

| | | | |
|---|--------------------------------|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-IC |
| Contact Person | Amy Lawrence / Machelles McKay | Phone Number | 405-830-2200 |
| Block 2: Early Filing Information and CIPA Waiver Requests | | | |
| 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 | | | |
| <p>The Funding Requests listed in Block 3 have been approved by USAC 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</p> <p>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.</p> | | | |
| 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 | | | |
| <p>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 (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</p> | | | |
| 6c. CIPA Waiver for Libraries for Funding Year 2004 | | | |
| CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486 | | | |
| <p>I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, 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 (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 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 Funding Year 2005</p> | | | |

FCC WAIVER REQUEST
St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: D
 Form 486 PG: 2 of 7



0486010203

| | | | |
|--|----------------------------|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-IC |
| Contact Person | Amy Lawrence / MachelMcKay | Phone Number | 405-830-2200 |
| Block 3: Service Information | | | |
| <p>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.</p> <p>Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here:</p> | | | |
| | | | Page 3 |

| (A) 471 Application Number From FCDL | (B) Funding Request Number (FRN) From FCDL | (C) Service Provider Identification Number (SPIN) From FCDL | (D) Service Provider Name From FCDL | (E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin) |
|--|--|---|--|--|
| 748102 | 2019825 | 143027594 | InterTech Computer Products | 11/1/2011 |
| 748102 | 2025274 | 143027594 | InterTech Computer Products | 11/1/2011 |
| 748102 | 2025281 | 143027594 | InterTech Computer Products | 11/1/2011 |
| 748102 | 2025299 | 143027594 | InterTech Computer Products | 11/1/2011 |
| 748102 | 2080112 | 143027594 | InterTech Computer Products | 11/1/2011 |

wrong date
correct to 1/1/2011

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: D
FORM 486 PG: 3 of 7



0486010303

| | | | |
|--|--|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-JC |
| Contact Person | Amy Lawrence / Machelie McKay | Phone Number | 405-830-2200 |
| Block 4: Certifications and Signature | | | |
| 8. <input type="checkbox"/> | I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body ? a USAC-certified technology plan approver ? prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here | | |
| Diocese of Phoenix | | | |
| 9. <input type="checkbox"/> | 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 on a tariff or month-to-month basis. 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. <input type="checkbox"/> | 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. | | |
| <p>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. 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.")</p> <p>IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.</p> | | | |

FCC WAIVER REQUEST

St. Mary's High School

BEN: 96998 471#: 748102

Attachment #: D

FORM 486 PG: 4 of 7



0486010403

| | | | |
|----------------|----------------------------|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-IC |
| Contact Person | Amy Lawrence / MachelMcKay | Phone Number | 405-830-2200 |

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: 2
Form 486 PG: 5 of 7

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

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

- a. 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).
- b. 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

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) 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 FUNDING YEAR 2003 ONLY FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next 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

- 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 or Item 6e 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 or Item 6e 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 "

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



0486010503

FCC Form 486

Do Not Write In This Area

| | | | |
|----------------|------------------------------|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-IC |
| Contact Person | Amy Lawrence / Machele McKay | Phone Number | 405-830-2200 |

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.

12. Signature of authorized person
certified online

13. Date
2/27/2012 11 12 53 PM

14. Printed name of authorized person
Amy Lawrence

15. Title or position of authorized person
Business Manager

16a. Street Address, P.O. Box, or Route Number
2525 N Third Street

City
Phoenix

State AZ Zip Code 85004 -

16b. Telephone number of authorized person
602-251-2510

Extension

16c. Fax number of authorized person
602-251-2595

16d. Email address of authorized person
alawrence@smknights.org

FCC WAIVER REQUEST
 St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: *D*
 Form 486 PG: 6 of 7



0486010603

| | | | |
|----------------|--------------------------------|-----------------------------|--------------|
| Entity Number | 96998 | Applicant's Form Identifier | 2010-IC |
| Contact Person | Amy Lawrence / Machelles McKay | Phone Number | 405-830-2200 |

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - 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 OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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 Forms
ATTN: SLD Form 486
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



