

**EX. 20**

**Freepartner, Maryann**

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**From:** rhcadmin@usac.org  
**Sent:** Tuesday, February 19, 2013 11:55 AM  
**To:** Freepartner, Maryann  
**Subject:** Funding Commitment Letter (FCL) for HCP 10382, FRN 12123381

Date: 19-Feb-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: 12123381

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
01-Jul-2012	27-Aug-2012	1.87097	\$0.00	\$10,838.91	\$20,279.28

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: Evergreen**

**Evergreen:** For the life of the contract (without any optional or automatic extensions), you do not need to re-compete the service(s) identified above, or post a *Description of Services Requested and Certification Form (FCC Form 465)*. The HCP must apply for support of the contracted service by filing the FCC Form 466 and/or the FCC Form 466-A (and the FCC Form 467) to receive funding each year.<sup>1</sup>

HCPs whose contracts have Evergreen status must post an FCC Form 465 and re-compete the service provider selection before the contract ends. An optional contract renewal is considered a new contract and can be selected only after the HCP has gone through the competitive bidding process by posting a Form 465.

**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.<sup>2</sup> 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](http://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](http://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](mailto:rhc-admin@usac.org)).

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<sup>1</sup> 47 C.F.R. 54.623(d).

<sup>2</sup> 47 C.F.R. 54.619(c).

**Freepartner, Maryann**

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**From:** rhcadmin@usac.org  
**Sent:** Tuesday, February 19, 2013 11:55 AM  
**To:** Freepartner, Maryann  
**Subject:** Funding Commitment Letter (FCL) for HCP 10382, FRN 12123371

Date: 19-Feb-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: 12123371

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
01-Jul-2012	09-Aug-2012	1.29032	\$0.00	\$10,838.91	\$13,985.66

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: Evergreen**

**Evergreen:** For the life of the contract (without any optional or automatic extensions), you do not need to re-compete the service(s) identified above, or post a *Description of Services Requested and Certification Form (FCC Form 465)*. The HCP must apply for support of the contracted service by filing the FCC Form 466 and/or the FCC Form 466-A (and the FCC Form 467) to receive funding each year.<sup>1</sup>

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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.<sup>2</sup> 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."

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**Questions:**

Details about and definitions of all terms used in this FCL are provided on the RHC website ([www.usac.org/rhc](http://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](mailto:rhc-admin@usac.org)).

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<sup>1</sup> 47 C.F.R. 54.623(d).

<sup>2</sup> 47 C.F.R. 54.619(c).

**EX. 21**

PO Box 365  
Seward, AK 99664  
T: (907) 224 5205  
F: (907) 224 8826  
[www.providence.org/alaska](http://www.providence.org/alaska)



April 17, 2013

Rural Health Care Division  
Universal Service Administrative Company  
2000 L Street NW, Suite 200  
Washington, DC 20036

Re: Appeal of Funding Commitment Letters  
Funding Year: 2012  
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center  
HCP No: 10382  
FCC Form 465 Application No.: 43124011  
Funding Request Nos. 1213371 and 1213381

Dear Sir:

This is an appeal of the February 19, 2013 Funding Commitment Letters (FCLs) relating to the above-referenced funding requests for T1 service to Providence Seward Medical and Care Center ("PSMC") for the year 2012. The issue appealed is the denial of funding for the period that the T1 lines remained in service following termination of the Evergreen contract with the service provider, AT&T.

Following receipt of the February 19, 2013 FCLs, I contacted USAC and advised that the contract term for the T1 lines was 36 months, that service was not initiated until November 9, 2009, and that service remained in effect until December 26, 2012. USAC Representative Claudio Ramos advised that I needed to file new form 466s for the period from the contract termination onward on a "month to month" basis. Pursuant to Mr. Ramos' instructions, on March 11, 2013 I submitted month-to-month form 466s for each of the T1 lines for funding for the period following termination of the contract in August, 2012 through termination of T1 service on December 26, 2012 (FRN nos. 1219560 and 1219563). I am still awaiting USAC's decision on those of those 466s, but am submitting this notice of appeal so that PSMC's right of appeal is preserved.

Sincerely,

A handwritten signature in black ink that reads "Maryann Freepartner".

