EXHIBIT C.1.

822896

See below highlights and arrows that show Mobex was not providing telecommunications service in several states where it held AMTS station licenses. These Forms 499-A were certified as accurate by Mobex's officers.

2003 FCC Form 499-A Telecommunications Reporting Worksheet

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1.

Approval by OMB
3060-0855

Block 1: Contributor Identification Information — During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (973)-560-4460. If you are a new filer, leave blank and a Filer 499 ID will be assigned to you.]	822896
102 Legal name of reporting entity	Mobex Network Services, LLC
103 IRS employer identification number	35-2153854
104 Name telecommunications service provider is doing business as	Mobex Network Services, LLC

105 Principal communications business [Check the one that best describes the reporting entity -- see directions. Check one box only.]

- ☐ CAP/CLEC
- ☐ Cellular/PCS/SMR (wireless telephony incl. by resale)
- ☐ Incumbent LEC
- ☐ Interexchange Carrier (IXC)
- ☐ Local Reseller
- ☐ Operator Service Provider (OSP)
- ☐ Paging & Messaging
- ☐ Payphone Service Provider
- ☐ Prepaid Card
- ☐ Private Service Provider
- ☐ Satellite Service Provider
- ☐ Shared-Tenant Service Provider / Building LEC
- ☐ SMR (dispatch)
- ☐ Toll Reseller
- ☐ Wireless Data
- If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: ☐ Other Local ☒ Other Mobile ☐ Other Toll — AMTS (95%)

106 Holding company (All affiliated companies must show the same name on this line.)	Mobex Communications, Inc.
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0002-1581-52
108 Management company [if carrier is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters	Mobex Communications, Inc. 453 East Park Place Jeffersonville, IN 47130
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109]	Same as block 109.
111 Telephone number for customer complaints and inquiries [Toll-free number if available]	(800) - 752-3000

112 All trade names that you have used in the past 3 years in providing telecommunications. This should include all names by which you are identified on customer bills.

a	Regionet Wireless	g	
b	Regionet Wireless Operations	h	
c	Mobex	i	
d	Waterway Communications System, Inc.	j	
e	Waterway Communications System LLC	k	
f	WATERCOM	l	
		m	

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

RECEIVED
2003 MAR 21 A 11:20

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-A: Regulatory Contact Information	
201 Filer 499 ID [from Line 101]	
202 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC
203 Person who completed this worksheet	[redacted]
204 Telephone number of this person	
205 Fax number of this person	
206 E-mail of this person	
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Mobex Communications, Inc. 453 East Park Place Jeffersonville, IN 47130 [redacted]
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Same as block 207.

Block 2-B: Agent for Service of Process	All carriers must complete Lines 209 through 213. During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.
209 D.C. Agent for Service of Process per 47 U.S.C. 413	Robert Gurss
210 Telephone number of D.C. agent	(202) - 662-4856
211 Fax number of D.C. agent	(202) - 783-4211
212 E-mail of D.C. agent	rgurss@shb.com
213 Complete business address of D.C. agent for hand service of documents	Shook, Hardy, Bacon 600 14th Street, N.W., Suite 800 Washington, D.C. 20005
214 Local/alternate Agent for Service of Process (optional)	
215 Telephone number of local/alternate agent	( ) -
216 Fax number of local/alternate agent	( ) -
217 E-mail of local/alternate agent	
218 Complete business address of local/alternate agent for hand service of documents	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

John Reardon and John Smith, the two highest ranking officers in Mobex at this time, are now employees and were officers and key employees in MCLM, including at the time MCLM responded to discovery in the hearing regarding construction and operations of its stations. John Smith was the Chief Operating Officer at the time of this Form.

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-C: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	
220 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	John Reardon, President - CEO
222 Business address of individual named on Line 221	check if same as Line 109 ☐ 225 Reinekers Lane, Suite 770 Alexandria, Virginia 22314-2875
223 Second ranking company officer, such as Chairman, but not the individual listed on Line 221	John G. Smith, Vice President - COO
224 Business address of individual named on Line 223	check if same as Line 109 ☒
225 Third ranking company officer, such as President or Secretary, but not either of the individuals listed on Lines 221 or 223	N/A
226 Business address of individual named on Line 225	check if same as Line 109 ☐

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.

☒ Alabama	☐ Guam	☐ Massachusetts	☐ New York	☒ Tennessee
☐ Alaska	☐ Hawaii	☐ Michigan	☐ North Carolina	☒ Texas
☐ American Samoa	☐ Idaho	☐ Midway Atoll	☐ North Dakota	☐ Utah
☐ Arizona	☒ Illinois	☒ Minnesota	☐ Northern Mariana Islands	☐ U.S. Virgin Islands
☒ Arkansas	☒ Indiana	☒ Mississippi	☒ Ohio	☐ Vermont
☒ California	☒ Iowa	☒ Missouri	☐ Oklahoma	☐ Virginia
☐ Colorado	☐ Johnston Atoll	☐ Montana	☒ Oregon	☐ Wake Island
☐ Connecticut	☐ Kansas	☐ Nebraska	☒ Pennsylvania	☒ Washington
☐ Delaware	☒ Kentucky	☐ Nevada	☐ Puerto Rico	☒ West Virginia
☐ District of Columbia	☒ Louisiana	☐ New Hampshire	☐ Rhode Island	☒ Wisconsin
☒ Florida	☐ Maine	☐ New Jersey	☐ South Carolina	☐ Wyoming
☐ Georgia	☐ Maryland	☐ New Mexico	☐ South Dakota	

No telecommunications service provided for past 15 months and not likely in next 12 months. 13 states not checked, where Mobex was licensed for AMTS stations, and the construction deadline had passed.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 3: Carrier's Carrier Revenue Information

301	Filer 499 ID [from Line 101]	
302	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC

Report billed revenues for January 1 through December 31, 2002. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.

