

EX. 1

Terri Humphrey

From: rhcadmin@usac.org
Sent: Tuesday, November 26, 2013 10:54 AM
To: maryann.freepartner@providence.org
Subject: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Date: 26-Nov-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number: 12195601

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 417 1st Avenue, PO Box 365, Seward, AK, 99664
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps
Service Provider Name: Alascom, Inc.
Service Provider Identification Number (SPIN): 143005617
Billing Account Number: 8002-765-6315

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
28-Aug-2012	30-Jun-2013	10.12903	\$0.00	\$3,347.72	\$33,909.16

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year **for the life of the agreement**. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

Terri Humphrey

From: rhcadmin@usac.org
Sent: Tuesday, November 26, 2013 10:54 AM
To: maryann.freepartner@providence.org
Subject: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195631

Date: 26-Nov-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number: 12195631

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 417 1st Avenue, PO Box 365, Seward, AK, 99664
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps
Service Provider Name: Alascom, Inc.
Service Provider Identification Number (SPIN): 143005617
Billing Account Number: 8002-765-6315

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
10-Aug-2012	30-Jun-2013	10.70968	\$0.00	\$3,364.81	\$36,036.04

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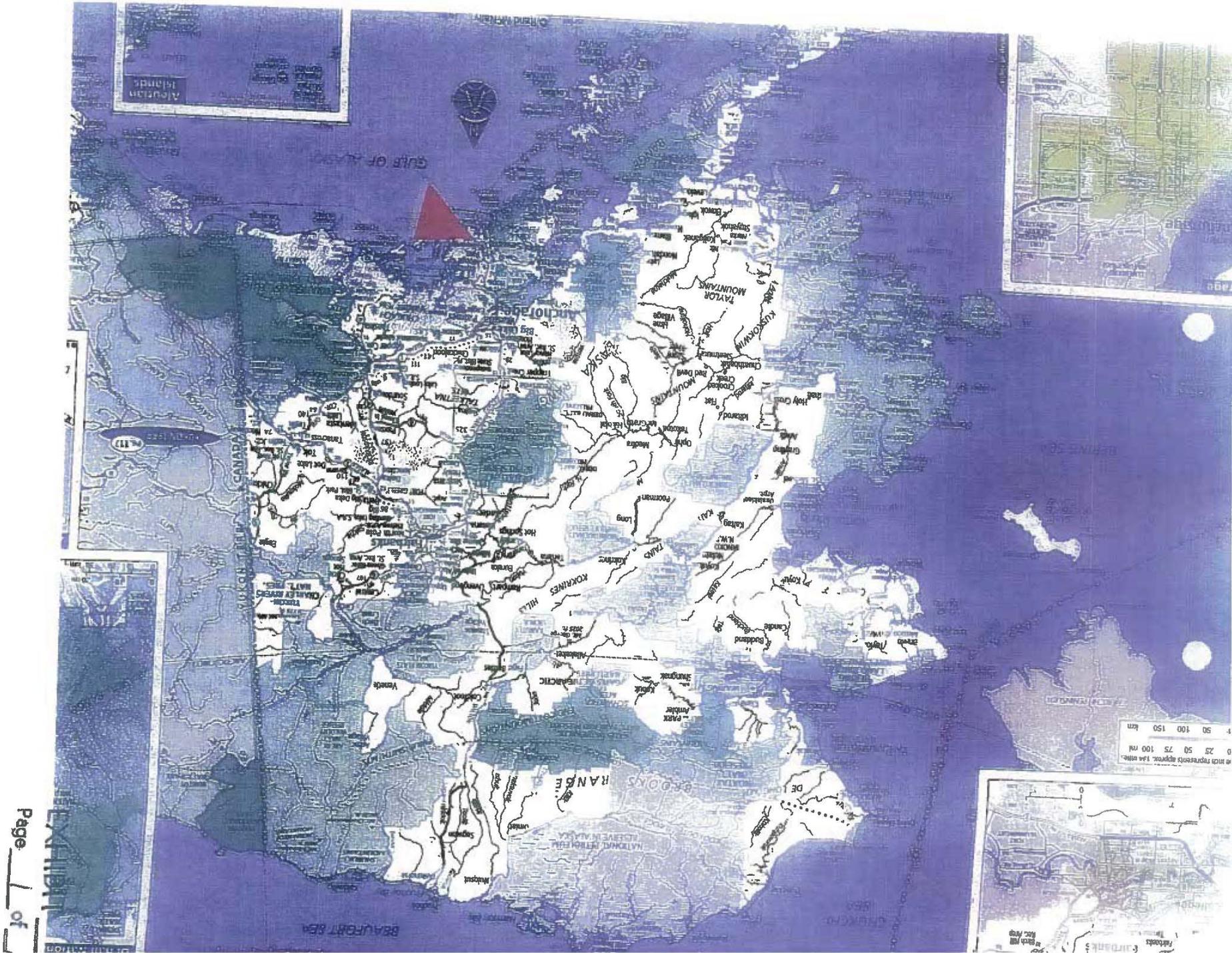
Questions:

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If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

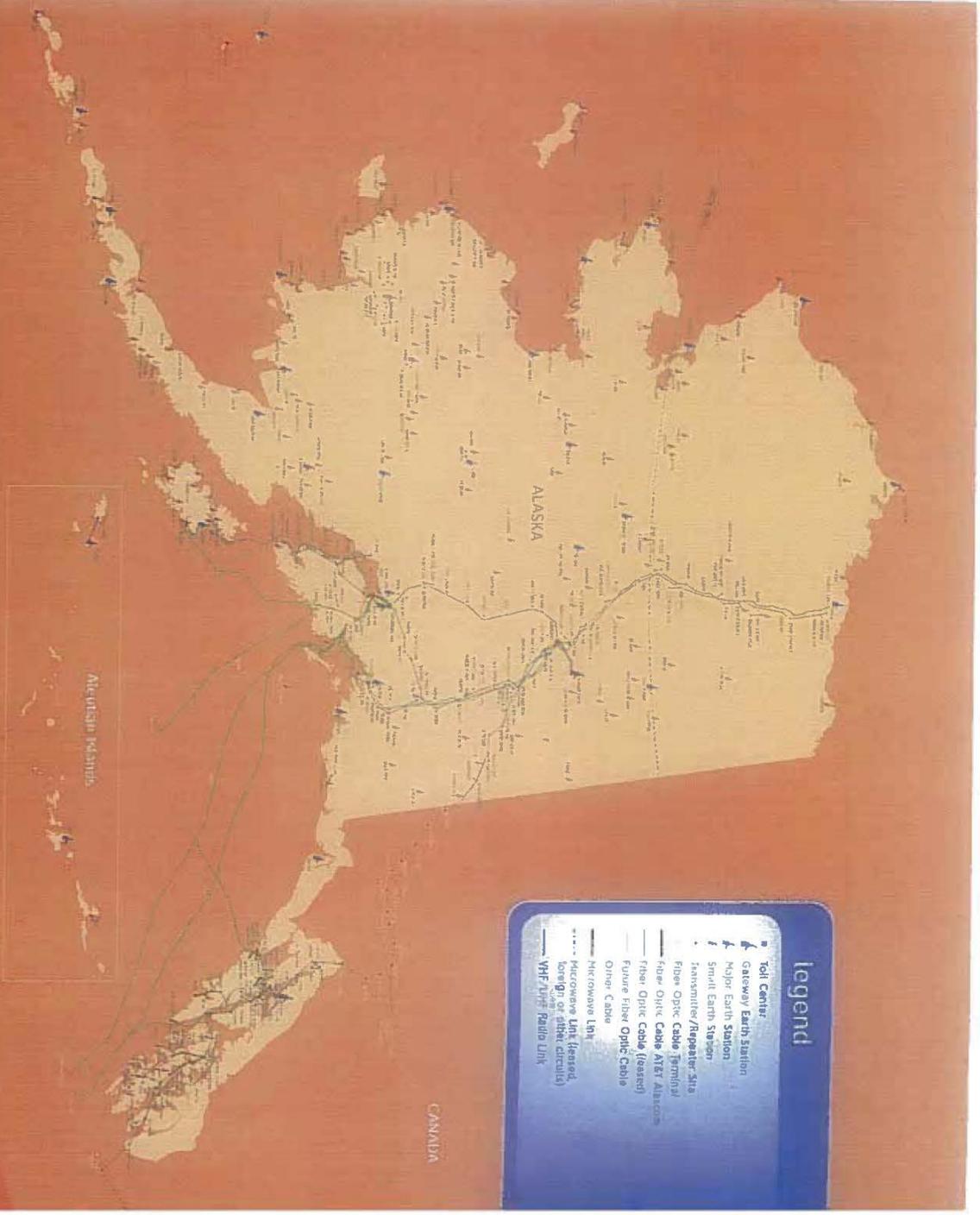
EX. 2

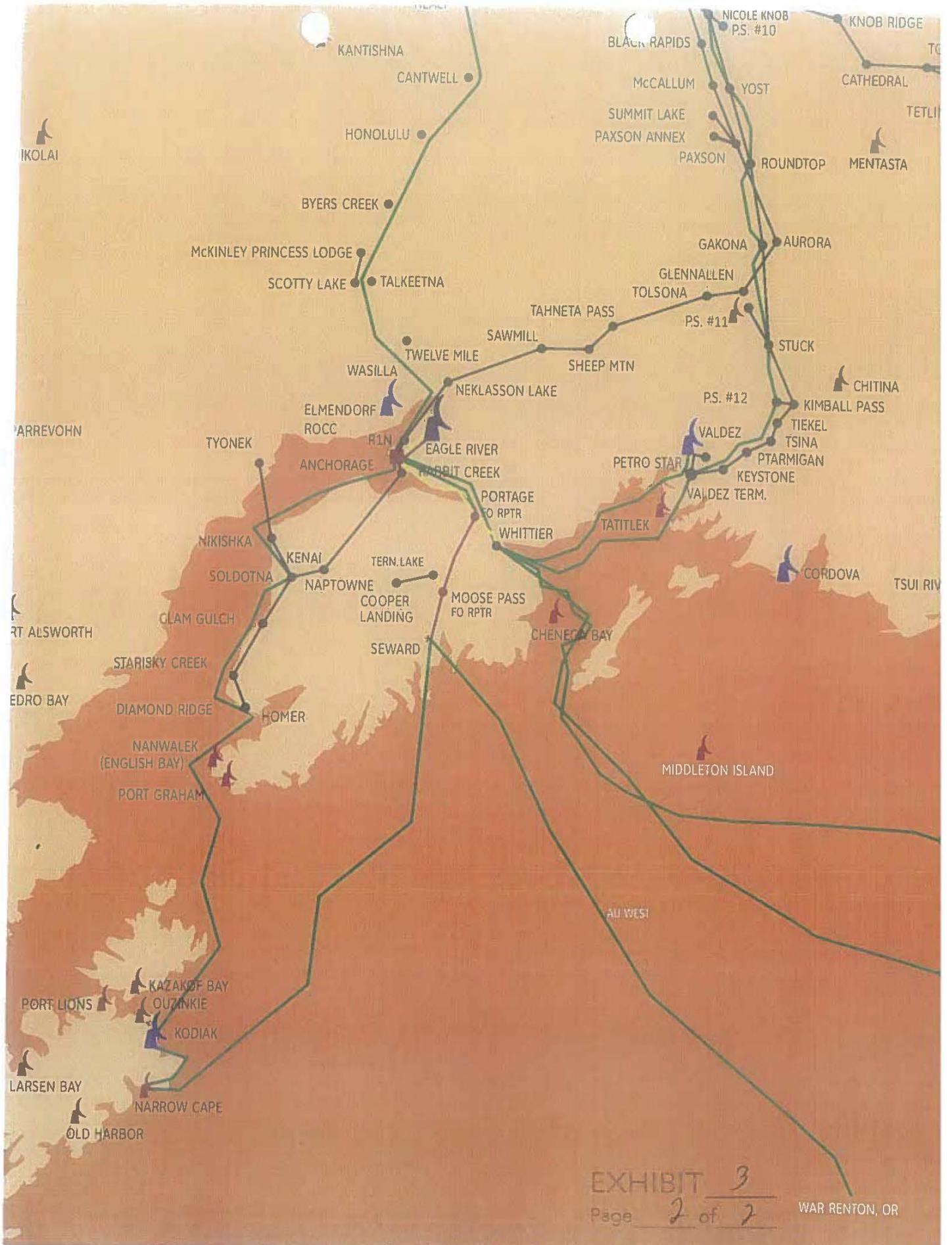


EX. 3

alaska system map

The new  at&t





EX. 4



**ALASCOM DATA SERVICES CIRCUIT TERM PLAN
Pricing Schedule**

Customer	AT&T	AT&T Sales Contact X Primary Contact
Providence Health & Services d/b/a Providence Seward Medical and Care Center Billing Address: 11308 SW 66 th Parkway Tigard, OR 97223 Attn: Kristin Ala 503-216-6154 Street Address: 417 1 st Avenue City: Seward State/Province: Alaska Zip Code: 99664 Country: USA	AT&T Corp. or enter the International Affiliate Name or enter International Affiliate Address	Name: Amy Merchant Street Address: 605 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA Telephone: 907-264-7142 Fax: 907-777-2649 Email: am0211@att.com Sales/Branch Manager: Electa Kean SCVP Name: Shawn Uechmann Sales Strata: Sales Region:
Customer Contact (for notices)	AT&T Contact (for notices)	AT&T Solution Provider or Representative Information (if applicable) <input type="checkbox"/>