0486010703

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471 #: 748102
Attachment #: D
Form 486 PG: 7 of 7

| ITEM # | ATTACHMENT | PAGES |
|---------------|---|--------------|
| E | FORM 500 – as filed – with USAC denial email (dated 5/31/2012) USAC Case# 22-37635 | 10 |

RE: E-Rate Problem Resolution; Form 500; Case # 22-376385

M McKay (collect-ed@hotmail.com)

Thu 5/31/12 2:38 PM

USAC_ Problem Resolution (new email) (sld-problem-resolution@vangent.com)

Please cancel FORM 500; as per our conversation - you suggested that we file a waiver with FCC to set the service start date back to match the invoices.

I will file this within the next few days.

Thank you.

Machelle McKay, Consultant

COLLECT-ED LLC

PO Box 333 Mustang, OK 73064
Tel: (405) 820-2200

FAX: (501) 640-7815 or (405) 376-7237

collect-ed@hotmail.com

PO Box 333 Mustang, OK 73064

From: sld-problem-resolution@vangent.com

To: collect-ed@hotmail.com

Subject: E-Rate Problem Resolution; Form 500; Case # 22-376385

Date: Thu, 31 May 2012 18:00:49 +0000

Date: May 31, 2011

Contact Name: Amy Lawrence / Machelle McKay

Applicant Name:

Contact Phone Number:

Form Type:

Application Number(s):

Applicant Form Identifier:

Response Due Date: June 15, 2012

We are making this contact with you to obtain the necessary information to successfully data enter your E-Rate form.

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: E
Form 500 PG: 1 of 10

We need the following information from you so that we may complete data entry:

You are trying to change your SSD back to 01/01/2011 with this Form 500. Unfortunately because of the 120 day rule this may not be done. If we enter the form as you have submitted, the earliest SSD will be 10/31/2011.

If this is acceptable please respond with that information. If not, you will need to cancel this form.

If you do disagree with this date, the only way to correct it would be to file an Appeal with the 486 notification Letter.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at sld-problem-resolution@vangent.com. Please reference the application number or form identifier and include your full name and title in all correspondences. If you have any questions, please call me at 888-203-8100 and reference **Case Number 22-376385**.

We need to receive this information from you within 15 calendar days of this communication. Failure to do so may result in rejection of your form or removal of an incomplete line. If you need additional time to prepare your response, please let me know as soon as possible.

If you need to cancel your form or any individual lines, please clearly indicate in your response that it is your intention to cancel the form or line. Include in any cancellation request the form number and/or Form Identifier, the 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.

Sherry Wolford

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: 5
Form 500 PG: 2 of 10

Client Service Bureau / Problem Resolution

Schools and Libraries Division

Help Line: 888-203-8100

Fax: 888-276-8736

E-Mail: sic-problem-res-bureau@va.net

--Forwarded Message Attachment--

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: 6
from 500 PG: 3 of 10

Collect - Ed LLC

PO Box 333
Mustang, OK 73064
Ph: 405.830.2200 Fax: 405.376.7237
eFax: 501.640.7815
www.collect-ed.com

May 3, 2012

ST MARY'S HIGH SCHOOL
Attention: Amy Lawrence
2525 N 3rd Street
Phoenix, AZ 85004

RE E-Rate Funding Year: 2010-2011
Form 500 BEN# **96998**

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: E
Form 500 PG: 4 of 10

Dear Amy Lawrence:

Our recommendation is to file a Form 500; to correct the start date of services so that BEAR forms may be filed for E-Rate reimbursements (reason)

This form will forever cancel E-Rate funding for the FRN's listed; unable to be recovered at a later date.
We file FORM 500 forms after the funding year is concluded so that the client is 100% positive these funds were not used or not to be used.

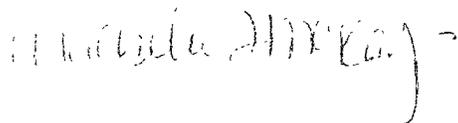
If you agree, we have enclosed a completed the E-Rate Form 500 for your signature.
Please follow the instructions to complete this process:

1. Please confirm all information on Form 500.
2. Certifications & Signature (Block 6) -- sign and date, page 3 #10 & #11. HIGHLIGHTED
3. Make a COPY (with signature) for your records.
4. Fax signed Certification Form (Page 3) for my files to 405-376-7237 or 501-640-7815.