See instructions regarding percent interstate & international.

		Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from Services Provided for Resale by Other Contributers to Federal Universal Service Support Mechanisms						
Fixed local service						
303	Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
a	Provided as unbundled network elements (UNEs)					
b	Provided under other arrangements					
304	Per-minute charges for originating or terminating calls					
a	Provided under state or federal access tariff					
b	Provided as unbundled network elements or other contract arrangement					
305	Local private line & special access service					
306	Payphone compensation from toll carriers					
307	Other local telecommunications service revenues					
308	Universal service support revenues received from Federal or state sources					
Mobile services (including wireless telephony, paging & messaging, and other mobile services						
309	Monthly, activation, and message charges except toll					
Toll services						
310	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)					
311	Ordinary long distance (direct-dialed MTS, customer toll-free 800/888 service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
312	Long distance private line services					
313	Satellite services					
314	All other long distance services					

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4: End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	
402	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC

Report billed revenues for January 1 through December 31, 2002. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.

		Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)						
403	Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions					
Fixed local services						
404	Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
405	PICC charges levied by a local exchange carrier on a no-PIC customer and Tariffed subscriber line charges					
406	Local private line and special access service					
407	Payphone coin revenues (local and long distance)					
408	Other local telecommunications service revenues					
Mobile services (including wireless telephony, paging & messaging, and other mobile services)						
409	Monthly and activation charges					
410	Message charges including roaming, but excluding toll charges					
Toll services						
411	Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards					
412	International calls that both originate and terminate in foreign points					
413	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412					
414	Ordinary long distance (direct-dialed MTS, customer toll-free 800/888 service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
415	Long distance private line services					
416	Satellite services					
417	All other long distance services					
418	Information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)					
419	Gross billed revenues from all sources [incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]					
420	Universal service contribution bases [Lines 403 through 411 & Lines 413 through 417]					

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

4132046

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]	
502 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC

Most filers must contribute to LNP administration and must provide the percentages requested in Lines 503 through 510. Filing entities that use Line 603 to certify that they are exempt from this requirement need not provide this information.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

			Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	[redacted]	
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming		
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.		
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia		
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin		
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont		
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas		
510	Total	[Percentages must add to 0 or 100.]		

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below.

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	$ [redacted]	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2003 FCC Form 499-A Telecommunications Reporting Worksheet

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]	
602 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service ☐ TRS ☐ NANPA ☐ LNP Administration ☐

Provide explanation below:

604 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☒

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

605 Signature	John G. Smith
606 Printed name of officer	John G. Smith
607 Position with reporting entity	Vice President - Chief Operating Officer
608 Date	March 19, 2003

609 Check those that apply: ☒ Original April 1 filing for year ☒ New filer, registration only ☐ Revised filing with updated registration ☐ Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o NECA, 80 South Jefferson Road, Whippany, New Jersey 07981**
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (973) 560-4460 or via e-mail: Form499@neca.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

B112
C0613198
4/2/03
55.

USAC

Universal Service Administrative Company

Form 499 CONSOLIDATED FILING CERTIFICATION STATEMENT

PLEASE NOTE THAT CONSOLIDATED FILING STATUS IS ENCOURAGED TO BEGIN WITH A MAY 1 FORM 499-Q FILING SO THAT ALL REVENUE WORKSHEETS FILED FOR A PARTICULAR CALENDAR YEAR ARE REPORTED AT THE SAME "LEVEL."

Consolidated filing of the FCC Form 499 will be permitted only if the filing entity certifies that all of the following conditions are met:

1. A single entity oversees the management of affiliated systems;
2. A single entity sends bills to customers and these bills identify a single entity (or trade name) as the service provider, rather than identifying the individual legal entities;
3. All revenues are posted to a single general ledger;
4. To the extent that separate revenue and expense accounts exist, they are derived from one consolidated set of books and the consolidated filing must cover all revenues contained in the consolidated books;
5. Customers have a single point of contact;
6. The consolidated filer acknowledges that process served on the consolidated filer would represent process served on any or all of the affiliated legal entities;
7. The consolidated filer agrees to document and resolve all slamming complaints that might be served on either the filing entity or any of the affiliated legal entities;
8. The consolidated filer obtains a separate FCC Registration Number (FRN) from those assigned to its affiliated legal entities;
9. The consolidated filer acknowledges that its obligations with regard to universal service, Telecommunications Relay Services, Local Number Portability, the North American Numbering Plan, and regulatory fees will be based on the data provided in consolidated Worksheet filings, that it bears the responsibility to satisfy those obligations; and entities covered by the filing are jointly and severally liable for such obligations; and
10. The consolidated filer acknowledges that it: (A) was not insolvent on the date it undertook to make payments on a consolidated basis or on the date of actual payments to universal service, Telecommunications Relay Services, Local Number Portability, the North American Numbering Plan, and regulatory fees, and did not become insolvent as a result of such undertaking or payments; (B) was not left with unreasonably small capital as a result of such undertaking or payments; and (C) was not left unable to pay debts as they matured as a result of such undertaking or payments.