Name: Don Adams Title: Director Networking Telecom Street Address: 11308 SW 66 th Parkway City: Tigard State/Province: OR Zip Code: 97223 Country: USA Telephone: 503-216-8357 Fax: Email: Donald.Adams@providence.org Copy To: Providence Health & Services Attn: General Counsel 1801 Lind Avenue, SW, Ste 9018 Renton, WA 98057	Street Address: 605 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA With a copy to: AT&T Corp. One AT&T Way Bedminster, NJ 07921-0752 ATTN: Master Agreement Support Team Email: mast@att.com	Name: Company Name: Street Address: City: State/Province: Zip Code: Country: Telephone: Fax: Email: Agent Code:

This Pricing Schedule is part of the Agreement between AT&T and Customer referenced above.

Customer (by its authorized representative)	AT&T (by its authorized representative)
By: <i>[Signature]</i>	By: <i>[Signature]</i>
Name: <i>John Jay Kenagy, PhD</i>	Name: <i>Shawn Uechmann</i>
Title: <i>VP - CIO</i>	Title: <i>Director of Sales</i>
Date: <i>8-28-09</i>	Date: <i>8/28/09</i>

ATTUID:dd9149

AT&T and Customer Confidential Information
Page 1 of 3

eCRM Opp ID 1-A67544
EXHIBIT 4
 Page 1 of 3

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Pricing Schedule No.
Original Effective Date:
Amended Effective Date:

Pricing Schedule for Alascom Data Services Circuit Term Plan

1. SERVICES

- Alascom Private Line Services
- Alascom Local Channel Services

2. PRICING SCHEDULE TERM

Pricing Schedule Term	Term Start Date
Longer of: (1) 36 months; or (2) until end of Minimum Payment Period for last circuit installed	Effective Date of this Pricing Schedule

3. MARC

MARC under this Pricing Schedule	None
----------------------------------	------

4. MINIMUM PAYMENT PERIOD

Minimum Payment Period	Service Components
36 months	All Service Components, unless specifically stated in Section 7

5. DISCOUNTS

Not Applicable

6. PROMOTIONS, CREDITS, WAIVERS AND MINIMUM RETENTION PERIODS

6.1 Promotions

Service Guide promotions are not applicable under this Pricing Schedule

6.3 Waivers

Charges Waived	Month of MARC or Pricing Schedule Term in which Charges are waived	Minimum Retention Period
Installation Charges for the service components specified in Section 7, excluding Local Channels	N/A	12 months

6.4 Other Requirements

In the event that the Universal Service Administrative Corp. (USAC) terminates funding, through no fault of the Customer the Customer shall provide AT&T with prompt written notice of any termination of USAC funding. The Customer will be permitted to discontinue the Attachment concurrent with the effective date of the USAC termination of funding.