Maryann Freepartner, Finance Manager  
Providence Seward Medical and Care Center  
P.O. Box 365  
Seward, AK 99664  
[marvann.freepartner@providence.org](mailto:marvann.freepartner@providence.org)  
Phone: 907-224-2980 (Alaska Time Zone)  
Fax: 907-224-7248

EXHIBIT 21  
Page 1 of 1

**EX. 22**

**Freepartner, Maryann**

**From:** Freepartner, Maryann  
**Sent:** Monday, September 27, 2010 9:17 AM  
**To:** 'hdiaz'  
**Subject:** RE: AT&T Alaska Response

Hazel, please proceed in processing our applications with the new information. Thank you so much for all your work on this.

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

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**From:** hdiaz [mailto:hdiaz@rhc.universalservice.org]  
**Sent:** Thursday, September 23, 2010 8:32 AM  
**To:** Freepartner, Maryann  
**Subject:** FW: AT&T Alaska Response

Hi Mary,

Thank you for your help. Please review the email below.

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](mailto: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*

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**From:** hdiaz [mailto:hdiaz@rhc.universalservice.org]  
**Sent:** Monday, August 30, 2010 3:52 PM  
**To:** 'Rabung, Andrew (Andy)'  
**Subject:** RE: AT&T Alaska Response

8/19/2011

EXHIBIT 22  
Page 1 of 2

Hi Andrew,

Can you confirm if there are any total billed miles associated with the two T1 services delivered to Providence Seward Medical Center (HCP 10382). Thank you for your help. If there are total billed miles, can you provide me with a cost break down which includes the following:

Billed Circuit Miles:  
Monthly Mileage Based Charges:  
Cost per mile per month:

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](mailto: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*

EX. 23

## Terri Humphrey

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**From:** Freepartner, Maryann [Maryann.Freepartner@providence.org]  
**Sent:** Wednesday, February 20, 2013 9:23 AM  
**To:** 'cramos'  
**Subject:** RE: Funding commitments

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Thank you for that response. I will do that! It will be easier than trying to get a post-dated agreement with AT&T.

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

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**From:** cramos [mailto:cramos@rhc.universalservice.org]  
**Sent:** Wednesday, February 20, 2013 8:27 AM  
**To:** Freepartner, Maryann  
**Subject:** RE: Funding commitments

Maryann,

Since your contract is over based on our information you would file as month-to-month.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476.

Thanks,  
Claudio Ramos

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**From:** Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]  
**Sent:** Wednesday, February 20, 2013 12:15 PM  
**To:** 'cramos'  
**Subject:** RE: Funding commitments

Claudio,

Thank you for this information. Will I need to have a contract extension or would I file month-to-month? These transitions from one carrier to another always seem to overlap and create difficulties in the funding. Thank you for your help.

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

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**From:** cramos [mailto:cramos@rhc.universalservice.org]  
**Sent:** Wednesday, February 20, 2013 4:07 AM  
**To:** Freepartner, Maryann  
**Subject:** RE: Funding commitments

Maryann,

You would have to file new forms for the time period of the monthly basis. Please start the new forms the day after the old ones end.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476.

Thanks,  
Claudio Ramos

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**From:** Freepartner, Maryann [<mailto:Maryann.Freepartner@providence.org>]  
**Sent:** Tuesday, February 19, 2013 5:45 PM  
**To:** 'rhc-admin@usac.org'  
**Subject:** Funding commitments

Dear USAC,

Thank you for the funding commitments attached. Although the minimum term in our contract is 36 months, our service was not initiated until November 9, 2009 and our service was in effect until we requested termination, December 26, 2012. I believe the funding should be on a monthly basis until the service was disconnected. Can you please review?

Thank you.

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

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This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

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EX. 24

**Freepartner, Maryann**

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**From:** rhcadmin@usac.org  
**Sent:** Monday, March 11, 2013 4:13 PM  
**To:** Freepartner, Maryann  
**Subject:** Confirmation of Receipt - FCC Form 466 (HCP Number: 10382)  
**Attachments:** Submitted Form 466.pdf

Funding Year: 2012  
HCP Number: 10382  
HCP Name: Providence Seward Medical & Care Center  
465 Application Number: 43124011  
Funding Request Number (FRN): 1219560  
Service Type: Both Telecommunications & Internet Services

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received an electronically-submitted FCC Form 466 for the HCP referenced above on 11-Mar-2013 at 08:12 PM.