I certify that I am an officer of the consolidated reporting entity named below, that I have examined the May 1st FCC Form 499-Q and its instructions, that we meet all of the above ten conditions, and that to the best of my knowledge, information and belief, we qualify to file 2002 revenue on a consolidated basis. A list of the legal names of all entities covered by this consolidated filing (for wireless carriers, a list of all radio licenses (call signs) is included) is found on page 2 of this "Form 499 Consolidated Filing Certification Statement."

822896

Consolidated Filer Name: Mobex Network Services,LLC FRN# 0000-1581-52

Officer's Signature: B Howell

Printed Name of Officer: Brian Howell, CFO Brian Howell

Date: 7-25-03

80 South Jefferson Rd., Whippany, NJ 07981 Voice: 973/560-4460 Fax: 973/560-4434
Visit us online at: http://www.universalservice.org

USAC

Universal Service Administrative Company

Form 499 CONSOLIDATED FILING CERTIFICATION STATEMENT

Consolidated Filer Name: Mobex Network Services,LLC____ FRN# 0000-1581-52

The following is a list of the Filer 499 IDs and legal names of all legal entites that are covered by this consolidated filer and FRN# (please copy page and attach if needed):

Filer 499 ID:	Legal Name of Carrier:	Licenses (Call Signs) if applicable
8 _ _ _ _ _		
819032	Regionet Wireless Operations, LLC	
808786	Waterway Communications System, LLC	

MOBEX
communications, inc.
MOBile EXcellence

453 East Park Place
Jeffersonville, Indiana 47130

July 24, 2003

National Exchange Carrier Association
Attn: Fabio Nieto
80 South Jefferson Rd
Whippany, NJ 07981

Mr Nieto,
I am writing you on the matter of my Consolidated Filing Certification Statement that I have enclosed. Mobex Network Services, LLC , 499 ID 822896 should be the surviving entity after consolidating Waterway Communications Systems LLC, 499 ID 808786 and Regionet Wireless Operations, LLC , 499 ID 819032. The 2003 499 A filed by Mobex Network Services, LLC in March of 2003 is the combined revenues of the three entities mentioned above. Once the consolidation is complete the revenue filing would stay the same. Please process the consolidation certificate as soon as possible, as I am having some difficulty with the monthly USAC invoices, and the annual Interstate Telecommunications Relay Service Fund invoices. If there are any problems with my requests, please contact me at (812) 288-0267 to discuss this matter further.

Regards
Ron Summers

Ron Summers

Accounting Manager
MOBEX Communications, Inc.

ENCL

822896 LH 5/18/04 E117

2004 FCC Form 499-A Telecommunications Reporting Worksheet

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1.

Approval by OMB
3060-0855

Block 1: Contributor Identification Information — During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (973)-560-4460. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]	822896
102 Legal name of reporting entity	Mobex Network Services, LLC- CONSOLIDATED
103 IRS employer identification number	35-2153854
104 Name telecommunications service provider is doing business as	Mobex Network Services, LLC

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

☐ All Distance	☐ CAP/CLEC	☐ Cellular/PCS/SMR (wireless telephony incl. by resale)		☐ Coaxial Cable
☐ Incumbent LEC	☐ Interexchange Carrier (IXC)	☐ Local Reseller	☐ Operator Service Provider (OSP)	☐ Paging & Messaging
☐ Payphone Service Provider	☐ Prepaid Card		☐ Private Service Provider	☐ Satellite Service Provider
☐ Shared-Tenant Service Provider / Building LEC		☐ SMR (dispatch)	☐ Toll Reseller	☐ Wireless Data
If Other Local, Other Mobile or Other Toll is selected, describe carrier type / services provided: --> AMTS (95%)		☐ Other Local	[1] Other Mobile	☐ Other Toll

106 a Holding company name (All affiliated companies must show the same name on this line.)	Mobex Communications, Inc.
106 b Holding company IRS employer identification number	11-3243384
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0002-1581-52
108 Management company [if carrier is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters	**Street 1** 453 East Park Place **Street 2** **Street 3** **City** Jeffersonville **St** IN **Zip** 47130 **Country**
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109] check if same as Line 109 ☑	**Street 1** 453 East Park Place **Street 2** **Street 3** **City** Jeffersonville **St** IN **Zip** 47130 **Country**
111 Telephone number for customer complaints and inquiries [Toll-free number if available]	(800) - 752-3000 **Ext**

112 All trade names that you have used in the past 3 years in providing telecommunications. This should include all names by which you are identified on customer bills.

a	Regionet Wireless	g	
b	Regionet Wireless Operations	h	
c	Mobex	i	
d	Waterway Communications System, Inc.	j	
e	Waterway Communications System, LLC	k	
f	WATERCOM	l	
		m	

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

USAC RECEIVED 2004 APR -5 A 10:56

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]		822896
202 Legal name of reporting entity [from Line 102]		Mobex Network Services, LLC- CONSOLIDATED
203 Person who completed this Worksheet		[redacted]
204 Telephone number of this person		
205 Fax number of this person		
206 E-mail of this person		
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Street 1 Street 2 Street 3	453 East Park Place City Jeffersonville St IN Zip 47130 E-Mail [redacted]
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to th address. Please attach a written request for alternative billing arrangements.]	Street 1 Street 2 Street 3	453 East Park Place City Jeffersonville St IN Zip 47130 E-Mail [redacted]

Block 2-B: Agent for Service of Process

All carriers must complete Lines 209 through 213.