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Agreement
 Pricing Schedule
 Original Effective Date
 Amended Effective Date

Pricing Schedule for Alascom Data Services Circuit Term Plan

7. **RATES** - The Monthly Charges and Installation Charges listed below are per Service Component. Charges stated below per Local Channel, except OC-12 or higher, are valid for any NPA-NXX where such Local Channels are provisioned from the same Serving Wire Center (SWC CLLI).

US Domestic T1.5 IOC In Alaska and Local Channel

- Health Care Provider (HCP) # 10382
- The Customer may purchase multiples of the circuit specified below, using the terms and conditions of this Pricing Schedule.

Service	Monthly Charge
T1.5 Mbps IOC From Seward, Alaska To: Anchorage, Alaska Average mileage of at least: 475 miles	\$8,369.00
Associated T1.5 Mbps Access Connections	\$0.00
Location A - Terrestrial 1.544 Mbps Local Channel - Seward, Alaska to Seward, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Location Z - Terrestrial 1.544 Mbps Local Channel - Anchorage, Alaska to Anchorage, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Associated Terrestrial 1.544 Mbps Access Coordination Functions	\$0.00
Total Monthly Recurring Charges	\$9,005.20

ATTUID:dd9149

AT&T and Customer Confidential Information
 Page 3 of 3

EXHIBIT 4 eCRM Opp ID 1-A67544
 Page 3 of 3

EX. 5

The Deadline to submit this Form is the June 30th End of the Funding Year. Estimated time per response: 3 hours

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

Block 1: HCP Information

1 HCP Name **Providence Seward Medical Center** 2 HCP Number **10382**
 3 Form 465 Application # **31813** 4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name **Providence Seward Medical Center** 6 Billed Entity FCC RN **0013793187**
 7 Contact Name
Maryann Freepartner
 8 Address Line 1 **417 1st Ave.**
 9 Address Line 2
 10 City **Seward** 11 State **AK** 12 Zip **99664**
 13 Contact Phone # **14** Fax #
907-224-2980 **907-224-5250** 15 E-Mail
maryann.freepartner@providence.org

Block 3: Funding Year Information

16 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 4: Service Information

17 Type of Service **T1 or DS1**
 Circuit Bandwidth **1.544 MBps**
 18 Total Billed Miles **0** 19 Maximum Allowable Distance (From Form 465) **85**
 20 Percentage of HCP's service used for the provision of health care. **100%** (If less than 100%, please explain.)
 If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	AT&T Alascom			
22 Service Provider Identification Number (SPIN)	143005617			
23 Service Provider Contact Person Name	Janet Schmid			
24 Service Provider Contact Person's Phone #	312-364-7354			
25 Service Provider Contact Person Email	js1474@att.com			
26 Circuit Start Location	Seward, AK			
27 Circuit Termination Location	Anchorage, AK			
28 Billing Account Number	8002-765-6315			
29 Tariff, Contract, or other document reference	119829			

EXHIBIT 5
 Page 1 of 8

30 Date Contract Signed or Date HCP Selected Carrier 8/23/2009

31 Contract Expiration Date (mm/dd/yyyy or "Month to Month") 8/28/2012

32 Service Installation Date 11/3/2009

33 Actual Rural Rate per Month 10864.77

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.

Circuit Diagram Attached? No

35 Are you a mobile rural health care provider? No

If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles				
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 965.6	\$	\$	\$
40 One-time Rural Rate Charge (in city where HCP is located)	\$ 1384	\$	\$	\$
41 Monthly Urban Rate (in selected large city) From RHCD web site.	\$ 198.3	\$	\$	\$

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$
44 Cost per Mile per	\$	\$	\$	\$

EXHIBIT 5
Page 2 of 8

Block 7: Bid Documentat

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site?
If you check yes, copies of the bids MUST be mailed to RHCD.