SLD Forms
ATTN: SLD Form 500
3833 Greenway Drive
Lawrence, KS 66046
PH: 888-203-8100

I would like to thank you for the opportunity to assist you and your school district with the E-Rate program.
If you have any questions or concerns, please contact me at your earliest convenience.

Sincerely,



Machelle L. McKay
E-Rate Consultant
collect-ed@hotmail.com

Do Not Write In This Area

Approval by 3C
Estimated time per r

**Universal Service for Schools and Libraries
Adjustment to Funding Commitment and
Modification to Receipt of Service Confirmation Form**

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471 #: 748102
Attachment #: 2 of 10

Please read instructions before completing. (To be completed by Schools and Libraries or C

| | |
|--|--|
| Applicant's Form Identifier: 2010-IC (Create your own code to identify THIS Form 500) | Form 500 Application Number: (To be assigned by administrator.) |
|--|--|

Block 1: Applicant Information

| | | |
|---|----------------------------------|-------------------------|
| 1. Name of Billed Entity ST MARY'S HIGH SCHOOL | 2. Billed Entity Number 96998 | 3. Funding Year 2010 |
|---|----------------------------------|-------------------------|

| | | | |
|--|---------|-------|----------|
| 4. Complete Mailing Address of Billed Entity Applicant | | | |
| Street Address, P. O. Box or Route Number | City | State | Zip Code |
| 2525 N THIRD STREET | PHOENIX | AZ | 85004 |

| | | |
|---------------------------------------|--------------------------------------|--|
| 10-Digit Phone Number 602-251-2510 | Fax Telephone Number 602-251-2595 | Email Address alawrence@smknights.org |
|---------------------------------------|--------------------------------------|--|

5. Contact Person Information

Contact Person Name
Amy Lawrence / Machelie McKay

| | | | |
|---|---------|-------|----------|
| Mailing Address | | | |
| Street Address, P. O. Box or Route Number | City | State | Zip Code |
| PO Box 333 | Mustang | OK | 73064 |

| | | |
|---------------------------------------|--------------------------------------|---|
| 10-Digit Phone Number 405-830-2200 | Fax Telephone Number 501-640-7815 | Email Address collect-ed@hotmail.com |
|---------------------------------------|--------------------------------------|---|

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov
PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - 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 OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

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Billed Entity Name ST MARY'S HIGH SCHOOL Contact Name Amy Lawrence / Machel McKay

Billed Entity Number 96998 Contact Telephone Number 405-830-2200

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here.
 Page 2 A

5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request (FRN) for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 2.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note. This action is irrevocable and an FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

- (A) Form 471 Application Number: 748102
- (B) Funding Request Number: 2025299
- (C) Billing Account Number: 602-251-2515 (SPI)
- (D) Service Provider Name: InterTech Computer Products
- (E) Service Provider SPIN: 143027594

ADJUSTMENT TO FRN LISTED ABOVE:

| (F) Service Start Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|------------------------------|---------------------------------------|--|
| Change Date | 11/01/2011 | 01/01/2011 |
| (G) Contract Expiration Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
| Change Date | | |
| (H) Cancel FRN | Original Commitment Amount: | New Commitment Amount: |
| Please Cancel | | \$0.00 |
| (I) Reduce FRN | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction: |
| Please Reduce | | |

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471 #: 748102
Attachment #: 10
PG: 6 of 10

Billed Entity Name ST MARY'S HIGH SCHOOL Contact Name Amy Lawrence / Machelle McKay

Billed Entity Number 96998 Contact Telephone Number 405-830-2200

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here:
Page 2 B

5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request (FRN) for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 2.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previous Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

| | |
|----------------------------------|-----------------------------|
| (A) Form 471 Application Number: | 748102 |
| (B) Funding Request Number: | 2025274 |
| (C) Billing Account Number: | 602-251-2515 (SPI) |
| (D) Service Provider Name: | InterTech Computer Products |
| (E) Service Provider SPIN: | 143027594 |