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. §413	First Robert	Last Gurss Company
210 Telephone number of D.C. agent	(202) - 662-4856	Ext
211 Fax number of D.C. agent	(202) - 783-4211	
212 E-mail of D.C. agent	rgurss@shb.com	
213 Complete business address of D.C. agent for hand service of documents	Street 1 600 14th Street, N.W., Street 2 Suite 800 Street 3	City Washington St DC Zip 20005
214 Local/alternate Agent for Service of Process (optional)	First	Last Company
215 Telephone number of local/alternate agent	( ) -	Ext
216 Fax number of local/alternate agent	( ) -	
217 E-mail of local/alternate agent		
218 Complete business address of local/alternate agent for hand service of documents	Street 1 Street 2 Street 3	City St Zip

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-C: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	822896
220 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	**First** John **Last** Reardon
222 Business address of individual named on Line 221	check if same as Line 109 ☐ **Street 1** 225 Reinekers Lane **Street 3** **Street 2** Suite 770 **City** Alexandria **St** VA **Zip** 22314 2875
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	**First** A. Scott **Last** Preston
224 Business address of individual named on Line 223	check if same as Line 109 ☑ **Street 1** 453 East Park Place **Street 3** **Street 2** **City** Jeffersonville **St** IN **Zip** 47130
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	**First** **Last**
226 Business address of individual named on Line 225	check if same as Line 109 ☐ **Street 1** **Street 3** **Street 2** **City** **St** **Zip**

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

☑ Alabama	☐ Guam	☐ Massachusetts	☑ New York	☑ Tennessee
☐ Alaska	☐ Hawaii	☐ Michigan	☐ North Carolina	☑ Texas
☐ American Samoa	☐ Idaho	☐ Midway Atoll	☐ North Dakota	☐ Utah
☐ Arizona	☑ Illinois	☑ Minnesota	☐ Northern Mariana Islands	☐ U.S. Virgin Islands
☑ Arkansas	☑ Indiana	☑ Mississippi	☑ Ohio	☐ Vermont
☑ California	☑ Iowa	☑ Missouri	☐ Oklahoma	☐ Virginia
☐ Colorado	☐ Johnston Atoll	☐ Montana	☑ Oregon	☐ Wake Island
☐ Connecticut	☐ Kansas	☐ Nebraska	☑ Pennsylvania	☑ Washington
☐ Delaware	☑ Kentucky	☐ Nevada	☐ Puerto Rico	☑ West Virginia
☑ District of Columbia	☑ Louisiana	☐ New Hampshire	☐ Rhode Island	☑ Wisconsin
☑ Florida	☐ Maine	☑ New Jersey	☐ South Carolina	☐ Wyoming
☐ Georgia	☑ Maryland	☐ New Mexico	☐ South Dakota	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 3: Carrier's Carrier Revenue Information

301	Filer 499 ID [from Line 101]	822896
302	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Report billed revenues for January 1 through December 31, 2003. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from Services Provided for Resale by Other Contributors to Federal Universal Service Support Mechanisms					
Fixed local service					
303 Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
a Provided as unbundled network elements (UNEs)					
b Provided under other arrangements					
304 Per-minute charges for originating or terminating calls					
a Provided under state or federal access tariff					
b Provided as unbundled network elements or other contract arrangement					
305 Local private line & special access service					
306 Payphone compensation from toll carriers					
307 Other local telecommunications service revenues					
308 Universal service support revenues received from Federal or state sources					
Mobile services (including wireless telephony, paging & messaging, and other mobile services					
309 Monthly, activation, and message charges except toll					
Toll services					
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)					
311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
312 Long distance private line services					
313 Satellite services					
314 All other long distance services					

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4-A: End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	822896
402	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Report billed revenues for January 1 through December 31, 2003. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)					
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions					
Fixed local services					
404 Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
a Provided at a flat rate including interstate toll service					
b Provided without interstate toll included (see instructions)					
405 PICC charges levied by a local exchange carrier on a no-PIC customer and tariffed subscriber line charges					
406 Local private line and special access service					
407 Payphone coin revenues (local and long distance)					
408 Other local telecommunications service revenues					
Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
409 Monthly and activation charges					
410 Message charges including roaming, but excluding toll charges					
Toll services					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards					
412 International calls that both originate and terminate in foreign points					
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412					
414 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
415 Long distance private line services					
416 Satellite services					
417 All other long distance services					
418 Revenues other than U.S. telecommunications revenues. Information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)					

[redacted]

Exemption 4

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4-B: Total Revenue and Uncollectible Revenue Information

		Total Revenues (a)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
419	Gross billed revenues from all sources [incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	[redacted]		
420	Universal service contribution base amounts [Lines 403 through 411 & Lines 413 through 417] See Figure 4 in instructions.			
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419			
422	Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420			
423	Net universal service contribution base revenues [Line 420 minus line 422]			

Block 5: Additional Revenue Breakouts

501	Filer 499 ID [from Line 101]	822896
502	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Most filers must contribute to LNP administration and must provide the percentages requested in Lines 503 through 510. Filing entities that use Line 603 to certify that they are exempt from this requirement need not provide this information.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

			Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	[redacted]	
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming		
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.		
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia		
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin		
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont		
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas		
510	Total	[Percentages must add to 0 or 100.]		

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below.