No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** 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.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-2/22/2010

51 Date

52 Printed name
Maryann Freepartner

53 Title or position
Finance Manager

54 Employer of authorized person
Providence Health & Services

55 Employer's FCC RN
0013793187

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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.

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

EXHIBIT 5
Page 3 of 8

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory

be granted unless all information requested is provided. Failure to provide all requested information will delay 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 average 1 hour 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 (3060-0804), 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 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 3060-0804.

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.

This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

FCC Form 466
April 2008

[Click here to return to the HCP Information Page](#)

EXHIBIT 5
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Running Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this form is the June 30th End of the Funding Year. Estimated time per response: 3 hours
Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information				
1 HCP Name Providence Seward Medical Center		2 HCP Number 10382		
3 Form 465 Application # 31813		4 Consortium Name (If any)		
Block 2: Bill Payer Information				
5 Billed Entity Name Providence Seward Medical Center		6 Billed Entity FCC RN 0013793187		
7 Contact Name Maryann Freepartner				
8 Address Line 1 417 1st Ave.				
9 Address Line 2				
10 City Seward		11 State AK	12 Zip 99664	
13 Contact Phone # 907-224-2980		14 Fax # 907-224-5250	15 E-Mail maryann.freepartner@providence.org	
Block 3: Funding Year Information				
16 Funding Year - Check only one box				
Year 2007 (7/1/2007-6/30/2008)		Year 2008 (7/1/2008-6/30/2009)		X Year 2009 (7/1/2009-6/30/2010)
Block 4: Service Information				
17 Type of Service T1 or DS1				
Circuit Bandwidth 1.544 MBps				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 85		
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Connection Information				
21 Service Provider Name		Carrier A	Carrier B	Carrier C
AT&T Alascom				
22 Service Provider Identification Number (SPIN)		Carrier A	Carrier B	Carrier C
143005617				
23 Service Provider Contact Person Name		Carrier A	Carrier B	Carrier C
Janet Schmid				
24 Service Provider Contact Person's Phone #		Carrier A	Carrier B	Carrier C
312-364-7354				
25 Service Provider Contact Person Email		Carrier A	Carrier B	Carrier C
js1474@att.com				
26 Circuit Start Location		Carrier A	Carrier B	Carrier C
Seward, AK				
27 Circuit Termination Location		Carrier A	Carrier B	Carrier C
Anchorage, AK				
28 Billing Account Number		Carrier A	Carrier B	Carrier C
8002-765-6315				
29 Tariff, Contract, or other document reference		Carrier A	Carrier B	Carrier C
119829				

EXHIBIT 5
Page 5 of 8

30 Date Contract Signed or Date HCP Selected **8/28/2011**
 Carrier
 31 Contract Expiration Date **02/28/2012**
 Date
 (mm/dd/yyyy or "Month to Month")
 32 Service Installation Date **11/3/2009**
 Date
 33 Actual Rural Rate per Month **10864.77**

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.

Circuit Diagram Attached? **No**

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If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$
44 Cost per Mile per	\$	\$	\$	\$

EXHIBIT 5
 Page 6 of 8

Block 7: Bid Documentati

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site?
If you check yes, copies of the bids MUST be mailed to RHCD.
No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** 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.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-2/22/2010

51 Date

52 Printed name
Maryann Freepartner

53 Title or position
Finance Manager

54 Employer of authorized person
Providence Health & Services

55 Employer's FCC RN
0013793187

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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.

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

EXHIBIT 5
Page 7 of 8

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b) (4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory

...not cut
be granted unless all information requested is provided. 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 average 1 hour 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 (3060-0804), 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 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 3060-0804.

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.