ADJUSTMENT TO FRN LISTED ABOVE:

| (F) Service Start Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|------------------------------|---------------------------------------|--|
| Change Date | 11/01/2011 | 01/01/2011 |
| (G) Contract Expiration Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
| Change Date | | |
| (H) Cancel FRN | Original Commitment Amount: | New Commitment Amount: |
| Please Cancel | | \$0.00 |
| (I) Reduce FRN | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction: |
| Please Reduce | | |

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: 1
Form 500 PG: 7 of 10

Billed Entity Name ST MARY'S HIGH SCHOOL Contact Name Amy Lawrence / Machelie McKay

Billed Entity Number 96998 Contact Telephone Number 405-830-2200

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here:
 Page 2 C

5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request (FRN) for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 2.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previous Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number: 748102
 (B) Funding Request Number: 2025281
 (C) Billing Account Number: 602-251-2515 (SPI)
 (D) Service Provider Name: InterTech Computer Products
 (E) Service Provider SPIN: 143027594

ADJUSTMENT TO FRN LISTED ABOVE:

| (F) Service Start Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|------------------------------|---------------------------------------|--|
| Change Date | 11/01/2011 | 01/01/2011 |
| (G) Contract Expiration Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
| Change Date | | |
| (H) Cancel FRN | Original Commitment Amount: | New Commitment Amount: |
| Please Cancel | | \$0.00 |
| (I) Reduce FRN | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction: |
| Please Reduce | | |

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: 6
Form 500 PG: 8 of 10

Billed Entity Name ST MARY'S HIGH SCHOOL Contact Name Amy Lawrence / Machelie Mcki

Billed Entity Number 96998 Contact Telephone Number 405-830-2200

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the s provided here:
 Page 2 D

5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding F (FRN) for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, E

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previo Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

| | |
|----------------------------------|-----------------------------|
| (A) Form 471 Application Number: | 748102 |
| (B) Funding Request Number: | 2080112 |
| (C) Billing Account Number: | 602-251-2515 (SPI) |
| (D) Service Provider Name: | InterTech Computer Products |
| (E) Service Provider SPIN: | 143027594 |

ADJUSTMENT TO FRN LISTED ABOVE:

| (F) Service Start Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|------------------------------|---------------------------------------|---------------------------------------|
| Change Date | 11/01/2011 | 01/01/2011 |
| (G) Contract Expiration Date | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
| Change Date | | |
| (H) Cancel FRN | Original Commitment Amount: | New Commitment Amount: |
| Please Cancel | | \$0.00 |
| (I) Reduce FRN | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction |
| Please Reduce | | |

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471 #: 748102
Attachment #: 9
FORM 500 PG: 9 of 10

Do Not Write In This Area

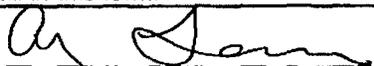
Billed Entity Name ST MARY'S HIGH SCHOOL Contact Name Amy Lawrence / Machelie McKay

Billed Entity Number 96998 Contact Telephone Number 405-830-2200

Block 3: Certification

- 7. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined the request, and that, to the best of my knowledge, information, and belief, all statements of fact contained here are true.
- 8. 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 level of benefits from those services.
- 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records related to this application to fill in this form.

FCC WAIVER REQUEST
 St. Mary's High School
 BEN: 96998 471 #: 748102
 Attachment #: 5
 Form 500 PG: 10 of 10

| | |
|--|-------------------------|
| 10. Signature:  | 11. Date: <u>5-9-12</u> |
| 12. Printed name of authorized person AMY LAWRENCE | |
| 13. Title or position of authorized person DIRECTOR OF FINANCE | |
| 14. Telephone number of authorized person 602-251-2510 | |
| 15. E-Mail address of authorized person alawrence@smknights.org | |
| 16. Address of authorized person 2525 N THIRD STREET PHOENIX, AZ 85004 | |

A paper copy of this form, with an authorized signature in Block 3, Item 10 should be mailed to:

SLD Form 500
 P. O. Box 7026
 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms
ATTN: SLD Form 500
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

| ITEM # | ATTACHMENT | PAGES | | | | | | | | | | | | | | | | | | | | | |
|---------|--|---|----------|-------|---------|------------|---|---------|------------|---|---------|------------|---|---------|------------|---|---------|------------|---|---------|----------------|--|---|
| F | <p data-bbox="354 352 1044 422">Vendor Invoices Need approval to file BEAR form reimbursements</p> <table border="1" data-bbox="358 436 1312 667"> <thead> <tr> <th data-bbox="358 436 529 468">FRN</th> <th data-bbox="529 436 737 468">INVOICE#</th> <th data-bbox="737 436 1312 468">Notes</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 468 529 499">2019825</td> <td data-bbox="529 468 737 499">0374184-IN</td> <td data-bbox="737 468 1312 499">Bear form in process at USAC - Invoice# 1668581</td> </tr> <tr> <td data-bbox="358 499 529 531">2019825</td> <td data-bbox="529 499 737 531">0380198-IN</td> <td data-bbox="737 499 1312 531">Bear form in process at USAC - Invoice# 1668581</td> </tr> <tr> <td data-bbox="358 531 529 562">2025274</td> <td data-bbox="529 531 737 562">0359744-IN</td> <td data-bbox="737 531 1312 562">Dated 7/18/2011 – waiting for date correction</td> </tr> <tr> <td data-bbox="358 562 529 594">2025299</td> <td data-bbox="529 562 737 594">0357508-IN</td> <td data-bbox="737 562 1312 594">Dated 6/21/2011 – waiting for date correction</td> </tr> <tr> <td data-bbox="358 594 529 625">2025299</td> <td data-bbox="529 594 737 625">0366554-IN</td> <td data-bbox="737 594 1312 625">Dated 9/30/2011 – waiting for date correction</td> </tr> <tr> <td data-bbox="358 625 529 657">2080112</td> <td data-bbox="529 625 737 657">To be invoiced</td> <td data-bbox="737 625 1312 657">Waiting for delivery – deadline is 9/30/2012</td> </tr> </tbody> </table> | FRN | INVOICE# | Notes | 2019825 | 0374184-IN | Bear form in process at USAC - Invoice# 1668581 | 2019825 | 0380198-IN | Bear form in process at USAC - Invoice# 1668581 | 2025274 | 0359744-IN | Dated 7/18/2011 – waiting for date correction | 2025299 | 0357508-IN | Dated 6/21/2011 – waiting for date correction | 2025299 | 0366554-IN | Dated 9/30/2011 – waiting for date correction | 2080112 | To be invoiced | Waiting for delivery – deadline is 9/30/2012 | 7 |
| FRN | INVOICE# | Notes | | | | | | | | | | | | | | | | | | | | | |
| 2019825 | 0374184-IN | Bear form in process at USAC - Invoice# 1668581 | | | | | | | | | | | | | | | | | | | | | |
| 2019825 | 0380198-IN | Bear form in process at USAC - Invoice# 1668581 | | | | | | | | | | | | | | | | | | | | | |
| 2025274 | 0359744-IN | Dated 7/18/2011 – waiting for date correction | | | | | | | | | | | | | | | | | | | | | |
| 2025299 | 0357508-IN | Dated 6/21/2011 – waiting for date correction | | | | | | | | | | | | | | | | | | | | | |
| 2025299 | 0366554-IN | Dated 9/30/2011 – waiting for date correction | | | | | | | | | | | | | | | | | | | | | |
| 2080112 | To be invoiced | Waiting for delivery – deadline is 9/30/2012 | | | | | | | | | | | | | | | | | | | | | |



5225 South 39th Street Phoenix, Arizona 85040
 (602) 437-0035 (800) 866-0641 fax (602) 437-0076
 www.itcomputers.com

Invoice: **0374184-IN**
 Date: December 30, 2011

USIHL

Customer PO Number:
 Customer Ref Number: SML-3239
 Order Number: 0181053
 Customer Number: 00-STM300
 Account Manager: Shelly Labrado

Bill To:
 St Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 ATTN: MICHAEL KAPLAN
 Phoenix, AZ 85004