This email is a confirmation that the form has been received by RHC and is in the processing queue. This email is not a confirmation that the form has been approved. Once the form has been assigned to a reviewer, the status will change from "received" to "in review" under the "Status" column of your My Forms tab. A copy of the submitted form can be found under the My Documents tab in a folder under the associated Form 465.

You will receive an email once the form has been approved, denied, or if additional information is required in order to complete the processing.

The Primary Account Holder will be copied on this and all correspondence from USAC related to this account.

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at 800-229-5476 between 8:00 a.m. and 8:00 p.m. Eastern Time Monday through Friday, or by email at [rhc-admin@usac.org](mailto:rhc-admin@usac.org).

1219560  
(1212338)  
STARTS 8-28-12  
to 12-26-12

MAR 11 2013

FCC Form  
466

Health Care Providers Universal Service  
Funding 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 & Care Center	2 HCP Number 10382
3 Form 465 Application #43124011	4 Consortium Name (if any)

Block 2: Bill Payer Information

5 Billed Entity Name Providence Seward Medical & Care Center	6 Billed Entity FCC RN 0013793187	
7 Contact Name Maryann Freepartner		
8 Address Line 1 PO Box 365		
9 Address Line 2		
10 City Seward	11 State AK	12 Zip 99664-0365
13 Contact Phone # (907) 224-2980	14 Fax # (907) 224-7248	15 E-Mail maryann.freepartner@providence.or

Block 3: Funding Year Information

16 Funding Year - Check only one box  
 Year 2010 (7/1/2010-6/30/2011)    
 Year 2011 (7/1/2011-6/30/2012)    
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) T1 or DS1 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21 Service Provider Name	Aisecom, Inc.			
22 Service Provider Identification Number (SPIN)	143005917			
23 Service Provider Contact Person Name	David Murphy			
24 Service Provider Contact Person's Phone #	(907) 284-7142			
25 Service Provider Contact Person Email	dm028c@att.com			
26 Circuit Start Location	417 First Avenue Seward, AK 99664			
27 Circuit Termination Location	Anchorage, AK			
28 Billing Account Number	8002-785-8315			
29 Tariff, Contract or other document reference number	119828			
30 Date Contract Signed or Date HCP Selected Carrier	N/A			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	N/A			
32 Service Installation Date	03-Nov-2009			
33 Actual Rural Rate per Month (Enclose Documentation)	11333.75			

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment.     Circuit Diagram included:  Yes      No

35 Are you a mobile rural health care provider?      Yes      No     If yes, see instructions and attach a list of all sites to be served.

FCC Form 466  
April 2008

EXHIBIT 24

Page 2 of 6

**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**

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 of applicants, health care providers, billed entities, and service providers. No authorization can 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 3 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 (3060-0804), 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](mailto: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  
30 Lanidex Plaza West, P.O.Box 685  
Parsippany NJ 07054-0685

## Freepartner, Maryann

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**From:** rhcadmin@usac.org  
**Sent:** Monday, March 11, 2013 4:33 PM  
**To:** Freepartner, Maryann  
**Subject:** Confirmation of Receipt - FCC Form 466 (HCP Number: 10382)  
**Attachments:** Submitted Form 466.pdf

Funding Year: 2012  
HCP Number: 10382  
HCP Name: Providence Seward Medical & Care Center  
465 Application Number: 43124011  
Funding Request Number (FRN): 1219563  
Service Type: Both Telecommunications & Internet Services

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The Primary Account Holder will be copied on this and all correspondence from USAC related to this account.

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at 800-229-5476 between 8:00 a.m. and 8:00 p.m. Eastern Time Monday through Friday, or by email at [rhc-admin@usac.org](mailto:rhc-admin@usac.org).

1219563

(1212337)

8-10-12

TO 12.26-12

**IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.**

**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

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. (See Instructions.)

**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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	198.30			

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.