This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

FCC Form 466
April 2008

[Click here to return to the HCP Information Page](#)

EXHIBIT 5
Page 8 of 8

Ex. 6



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

www.rhc.universalservice.org
 Phone: 1-800-229-5476

September 30, 2010

Maryann Freepartner
 Providence Seward Medical Center
 P.O. Box 385,
 Seward, AK 99664

Re: Funding Commitment for Funding Year 2009, Packet ID# 91429

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10382
 HCP Contact Name: Maryann Freepartner
 HCP Name: Providence Seward Medical Center
 HCP Address: 417 1st Ave.
 Seward, AK 99664

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
 Service Provider Identification Number (SPIN): 143005617

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: T1 or DS1 - 1544 Kbps
 Billing Account Number: 8002-766-6316

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/4/2008	6/30/2010	7.9	\$418.40	\$2,457.17	\$19,830.04	47833

To help you understand the information provided in this letter, the following definitions are provided:

- Service: The type of service ordered from the service provider as shown on Form 466 or 466A.

EXHIBIT 6
 Page 1 of 6

When filling out Form 467, please take special care when completing Block J, item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 466, 468, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter. There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhcd.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5478

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2010

The Funding Year 2010 application-filing window will open well before the beginning of the funding year on July 1, 2010. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 485 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-6476, Monday through Friday, 8am - 6pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center

EXHIBIT 6
Page 3 of 6



Rural Health Care Division

30 Landex Plaza West
 P.O. Box 688
 Parsippany, NJ 07054-0688

www.rhc.universalservice.org
 Phone: 1-800-229-5476

September 30, 2010

Maryann Freapartner
 Providence Seward Medical Center
 P.O. Box 365
 Seward, AK 99664

Re: Funding Commitment for Funding Year 2009, Packet ID# 62084

Dear Maryann Freapartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 486 or 486A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10382
 HCP Contact Name: Maryann Freapartner
 HCP Name: Providence Seward Medical Center
 HCP Address: 417 1st Ave.
 Seward, AK 99664

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
 Service Provider Identification Number (SPIN): 143005617

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: T1 or DS1 - 1544 Kbps
 Billing Account Number: 8002-765-6315

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/4/2009	6/30/2010	7.9	\$416.40	\$2,457.17	\$19,830.04	47834

To help you understand the information provided in this letter, the following definitions are provided:

- Service: The type of service ordered from the service provider as shown on Form 486 or 486A.

EXHIBIT 6
 Page 4 of 6

When filling out Form 467, please take special care when completing Block 6, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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The RHCD recognizes that some health care providers will disagree with our decisions. If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter. There are two appeal options:

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Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 228-5476

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

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Funding Year 2010

The Funding Year 2010 application-filing window will open well before the beginning of the funding year on July 1, 2010. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center

EXHIBIT 6
Page 6 of 6



EX. 7

Freepartner, Maryann

From: Merchant, Amy [am0211@att.com]
Sent: Thursday, October 14, 2010 1:21 PM
To: Freepartner, Maryann
Subject: RE: AT&T Alaska Response
Attachments: Providence Seward letter.pdf

Maryann,

Attached is a letter confirming that the Providence Seward Medical and Care Center circuits are not mileage sensitive. The rates of the circuits were not based on a per mile circuit cost. Andy Rabung in his previous email confirmation confirmed what was asked, what would the cost breakdown be per mile with the rate they are charged. He stated what they would be, but the overall circuit cost was not based on that. That is a special contract price.

Please let me know if I can provide any additional information to you for assistance.

Thanks,

Amy Merchant
AT&T Alaska
Healthcare Account Executive
Signature Clients Group
Desk: 907-264-7142
Mobile: 907-360-5562
Fax: 907-777-2649

From: Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]
Sent: Wednesday, October 13, 2010 8:41 AM
To: Merchant, Amy; Schlimgen, Nathan
Subject: RE: AT&T Alaska Response

Thank you. I hope this will result in a reconsideration or recalculation.