Confirm To:

Ship Via: DELIVERY

FOB: DESI

TERMS: NET 30 DAYS

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|---|------|---------|-------------------|----------|----------|----------|
| 10259 SHOREGLAR 50 | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,192.66 | 1,192.66 |
| 10260 SHOREGEAR 90 VOICE SWITCH Serial Number S90F11441E4EDB | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,790.00 | 1,790.00 |
| | | 1.00 | | | | |
| 10322 SHOREGEAR 11K | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 2,089.40 | 2,089.40 |
| 30035 EXTENSION & MAILBOX LICENSE | EACH | 84.00 | 84.00 WHSE PHX | 0.00 | 117.77 | 9,892.68 |
| 39039 EXTENSION ONLY LICENSE | EACH | 13.00 | 13.00 WHSE PHX | 0.00 | 77.00 | 1,001.00 |
| 29136 APPLICATION SERVER SHORTEL 12 | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 0.00 | 0.00 |
| 67047 ANALOG HARMONICA CABLE | EACH | 2.00 | 2.00 WHSE PHX | 0.00 | 69.95 | 139.90 |
| 10223 KIT. RACK MOUNTING TRAY | EACH | 2.00 | 2.00 WHSE PHX | 0.00 | 67.12 | 134.24 |
| 10175 PHONE. BB24 | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 150.94 | 150.94 |
| 94111 SPK POCKET CDR 16X 21MIN 185 | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,309.07 | 1,309.07 |
| 628691-001 DL120G7 XE3.4G/250G/GBF Serial Number 2M2139030N | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,001.22 | 1,001.22 |
| | | 1.00 | | | | |
| 571230-B21 250GB 7.2K 3.5" HDD HS | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 179.75 | 179.75 |

FRN# 2019825

FCC WAIVER REQUEST
St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: F
INVOICES PG: 1 of 3

| | |
|-----------------------|------------------|
| Net Invoice | 18,880.86 |
| Less Discount | 0.00 |
| Freight | 0.00 |
| Sales Tax | 1,755.92 |
| Invoice Total: | 20,636.78 |



5225 South 39th Street · Phoenix, Arizona 85040
 (602) 437-0035 · (800) 866-0641 · fax (602) 437-0076
 www.itcomputers.com

Invoice: **0380198-IN**
 Date: February 29, 2012

USIA

Customer PO Number:
 Customer Ref Number:
 Order Number:
 Customer Number: 00-STM300
 Account Manager: Shelly Labrado

Bill To:
 St Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 Phoenix, AZ 85004

Confirm To:

Ship Via: D/S - GROUND

FOB:

TERMS: NET 30 DAYS

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|--|------|---------|---------|----------|--------|----------|
| LABOR-TE Labor - Telecom Engineer | HOUR | 16.00 | 16.00 | 0.00 | 125.00 | 2,000.00 |
| LABOR-SE Labor - Sr. Network Engineer | HOUR | 16.00 | 16.00 | 0.00 | 125.00 | 2,000.00 |

FRN# 2019825

FCC WAIVER REQUEST
St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: F
INVOICES PG: 2 of 7

| | |
|-----------------------|-----------------|
| Net Invoice: | 4,000.00 |
| Less Discount: | 0.00 |
| Freight: | 0.00 |
| Sales Tax: | 0.00 |
| Invoice Total: | 4,000.00 |



5225 South 39th Street Phoenix, Arizona 85040
 (602) 437-0035 (800) 866-0641 fax (602) 437-0076
 www.itcomputers.com

Invoice: **0359744-IN**
 Date: July 18, 2011

Customer PO Number: 18395
 Customer Ref Number:
 Order Number: 0164476
 Customer Number: 00-STM300
 Account Manager: Shelly Labrado

Bill To:
 St Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 ATTN: LIZ HANSEN
 Phoenix, AZ 85004

Confirm To:

Ship Via: DELIVERY

FOB: DESTINATION

TERMS: NET 30 DAYS

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|---|------|---------|------------------|----------|--------|--------|
| J9407A=ABA 1 PORT POWER INJECTOR | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 56.60 | 56.60 |
| J9426B PROCURVE MSM410 US AP Serial Number TW124C40JZ | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 394.54 | 394.54 |
| | | 1.00 | | | | |

