



Rural Health Care Division

30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054

<http://www.usac.org/rhc/>  
Phone: 1-800-229-5476

**COMMITMENT ADJUSTMENT LETTER**

5/2/2013

Windstream Communications, Inc.  
Cindy Brenning  
1440 M Street, 6th Floor  
Lincoln, NE 68510

RE:	Commitment Adjustment
Funding Year:	July 1, 2011 - June 30, 2012
Applicant:	Amery Regional Medical Center
HCP Contact Person:	Bill Lehner
HCP Contact Phone:	651-255-5709

Dear Windstream Communications, Inc.:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

**FUNDING COMMITMENT REPORT**

On the page following this letter, we have provided a Funding Commitment Report for the application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from the application for which adjustment(s) is necessary. RHCD is also sending this information to the HCP mailing contact, so you may work with them to implement this decision. Immediately following the Funding Commitment Report, you will find a guide that defines each line of the Report.

Note that if the Funds Disbursed to Date amount exceeds your Adjusted Funding Commitment amount, USAC will have to recover some or all of the funds disbursed. This amount is shown as "Funds to be Recovered." We will soon send a letter describing the process for recovering these funds, and will send a copy of the letter to the HCP mailing contact. If the Funds Disbursed to Date amount is less than the Adjusted Funding Commitment amount, USAC will continue to process properly filed invoices up to the Adjusted Funding Commitment amount. To remit payments, please review the payment addresses below.

**U.S. Postal Service/Standard Mail for Payments:**

USAC  
P.O. Box 105056  
Atlanta, GA 30348-5056

**Courier/Overnight Packages:**

USAC  
c/o Bank of America (105056)  
1075 Loop Road

Atlanta, GA 30337  
404.209.6377

**ACH Payments:**

Should be sent in a CCD+ format to  
ABA Routing #071000039, Account #5590045653

**Wire Transfers:**

Bank Name: Bank of America  
Location: 100 West 33rd Street, New York, NY 10001  
Bank ABA Routing Number: 026009593  
Bank Account Number: 5590045653  
Account Type: DDA  
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

**TO APPEAL THESE FUNDING COMMITMENT ADJUSTMENTS**

If you wish to appeal this decision, you may file an appeal with the Universal Service Administrative Company, or directly to the Federal Communications Commission. The appeal **must be filed within 60 days of the date at the top of this letter**. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

If you have questions or need help, you may call the Customer Service Support Center at 1-800-229-5476.

Sincerely,

USAC – RHCD

Attachments



## A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter is a report for each support schedule for this HCP for which a commitment adjustment is required. Below are definitions for terms used in the report.

- ◆ **Funding Request Number (FRN):** A Funding Request Number is assigned by the RHCD to each Funding Commitment Letter. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/468.
- ◆ **Service Provider:** The legal name of the service provider.
- ◆ **Service Provider Identification Number (SPIN):** A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in universal service support programs.
- ◆ **Services Ordered:** The type of telecommunications service ordered from the service provider, as shown on the Form 466/468.
- ◆ **Billing Account Number (BAN):** The account number your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on your Form 466/468 or Form 467.
- ◆ **Adjusted Funding Commitment:** This represents the adjusted total amount of funding that RHCD has committed to this FRN. If this amount exceeds the Funds Disbursed to Date, the RHCD will continue to process properly filed invoices up to the new commitment amount.
- ◆ **Funds Disbursed to Date:** This represents the total funds which have been paid up to now to the identified service provider for this FRN.
- ◆ **Funds to be Recovered:** This represents the amount of Funds Disbursed to Date that exceeds the Adjusted Funding Commitment amount. These funds will have to be recovered. If the Funds Disbursed to Date do not exceed the Adjusted Funding Commitment amount, this entry will be \$0.
- ◆ **Funding Commitment Adjustment Explanation:** This is a description of the reason the adjustment was made.