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

**Block 7: Bid Documentation**

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

**Block 8: Certification**

46  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  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  I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49  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	51 Date
52 Printed name of authorized person	53 Title or position of authorized person
54 Employer of authorized person	55 Employer's FCC RN

**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**

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 of applicants, health care providers, billed entities, and service providers. No authorization can 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 3 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-PERF, 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  
30 Lanidex Plaza West, P.O.Box 685  
Parstippany NJ 07054-0685

EX. 25



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054

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

**COMMITMENT ADJUSTMENT LETTER**

7/23/13

Alascom, Inc. - DBA AT&T Alascom  
Cynthia Loyd  
225 W. Randolph Street  
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2011 - June 30, 2012
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

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**

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**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

**Funding Commitment Report**  
**HCP 10382, Providence Seward Medical & Care Center**

**Funding Request Number(s):** 58412  
**SPIN:** 143005617  
**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Services Ordered:** T1  
**Billing Account Number:** 8002-765-6315

**Adjusted Funding Commitment:** \$ 28,728.00  
**Funds Disbursed to Date:** \$ 129,361.56  
**Funds to be Recovered:** \$ 100,633.56

**Funding Commitment Adjustment Explanation:**

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR  
CHECK TO ENSURE TIMELY PROCESSING**

## 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.
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- ◆ Funding Commitment Adjustment Explanation: This is a description of the reason the adjustment was made.

13 FRN 58413



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054

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

**COMMITMENT ADJUSTMENT LETTER**

7/23/13

Alascom, Inc. - DBA AT&T Alascom  
Cynthia Loyd  
225 W. Randolph Street  
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2011 - June 30, 2012
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

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.

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**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**

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

Sincerely,

USAC – RHCD

Attachments

**Funding Commitment Report**  
**HCP 10382, Providence Seward Medical & Care Center**

**Funding Request Number(s):** 58413  
**SPIN:** 143005617  
**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Services Ordered:** T1  
**Billing Account Number:** 8002-765-6315

**Adjusted Funding Commitment:** \$ 28,728.00  
**Funds Disbursed to Date:** \$ 129,361.56  
**Funds to be Recovered:** \$ 100,633.56

**Funding Commitment Adjustment Explanation:**

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR  
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FRN 212338



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054

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

**COMMITMENT ADJUSTMENT LETTER**

7/23/13

Alascom, Inc. - DBA AT&T Alascom  
Cynthia Loyd  
225 W. Randolph Street  
Chicago, IL 60606

RE: Commitment Adjustment  
Funding Year: ~~July 1, 2012~~ - June 30, 2013  
Applicant: Providence Seward Medical & Care Center  
HCP Contact Person: Maryann Freepartner  
HCP Contact Phone: 907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

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.

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

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

Atlanta, GA 30337  
404.209.6377

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ABA Routing #071000039, Account #5590045653

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Sincerely,

USAC – RHCD

Attachments

**Funding Commitment Report**  
**HCP 10382, Providence Seward Medical & Care Center**

**Funding Request Number(s):** 1212338  
**SPIN:** 143005617  
**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Services Ordered:** T1  
**Billing Account Number:** 8002-765-6315

**Adjusted Funding Commitment:** \$ 4,455.78  
**Funds Disbursed to Date:** \$ 20,279.28  
**Funds to be Recovered:** \$ 15,823.50

**Funding Commitment Adjustment Explanation:**

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

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## A GUIDE TO THE FUNDING COMMITMENT REPORT

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#1 FRN 1212337

**USAC**

Universal Service Administrative Company

Rural Health Care Division

30 Landex Plaza West  
PO Box 685  
Parsippany, NJ 07054

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

**COMMITMENT ADJUSTMENT LETTER**

7/23/13

Alascom, Inc. - DBA AT&T Alascom  
Cynthia Loyd  
225 W. Randolph Street  
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2012 – <del>June 30, 2013</del>
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

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Sincerely,

USAC – RHCD

Attachments

**Funding Commitment Report**  
**HCP 10382, Providence Seward Medical & Care Center**

**Funding Request Number(s):** 1212337  
**SPIN:** 143005617  
**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Services Ordered:** T1  
**Billing Account Number:** 8002-765-6315

**Adjusted Funding Commitment:** \$ 3,072.93  
**Funds Disbursed to Date:** \$ 13,985.66  
**Funds to be Recovered:** \$ 10,912.73

**Funding Commitment Adjustment Explanation:**

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

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CHECK TO ENSURE TIMELY PROCESSING**

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