Maryann Freepartner
Finance Manager
Providence Seward Medical and Care Center
907-224-2980

From: Merchant, Amy [mailto:am0211@att.com]
Sent: Wednesday, October 13, 2010 8:38 AM
To: Freepartner, Maryann; Schlimgen, Nathan
Subject: RE: AT&T Alaska Response

Maryann,

Thank you for getting this information from USAC to clarify the funding for me. I reviewed Andy Rabung's response below and he is correct in confirming the miles that your circuit is, however Andy did not clarify in the email that your circuit cost

8/24/2011

EXHIBIT 7
Page 1 of 3

IS NOT mileage based. I don't know if it changes the funding that is supported by U or not. I will confirm this on AT&T letterhead for you to submit to UAC to see if that changes the supported amounts. I'll get it written up and approved through our attorney and sent to you asap.

Sincerely,

Amy Merchant
AT&T Alaska
Healthcare Account Executive
Signature Clients Group
 Desk: 907-264-7142
 Mobile: 907-360-5562
 Fax: 907-777-2649

From: Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]
Sent: Wednesday, October 13, 2010 8:25 AM
To: Schlimgen, Nathan; Merchant, Amy
Subject: FW: AT&T Alaska Response

Here is the information from the USAC analyst. I was not aware that there was a maximum allowable distance therefore a maximum amount of funding? Please review because we really cannot afford to pay \$17,000 per month for the service and this was never mentioned as a possibility.

Maryann Freepartner
 Finance Manager
 Providence Seward Medical and Care Center
 907-224-2980

From: hdiaz [mailto:hdiaz@rhc.universalservice.org]
Sent: Wednesday, October 13, 2010 6:58 AM
To: Freepartner, Maryann
Cc: 'mtambur'
Subject: FW: AT&T Alaska Response

Maryann,

HCP 10382 Packet # 91429 and 92084

Sure, based on the email below the total billed miles were confirmed at 475. Your Maximum Allowable Distance (MAD) was 85. We adjusted your rural rate because we can only cover funding up to the MAD, therefore we requested a cost breakdown. The cost breakdown provided by the service provider confirmed that the cost per mile per month was \$17.62. Total billed Miles exceeded the MAD by 390 miles. 390 miles x \$17.62= \$6,871.80(charges over the MAD). This charge was discounted from your circuit cost of \$9005.20, which adjusted your rural rate to \$2,133.40.

Taxes were added to your rural and urban rates in the calculations below:

2,133.40 (Adjusted rural rate) +14.120% (Universal Service Fund) + 11.412% (Property tax allotment and Federal Regulatory Fee form one-time charges/credits on bill/total circuit costs)= **2,678.10- Adjusted Rural Rate**

198.30 (Urban rate) + 11.412% = **\$220.93--Adjusted Urban rate**

8/24/2011

EXHIBIT 7
 Page 2 of 3

According to the bill the actual start date was 11/4/09. This date was found on the December bill that was previously emailed to me.

The difference between the adjusted rural rate and adjusted urban rate was \$2,457.17 per month. I hope this helps.

If you have any questions please do not hesitate to contact me.

Thanks,

Hazel Diaz
Reviewer, Rural Health Care Division of USAC

P: (973)581-5028
F: (973)599-6514
hdiaz@rhc.universalservice.org

Note: USAC RHC mailing address has changed. Effective immediately, mailed items should be sent to:

Rural Health Care Division

30 Lanidex Plaza West

Parsippany, NJ 07054

From: Rabung, Andrew (Andy) [mailto:ar5354@att.com]
Sent: Thursday, September 23, 2010 5:06 PM
To: hdiaz
Cc: Merchant, Amy
Subject: RE: AT&T Alaska Response

Hazel,

I apologize for the delay in getting this to you. Please understand that I am required to get authorization from the AT&T compliance group prior to speaking directly with USAC.

Answers to the question are as follows.

Billed Circuit Miles: 475 miles - Anchorage to Kodiak 271, Kodiak to Seward 204
Monthly Mileage Based Charges - \$8369.00
Cost per mile per month - \$17.62

Regards
Andy

From: hdiaz [mailto:hdiaz@rhc.universalservice.org]
Sent: Monday, August 30, 2010 11:52 AM
To: Rabung, Andrew (Andy)
Subject: RE: AT&T Alaska Response

8/24/2011

EXHIBIT 7
Page 3 of 3