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	$ [redacted]	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2004 FCC Form 499-A Telecommunications Reporting Worksheet

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]	822896
602 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service ☐ TRS ☐ NANPA ☐ LNP Administration ☐

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity ☐ I.R.C. § 501Tax Exempt ☐ PUHCA § 34 (a)(1) Exempt ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☑

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature	A. Scott Preston
607 Printed name of officer	**First** A. Scott **Last** Preston
608 Position with reporting entity	CFO
609 Business telephone number of officer	[redacted]
610 E-mail of officer	
611 Date	03/31/2004

612 Check those that apply: ☑ Original April 1 filing for year ☐ New filer, registration only ☐ Revised filing with updated registration ☐ Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o NECA, 80 South Jefferson Road, Whippany, New Jersey 07981**
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (973) 560-4460 or via e-mail: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

499A05 - 0405 - M5

2005 FCC Form 499-A Telecommunications Reporting Worksheet

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1.

Approval by OMB
3060-0855

Block 1: Contributor identification information — During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]	822896
102 Legal name of reporting entity	Mobex Network Services, LLC- CONSOLIDATED
103 IRS employer identification number	35-2153854
104 Name telecommunications service provider is doing business as	Mobex Network Services, LLC

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

- ☐ All Distance
- ☐ CAP/CLEC
- ☐ Cellular/PCS/SMR (wireless telephony incl. by resale)
- ☐ Coaxial Cable
- ☐ Incumbent LEC
- ☐ Interexchange Carrier (IXC)
- ☐ Local Reseller
- ☐ Operator Service Provider (OSP)
- ☐ Paging & Messaging
- ☐ Payphone Service Provider
- ☐ Prepaid Card
- ☐ Private Service Provider
- ☐ Satellite Service Provider
- ☐ Shared-Tenant Service Provider / Building LEC
- ☐ SMR (dispatch)
- ☐ Toll Reseller
- ☐ Wireless Data

If Other Local, Other Mobile or Other Toll is selected, describe carrier type / services provided: --> AMTS (95%)

- ☐ Other Local
- [1] Other Mobile
- ☐ Other Toll

106.1 Holding company name (All affiliated companies must show the same name on this line.)	Mobex Communications, Inc
106.2 Holding company IRS employer identification number	113243384
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0002-1581-52
108 Management company [if carrier is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters	**Street 1** 453 E Park Place **Street 2** **Street 3** **City** Jeffersonville **St** IN **Zip** 47130 **Country**
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109] check if same as Line 109 ☐	**Street 1** 453 E. Park Pl. **Street 2** **Street 3** **City** Jeffersonville **St** IN **Zip** 47130 **Country**
111 Telephone number for customer complaints and inquiries [Toll-free number if available]	(800) - 752-3000 **Ext**

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a	Regionet Wireless	g	
b	Regionet Wireless Operations	h	
c	Mobex	i	
d	Waterway Communications System, Inc.	j	
e	Waterway Communications System, LLC	k	
f	WATERCOM	l	

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-A: Regulatory Contact Information

201	Filer 499 ID [from Line 101]	822896
202	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED
203	Person who completed this Worksheet	First [redacted] Last [redacted]
204	Telephone number of this person	Ext
205	Fax number of this person	
206	E-mail of this person	
207	Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Street 1: 453 E. Park Pl. City: Jeffersonville First: [redacted] Last: [redacted] St: IN Zip: 47130 Ph.: [redacted] Ext: E-Mail: [redacted] fax:
208	Billing address and billing contact person: [Plan administrators will send bills for contributions to th address. Please attach a written request for alternative billing arrangements.]	Street 1: 453 E. Park Pl. City: Jeffersonville First: [redacted] Last: [redacted] St: IN Zip: 47130 Ph.: [redacted] Ext: E-Mail: [redacted] fax:

Block 2-B: Agent for Service of Process

All carriers must complete Lines 209 through 213.

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See instructions.

209	D.C. Agent for Service of Process per 47 U.S.C. §413	First: CT Last: CORP Company: CT Corporation Systems
210	Telephone number of D.C. agent	(800) - 336-3376 Ext
211	Fax number of D.C. agent	(202) - 572-3100
212	E-mail of D.C. agent	
213	Complete business address of D.C. agent for hand service of documents	Street 1: 1015 15th Street NW Suite 1000 City: Washington Street 2: St: DC Zip: 20005 Street 3:
214	Local/alternate Agent for Service of Process (optional)	First: Last: Company:
215	Telephone number of local/alternate agent	( ) - Ext
216	Fax number of local/alternate agent	( ) -
217	E-mail of local/alternate agent	
218	Complete business address of local/alternate agent for hand service of documents	Street 1: City: Street 2: St: Zip: Street 3:

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2: C. FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	822896
220 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First: John Last: Reardon
222 Business address of individual named on Line 221	check if same as Line 109 ☐ Street 1: 225 Reinekers Lane Street 2: Suite 770 Street 3: City: Alexandria St: VA Zip: 22314 2875
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First: Robert T. Last: Smith
224 Business address of individual named on Line 223	check if same as Line 109 ☑ Street 1: 453 E Park Place Street 2: Street 3: City: Jeffersonville St: IN Zip: 47130
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First: Last:
226 Business address of individual named on Line 225	check if same as Line 109 ☐ Street 1: Street 2: Street 3: City: St: Zip:

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

☑ Alabama	☐ Guam	☐ Massachusetts	☑ New York	☑ Tennessee
☐ Alaska	☐ Hawaii	☐ Michigan	☐ North Carolina	☑ Texas
☐ American Samoa	☐ Idaho	☐ Midway Atoll	☐ North Dakota	☐ Utah
☐ Arizona	☑ Illinois	☑ Minnesota	☐ Northern Mariana Islands	☐ U.S. Virgin Islands
☑ Arkansas	☑ Indiana	☑ Mississippi	☑ Ohio	☐ Vermont
☑ California	☑ Iowa	☑ Missouri	☐ Oklahoma	☐ Virginia
☐ Colorado	☐ Johnston Atoll	☐ Montana	☑ Oregon	☐ Wake Island
☐ Connecticut	☐ Kansas	☐ Nebraska	☑ Pennsylvania	☑ Washington
☐ Delaware	☑ Kentucky	☐ Nevada	☐ Puerto Rico	☑ West Virginia
☑ District of Columbia	☑ Louisiana	☐ New Hampshire	☐ Rhode Island	☑ Wisconsin
☑ Florida	☐ Maine	☑ New Jersey	☐ South Carolina	☐ Wyoming
☐ Georgia	☑ Maryland	☐ New Mexico	☐ South Dakota	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Blocks 3 - Carrier to Carrier Revenue Information

301	Filer 499 ID [from Line 101]	822896
302	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Report billed revenues for January 1 through December 31, 2004. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Revenues from Services Provided for Resale by Other Contributors to Federal Universal Service Support Mechanisms					
Fixed local service					
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1 Provided as unbundled network elements (UNEs)					
303.2 Provided under other arrangements					
Per-minute charges for originating or terminating calls					
304.1 Provided under state or federal access tariff					
304.2 Provided as unbundled network elements or other contract arrangement					
305 Local private line & special access service					
306 Payphone compensation from toll carriers					
307 Other local telecommunications service revenues					
308 Universal service support revenues received from Federal or state sources					
Mobile services (including wireless telephony, paging & messaging, and other mobile services					
309 Monthly, activation, and message charges except toll					
Toll services					
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)					
311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
312 Long distance private line services					
313 Satellite services					
314 All other long distance services					

FOIA Exemption 4

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers is a direct contributor to the federal universal service support mechanism and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. (See instructions.)

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4: A. End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	822896
402	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Report billed revenues for January 1 through December 31, 2004. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)					
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions	$0.00	0.00	0.00	$0.00	$0.00
Fixed local services					
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
404.1 Provided at a flat rate including interstate toll service					
404.2 Provided without interstate toll included (see instructions)					
405 Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer					
406 Local private line and special access service					
407 Payphone coin revenues (local and long distance)					
408 Other local telecommunications service revenues					
Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
409 Monthly and activation charges					
410 Message charges including roaming, but excluding toll charges					
Toll services					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards					
412 International calls that both originate and terminate in foreign points					
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412					
414 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
415 Long distance private line services					
416 Satellite services					
417 All other long distance services					
418 Revenues other than U.S. telecommunications revenues. Information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)					

FOIA Exemption 4

FOIA Exemption 4

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4-B: Total Revenue and Uncollectible Revenue Information

		Total Revenues (a)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
419	Gross billed revenues from all sources [incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	FOIA Exemption 4		
420	Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.			
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419			
422	Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420			
423	Net universal service contribution base revenues [Line 420 minus line 422]			

Block 5: Additional Revenue Breakouts

501	Filer 499 ID [from Line 101]	822896
502	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Most filers must contribute to LNP administration and must provide the percentages requested in Lines 503 through 510. Filing entities that use Line 603 to certify that they are exempt from this requirement need not provide this information.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

			Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	FOIA Exemption 4	
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming		
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.		
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia		
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin		
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont		
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas		
510	Total	[Percentages must add to 0 or 100.]		

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	FOIA Exemption 4	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]	822896
602 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service ☐ TRS ☐ NANPA ☐ LNP Administration ☐

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity ☐ I.R.C. § 501Tax Exempt ☐ PUHCA § 34 (a)(1) Exempt ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☐

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature	Robert T. Smith
607 Printed name of officer	**First** Robert T **Last** Smith
608 Position with reporting entity	VP Technical Services
609 Business telephone number of officer	FOIA Exemption 6 **Ext**
610 E-mail of officer	
611 Date	03/31/2005

612 Check those that apply: ☑ Original April 1 filing for year ☐ New filer, registration only ☐ Revised filing with updated registration ☐ Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

ALTERNATIVE BILLING ARRANGEMENTS FORM

Line 208 of Form 499-A asks for one billing address and contact person to be used by all four administrators. If your company requires invoices to be sent to different contacts/addresses for the four funds, please use this form. Universal Service Fund invoices will be mailed to the address input on Line 208 of the 499-A itself.