FRONT 2038224

**FCC WAIVER REQUEST
 St. Mary's High School**

BEN: 96998 471#: 748102

Attachment #: F

INVOICES PG: 3 of 7

| | |
|-----------------------|---------------|
| Net Invoice: | 451.14 |
| Less Discount: | 0.00 |
| Freight: | 0.00 |
| Sales Tax: | 41.95 |
| Invoice Total: | 493.09 |



5225 South 39th Street Phoenix, Arizona 85040
 (602) 437-0035 (800) 866-0641 fax (602) 437-0076
 www.itcomputers.com

Invoice **0357508-IN**
 Date June 21, 2011

Customer PO Number: SML-3030
 Customer Ref Number:

Order Number: 0163130
 Customer Number: 00-STM300

Account Manager: Shelly Labrado

Bill To:
 St. Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 ATTN: LIZ HANSEN
 Phoenix, AZ 85004

Confirm To:

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|---|------|---------|------------------|----------|----------|----------|
| 491332-001 DL380 G6 Serial Number 3U-V1117FYD | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,861.11 | 1,861.11 |
| 492244-B21 E5540 2.53GHZ PROCESSOR | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 750.00 | 750.00 |
| 500656-B21 2 GB DDR3 SDRAM (1 X 2) | EACH | 3.00 | 3.00 WHSE PHX | 0.00 | 60.50 | 181.50 |
| 507127-B21 SAS 600 HD 300GB 10K | EACH | 3.00 | 3.00 WHSE PHX | 0.00 | 297.00 | 891.00 |
| 503296-B21 AC POWER SUPPLY 460W | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 161.11 | 161.11 |
| 481041-B21 DVD-ROM, SLIM SATA | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 66.67 | 66.67 |
| 381-01587 Microsoft Exchange Server - Li | EACH | 167.00 | 0.00 WHSE PHX | 167.00 | 2.25 | 0.00 |
| 312-02177 Microsoft Exchange Server - Li | EACH | 1.00 | 0.00 WHSE PHX | 1.00 | 65.00 | 0.00 |
| 491332-001 DL380 G6 Serial Number 3U-V1117FD0 | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 1,861.11 | 1,861.11 |
| 492244-B21 E5540 2.53GHZ PROCESSOR | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 750.00 | 750.00 |
| 500656-B21 2 GB DDR3 SDRAM (1 X 2) | EACH | 3.00 | 3.00 WHSE PHX | 0.00 | 60.50 | 181.50 |
| 507127-B21 SAS 600 HD 300GB 10K | EACH | 6.00 | 6.00 WHSE PHX | 0.00 | 297.00 | 1,782.00 |
| 503296-B21 AC POWER SUPPLY 460W | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 161.11 | 161.11 |
| 481041-B21 DVD-ROM, SLIM SATA | EACH | 1.00 | 1.00 WHSE PHX | 0.00 | 66.67 | 66.67 |
| 507127-B21 SAS 600 HD 300GB 10K | EACH | 3.00 | 3.00 WHSE PHX | 0.00 | 270.00 | 810.00 |

FRN# 2025299

Continued - Page 1 of 2

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: F
Invoices PG: 4 of 7



5225 South 39th Street Phoenix, Arizona 85040
 (602) 437-0035 (800) 866-0641 fax (602) 437-0076
 www.itcomputers.com

Invoice **0357508-IN**
 Date June 21, 2011

Customer PO Number: SML-3030
 Customer Ref Number:

Order Number: 0163130
 Customer Number: 00-STM300

Account Manager: Shelly Labrado

Bill To:
 St Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 ATTN: LIZ HANSEN
 Phoenix, AZ 85004

Confirm To:

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|--|------|---------|---------|----------|-------|--------|
| 397413-B21 HP 4GB DDR2 SDRAM Memory Modul | EACH | 4.00 | 4.00 | 0.00 | 85.00 | 340.00 |
| | | | WHSE | PHX | | |

