support Mechanisms, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service.

Reminder: You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission 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 for the Federal universal service billing, collections, and disbursement purposes. If we believe there may be a violation or a potential violation of a state or Federal statute, or of a Commission 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 application may be disclosed to the Department of Justice, a court, or adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States Government is a party of 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 owe a past due debt to the Federal government, the 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 Commission may also provide the information to these agencies through the matching of computer records where authorized.

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

This Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. 3501 et seq. We have estimated that each response to this collection of information will take, on average, 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to JBoley@fcc.gov. Please **DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.**

Mail this form and a signed letter of authorization to:

**USAC Billing and Disbursement Department
2000 L Street, N.W., Suite 200
Attn: FCC Form 498
Washington, DC 20036**

Questions?

See the Form 498 Instructions found at www.universalservice.org/forms

Use this form for:

- First time application for SPIN.
- Revisions to existing Form 498. Submit the Form 498 with the General Information completed, along with any new information to be changed/updated.
- Consolidation of multiple SPINs into one SPIN due to a merger, acquisition, or consolidation of companies. Include supporting documentation of the consolidation with the completed Form 498 for each company affected.
- Ending participation in the High Cost, Low Income, Rural Health Care, or Schools and Libraries Support Mechanisms. Complete the General Information section and attach a letter with a brief explanation of the reason for ending participation, along with appropriate documentation in accordance with 47#C.F.R. § 54.205 if relinquishing high cost or low income universal service support.

Fax

To: *Ken Fiscus*

Date: *6/22/07*

From: **Wire Tele-View Corporation**
603 E Market Street
Pottsville Pa 17901

Phone: 570-622-4501

Fax: 570-622-8340

Contact Name:

Carol Sperry

Description:

Re our conversation.

Thanks for your help!!

WIRE TELE-VIEW CORPORATION

603 E. Market St.
Pottsville PA 17901-2794
(570) 622-4501

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Attachment B: Letter of Certification for Revision Request

June 22, 2007
USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

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Service Provider Number – 143024433

Signature Carol Maberry Date 6-22-07

Printed name of authorized person C Maberry

Title or position of authorized person Adm. Assistant

If you wish to change the General Contact information, please fill out the section below:

Name of Former General Contact Provida Masi / Margaret Davenport

Signature J. F. Masi

Title or position Adm Assistant

Name of New General Contact Carol Maberry

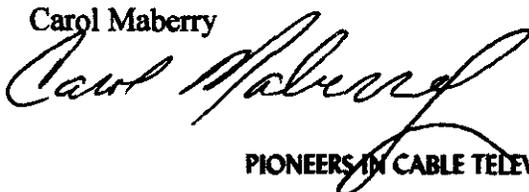
Signature of New General Contact Carol Maberry

Title or position Adm Assistant

Reason for Updating General Contact Information is currently being sent to wrong location. Prior contact no longer with the company.

Sincerely,

Carol Maberry



PIONEERS IN CABLE TELEVISION WITH A VISION TO THE FUTURE