Filer 499 ID: 822896 **Legal Name of Carrier:** Mobex Network Services, LLC- CONSOLIDATED

TRS- Telecommunications Relay Services Fund Billing Address

Billing Contact First Name: FOIA Exemption 6 Last Name: FOIA Exemption 6

Billing Contact Telephone: [redacted] Extension:

Billing Contact Fax Number: FOIA Exemption 6 Billing Contact E-Mail: FOIA Exemption 6

Billing Contact Address: 453 E Park Place

City: Jeffersonville State: IN Zip Code: 47130

NANP- North American Numbering Plan Fund

Billing Contact First Name: Same Last Name:

Billing Contact Telephone: Extension:

Billing Contact Fax Number: Billing Contact E-Mail:

Billing Contact Address: Same

City: State: Zip Code:

LNP- Local Number Portability Fund

Billing Contact First Name: Same Last Name:

Billing Contact Telephone: Extension:

Billing Contact Fax Number: Billing Contact E-Mail:

Billing Contact Address: Same

City: State: Zip Code:

RECEIVED APR 0 3 2006

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues)

>>> Please read instructions before completing. <<<

Annual Filing – due April 1, 2006

Approval by OMB
3060-0855

Block 1: Contributor identification information — During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]	822896
102 Legal name of reporting entity	Mobex Network Services, LLC- CONSOLIDATED
103 IRS employer identification number	[Enter 9 digit number] 35-2153854
104 Name telecommunications service provider is doing business as	Mobex Network Services, LLC

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance – see directions.]

☐ All Distance	☐ CAP/CLEC	☐ Cellular/PCS/SMR (wireless telephony incl. by resale)		☐ Coaxial Cable
☐ Incumbent LEC	☐ Interexchange Carrier (IXC)	☐ Local Reseller	☐ Operator Service Provider (OSP)	☐ Paging & Messaging
☐ Payphone Service Provider		☐ Prepaid Card	☐ Private Service Provider	☐ Satellite Service Provider
☐ Shared-Tenant Service Provider / Building LEC		☐ SMR (dispatch)	☐ Toll Reseller	☐ Wireless Data
If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: → AMTS (95%)		☐ Other Local	☑ 1 Other Mobile	☐ Other Toll

106.1 Holding company name (All affiliated companies must show the same name on this line.)	Mobex Communications, Inc
106.2 Holding company IRS employer identification number	[Enter 9 digit number] 113243384
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0002-1581-52
108 Management company [if carrier is managed by another entity]	

109 Complete mailing address of reporting entity corporate headquarters
Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.

Street1 6200 Hwy 62 E
Street 2 Bldg 2501 Suite 875
Street 3
City Jeffersonville State IN Zip (postal code) 47130 Country if not USA

110 Complete business address for customer inquiries and complaints
check if same address as Line 109 ☑

Street1 6200 Hwy 62 E
Street 2 Bldg 2501 Suite 875
Street 3
City Jeffersonville State IN Zip (postal code) 47130 Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available] (812) - 280-8609 ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a	Regionet Wireless	g	
b	Regionet Wireless Operations	h	
c	Mobex	i	
d	Waterway Communications System, Inc.	j	
e	Waterway Communications System, LLC	k	
f	WATERCOM	l	

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	822896
202 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED
203 Person who completed this Worksheet	FOIA Exemption 6
204 Telephone number of this person	FOIA Exemption 6
205 Fax number of this person	
206 Email of this person || Required if available ||	
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 ☐ check if same address as Line 109 ☑	Street1 6200 Hwy 62 E Street 2 Bldg 2501 Suite 875 Street 3 City Jeffersonville State IN Zip (postal code) 47130 Country if not USA
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.] check if name and address same as Line 207 ☑ check to use Line 208 information for FCC ITSP regulatory fee bill ☐	FOIA Exemption 6 Street1 6200 Hwy 62 E Street 2 Bldg 2501 Suite 875 Street 3 City Jeffersonville State IN Zip (postal code) 47130 Country if not USA

Block 2-B: Agent for Service of Process

All carriers must complete Lines 209 through 213.

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. § 413	Company CT Corporation Systems Attn First name CT MI Last CORP
210 Telephone number of D.C. agent	(800) - 336-3376 ext -
211 Fax number of D.C. agent	(202) - 572-3100
212 Email of D.C. agent || Required if available ||	
213 Complete business address of D.C. agent for hand service of documents	Street1 1015 15th Street NW Suite 1000 Street 2 Street 3 City Washington State DC Zip 20005
214 Local/alternate Agent for Service of Process (optional)	Company Attn First name MI Last
215 Telephone number of local/alternate agent	( ) - ext -
216 Fax number of local/alternate agent	( ) -
217 Email of local/alternate agent || Required if available ||	
218 Complete business address of local/alternate agent for hand service of documents	Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues)

Block 2: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	822896
220 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First David MI Last Predmore
222 Business address of individual named on Line 221 check if same as Line 109 ☐	Street1 2934 Fox Tail Court Street 2 Street 3 City Woodbridge State VA Zip (postal code) 22192 Country if not USA
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First John MI Last Reardon
224 Business address of individual named on Line 223 check if same as Line 109 ☐	Street1 216 N Lee St Street 2 Suite 318 Street 3 City Alexandria State VA Zip (postal code) 22314 Country if not USA
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First Robert MI T Last Smith
226 Business address of individual named on Line 225 check if same as Line 109 ☑	Street1 6200 Hwy 62 E Street 2 Bldg 2501 Suite 875 Street 3 City Jeffersonville State IN Zip (postal code) 47130 Country if not USA