FCC WAIVER REQUEST
St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: K
 Invoices PG: 5 of 7

FRN # 2025299
 (continued)

| | |
|-----------------------|------------------|
| Net Invoice: | 9,863.78 |
| Less Discount: | 0.00 |
| Freight: | 0.00 |
| Sales Tax: | 917.34 |
| Invoice Total: | 10,781.12 |



5225 South 39th Street Phoenix, Arizona 85040
 (602) 437-0035 (800) 866-0641 fax (602) 437-0076
 www.itcomputers.com

Invoice **0366554-IN**
 Date September 30, 2011

Customer PO Number: TT-8095
 Customer Ref Number:
 Order Number: 0173250
 Customer Number: 00-STM300
 Account Manager: Shelly Labrado

Bill To:
 St Mary's Catholic High School
 2525 N. 3rd St.
 Phoenix, AZ 85004

Ship To:
 St. Mary's Catholic H.S.
 2525 N. 3rd Street
 ATTN: MICHAEL KAPLAN
 Phoenix, AZ 85004

Confirm To:

| ITEM and DESCRIPTION | U/M | ORDERED | SHIPPED | BACK ORD | PRICE | AMOUNT |
|--|------|---------|---------|----------|----------|----------|
| SMX3000RMLV2UN APC Smart-UPS Line-interactive | EACH | 2.00 | 2.00 | 0.00 | 1,566.29 | 3,132.58 |
| Serial Number SIS1122006150 | | 1.00 | | | | |
| Serial Number SIS1122006153 | | 1.00 | | | | |
| WBEXTWARIYR-SP 1 Year Extended Warranty | EACH | 2.00 | 2.00 | 0.00 | 131.51 | 263.02 |
| SMX120RMBP2U APC External Battery Pack 120 | EACH | 2.00 | 2.00 | 0.00 | 689.80 | 1,379.60 |
| WBEXTWARIYRSP 03 1YR EXTENDED WARRANTY 24X7 | EACH | 2.00 | 2.00 | 0.00 | 72.20 | 144.40 |
| *FRT OVERWEIGHT FREIGHT | EACH | 1.00 | 1.00 | 0.00 | 190.58 | 190.58 |

FRN # 2025299

FCC WAIVER REQUEST
St. Mary's High School
 BEN: 96998 471#: 748102
 Attachment #: F
INVOICES PG: 6 of 7

| | |
|-----------------------|-----------------|
| Net Invoice: | 5,110.18 |
| Less Discount: | 0.00 |
| Freight: | 0.00 |
| Sales Tax: | 475.24 |
| Invoice Total: | 5,585.42 |



Item 21 Attachment

External Connections - Funding Year 2010

SCHOOL ST MARYS HIGH - AZ
 BEN#: 96998 471#: 748102
 FRN#: 2025284/2080112
 Attach #: F Pg 2 of 4

Applicant Details

Applicant Name ST MARY'S HIGH SCHOOL
Billed Entity Number 96998
Form 471 Application Number 748102
Funding Request Number 2080112
Service Provider InterTech Computer Products
Attachment Number F
Narrative description of this Funding Request Linksys EtherFast Cable/DSL router with 4-port switch
Location of components

| Make | Model | Product SKU | Line Total |
|-----------|---------|---|------------|
| 1 LINKSYS | BEFSR41 | BEFSR41 | \$53.30 |
| | | Description Linksys EtherFast Cable/DSL Router with 4-Port Switch BEFSR41 - router | |
| | | Function (Product) Data Distribution(Router) | |
| | | Quantity 1 | |
| | | Unit Cost | \$53.30 |
| | | Eligible Cost | \$53.30 |
| | | InEligible Cost | \$0.00 |
| | | Total: | \$53.30 |
| | | Funding Requested on 471: | \$53.30 |

*yet
To be delivered
& INVOICED*

FCC WAIVER REQUEST
St. Mary's High School
BEN: 96998 471#: 748102
Attachment #: F
INVOICES PG: 7 of 7

Further information **ITEM#21 ATTACHMENT - Vendor documentation will be submitted to USAC via email.**

Date Submitted 2/19/2010 11:35:57 PM