

Health Care Providers Universal Service
Connection Certification

Estimated time per response: .5 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name Michigan Public Health Institute	2 Consortium Name Michigan Public Health Institute
3 HCP Number 17231	

Block 2: Funding Year Information

4 Funding Year - Check only one box
 Year 2007 (7/1/2007-6/30/2008)
 Year 2008 (7/1/2008-6/30/2009)
 Year 2009 (7/1/2009-6/30/2010)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):

Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or

Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____

Informing RHCD that service was not (or will not be) turned on during the funding year

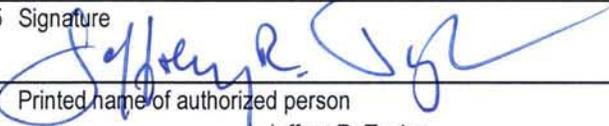
Block 4: Connection Information

6 Funding Request Number	57882			
7 Service Provider Name	Peninsula Fiber Network, LLC			
8 Service Provider Identification Number (SPIN)	143033342			
9 Billing Account Number	PFN-100078			
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	1 Gbps Capacity			
11 Actual Service Start Date (date service began)	1-Feb-12			
12 End of Service Date (date service was or will be turned off)	31-Dec-33			

Block 5: Certification

13 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and 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.

14 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

15 Signature 	16 Date 17-Jan-12
17 Printed name of authorized person Jeffrey R. Taylor	18 Title or position of authorized person Executive Director
19 Employer of authorized person Michigan Public Health Institute	20 Employer's FCC RN 0017562679