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

☑ Alabama	☐ Guam	☐ Massachusetts	☑ New York	☑ Tennessee
☐ Alaska	☐ Hawaii	☐ Michigan	☐ North Carolina	☑ Texas
☐ American Samoa	☐ Idaho	☐ Midway Atoll	☐ North Dakota	☐ Utah
☐ Arizona	☑ Illinois	☑ Minnesota	☐ Northern Mariana Islands	☐ U.S. Virgin Islands
☑ Arkansas	☑ Indiana	☑ Mississippi	☑ Ohio	☐ Vermont
☑ California	☑ Iowa	☑ Missouri	☐ Oklahoma	☐ Virginia
☐ Colorado	☐ Johnston Atoll	☐ Montana	☑ Oregon	☐ Wake Island
☐ Connecticut	☐ Kansas	☐ Nebraska	☑ Pennsylvania	☑ Washington
☐ Delaware	☑ Kentucky	☐ Nevada	☐ Puerto Rico	☑ West Virginia
☑ District of Columbia	☑ Louisiana	☐ New Hampshire	☐ Rhode Island	☑ Wisconsin
☑ Florida	☐ Maine	☑ New Jersey	☐ South Carolina	☐ Wyoming
☐ Georgia	☑ Maryland	☐ New Mexico	☐ South Dakota	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

301	Filer 499 ID [from Line 101]	822896				
302	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED				
	Report billed revenues for January 1 through December 31, 2005. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
	Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms					
	Fixed local service					
	Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1	Provided as unbundled network elements (UNEs)					
303.2	Provided under other arrangements					
	Per-minute charges for originating or terminating calls					
304.1	Provided under state or federal access tariff					
304.2	Provided as unbundled network elements or other contract arrangement					
305	Local private line & special access service					
306	Payphone compensation from toll carriers					
307	Other local telecommunications service revenues					
308	Universal service support revenues received from Federal or state sources					
	Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
309	Monthly, activation, and message charges except toll					
	Toll services					
310	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)					
311	Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
312	Long distance private line services					
313	Satellite services					
314	All other long distance services					

[redacted]

Exemption 4

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2005 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

Block 4-A End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	622896
402	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Report billed revenues for January 1 through December 31, 2005. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates: Interstate (b)	If breakouts are not book amounts, enter whole percentage estimates: International (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)	[redacted]				
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions					
Fixed local services					
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
404.1 Provided at a flat rate including interstate toll service					
404.2 Provided without interstate toll included (see instructions)					
405 Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer					
406 Local private line & special access service					
407 Payphone coin revenues (local and long distance)					
408 Other local telecommunications service revenues					
Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
409 Monthly and activation charges					
410 Message charges including roaming, but excluding toll charges					
Toll services					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards					
412 International calls that both originate and terminate in foreign points					
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412					
414 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service , "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
415 Long distance private line services					
416 Satellite services					
417 All other long distance services					
418 Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)					

Exemption 4

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 4-B: Total Revenue and Uncollectible Revenue Information

		Total Revenues (c)	Breakouts: Interstate Revenues (d)	Breakouts: International Revenues (e)
419	Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	FOIA Exemption 4 [redacted]		
420	Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.			
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]	FOIA Exemption 4 [redacted]		FOIA Exemption 4 [redacted]
422	Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420			
423	Net universal service contribution base revenues [Line 420 minus line 422]			

Block 5: Additional Revenue Breakouts

501	Filer 499 ID [from Line 101]	822896
502	Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

			Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	Exemption 4 [redacted]	
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming		
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.		
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia		
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin		
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont		
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas		
510	Total	[Percentages must add to 0 or 100.]		

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	$ [redacted] FOIA Exemption 4	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues) Page 7

BLOCK 5 CERTIFICATION [illegible]

601 Filer 499 ID [from Line 101]	822896
602 Legal name of reporting entity [from Line 102]	Mobex Network Services, LLC- CONSOLIDATED

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service ☐ TRS ☐ NANPA ☐ LNP Administration ☐

Provide explanation below:

604 Please indicate whether the reporting entity is **State or Local Government Entity** ☐ **I.R.C. § 501Tax Exempt** ☐ **PUHCA § 34 (a)(1) Exempt** ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☑

I certify that I am an officer of the above-named reporting entity as defined on page 28 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature	[signature]
607 Printed name of officer	First David Mi Last Predmore
608 Position with reporting entity	President
609 Business telephone number of officer	FOIA Exemption 6
610 Email of officer || Required if available ||	
611 Date	03/29/2006

612 Check those that apply: ☑ Original April 1 filing for year ☐ New filer, registration only ☐ Revised filing with updated registration ☐ Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

ALTERNATIVE BILLING ARRANGEMENTS FORM

Line 208 of Form 499-A asks for one billing address and contact person to be used by all four administrators. If your company requires invoices to be sent to different contacts/addresses for the four funds, please use this form. Universal Service Fund invoices will be mailed to the address input on Line 208 of the 499-A itself.

Filer 499 ID: 822896 **Legal Name of Carrier:** Mobex Network Services, LLC- CONSOLIDATED

TRS- Telecommunications Relay Services Fund Billing Address

Billing Contact First Name: FOIA Exemption 6 Last Name: FOIA Exemption 6

Billing Contact Telephone: FOIA Exemption 6 Extension:

Billing Contact Fax Numbe Billing Contact E-Mail: FOIA Exemption 6

Billing Contact Address: 6200 Hwy 62 E Bldg 2501 Ste 875

City: Jeffersonville State: IN Zip Code: 47130

NANP- North American Numbering Plan Fund

Billing Contact First Name: Same Last Name:

Billing Contact Telephone: Extension:

Billing Contact Fax Number: Billing Contact E-Mail:

Billing Contact Address: Same

City: State: Zip Code:

LNP- Local Number Portability Fund

Billing Contact First Name: Same Last Name:

Billing Contact Telephone: Extension:

Billing Contact Fax Number: Billing Contact E-Mail:

Billing Contact Address: Same

City: State: Zip Code: