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Received & Inspected

APR 17 2014

FCC Mail Room

FCC, Office of the Secretary

445 12th Street SW

Washington DC. 20554

April 11, 2014

Dear FCC, Office of the Secretary,

CC Docket No. 02-6

Letter of Appeal for 471 Applications; 882954

This is a letter of appeal for Funding Commitment Decision Letter for Form 471 882954. The reason we are writing this appeal is that four FRN were left off. It was not realized until recently. Attached are copies of paper block 5 and Item 21s for each of the missing FRNs. We would like to have these four Block 5 items added to 471 Application 882954. As you can see from the attached Block 5, Item 21s and a copy of the invoice, the MTM service was already in place and should have been included in the original Form 471.

This was a major oversight. Lake County School District is a rural school district. We face multiple challenges in addition to more than 70% of our students living in poverty. We have two out of four schools on turnaround and 35% of our students speak English as a second language. Our second year superintendent miscommunicated our needs for the application and these four items were left off. She is incredibly sorry. We realize it is late in the process, but we asking you to accept this appeal and grant the additional funding. Approving this appeal will support turnaround efforts in this district and ultimately improve our students' education.

Lake County School District#2
BEN 142196
Rena Sanchez
Financial Officer
rsanchez@lakecountyschools.net
107 Spruce St.
Leadville, Colorado 80461
719-486-6800
Fax 719-486-2048

Jim Abrahamsen
abrahamsenj@comcast.net
ETECHCO
Consultant
CRN 16061978
P.O. Box 469

No. of Copies rec'd 0+3
List ABCDE

Grand Lake, Colorado 80447
303-919-0842
Fax 501-637-5162

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Form 471 Application numbers 882954 –

SPIN 143001157 Century Link - Account # 410971649

SPIN 143026181 Century Link – Account # 719-486-3423-309B

SPIN 143005231 Century Link – Account # K719-111-6280-001M

SPIN 143005231 Century Link – account # 719-486-0862-180

Attached Documents:

"Lake County CL7 Block5 appeal FRN 2-5-2014"

"Lake County CL8 Block5 appeal FRN 2-5-2014 B"

"Lake County CL9 Block5 appeal FRN 2-5-2014 C"

"Lake County C10 Block5 appeal FRN 2-5-2014 D"

Sincerely,

Rena Sanchez

Financial Office

Lake County Schools

BEN 142196

Received & Inspected

APR 17 2014

FCC Mail Room

OMB 3060-0806

Entity Number 142196 Applicant's Form Identifier Lake County-471-y16

Contact Person Jim Abrahamsen Phone Number 303-919-0842

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 9 of 9

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

PRIORITY 1
- ☒ Telecommunications Service
- ☐ Internet Access

PRIORITY 2
- ☐ Internal Connections Other than Basic Maintenance
- ☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number** 1603400010438 10

13 **SPIN – Service Provider Identification Number** 143005231

14 **Service Provider Name** Century Link

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number** MTM

15c ☐ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number) 719-486-0862-180

16b ☒ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) 02/08/2013

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy) 07/01/2013

20a **Service End Date** (mm/dd/yyyy) 06/30/2014

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service) $34.71

B. How much of the amount in A is ineligible?

C. Eligible monthly pre-discount amount (A minus B) $34.71

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) $416.52

Non-Recurring Charges

F. Annual non-recurring charges 0

G. How much of the amount in F is ineligible? 0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G) 0

Total Charges

I. Total funding year pre-discount amount (E + H) $416.52

J. Discount from Block 4 Worksheet 87%

K. Funding Commitment Request (I x J) 362.37

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment CL10

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1508613

CenturyLink™

LAKE CNTY SCHL DIST F
DISTRICT R1
Bill Date: Nov 1:
Account Number: 719-4

Visit centurylink.com

Previous Balance	New Charges	Total Amount Billed
$.00	$34.71	$34.71

Account Summary

New Charges	For questions, call:	Page
CenturyLink	1 800 777-9594	2
Total New Charges		

CenturyLink™

LAKE CNTY SCHL DIST F
DISTRICT R1
Bill Date: Nov 13, 2
Account No: 719-486-

719-486-0862-180

For questions, call 1 800 777-9594
Summary Bill

New Charges

	Local and Other Services
Monthly Charges	42.40
Discount Summary	11.03-
Taxes, Fees and Surcharges	
City Occupation at 1.824%	.44
Local 911 at $.70 per access line	.70
Federal Universal Serv Fund at 17.4%	.17
Federal Universal Serv Fund at 17.665%	1.13
Colorado Universal Service Charge	.70
Colorado Telecommunications Relay Service Fund at $.20 per access line	.20
Subtotal	$34.71

Total New Charges $

Important Account Information

Savings

You are currently receiving a Line Volume Plan Discount with a 3 year Term Agreement that requires a minimum of 10 lines per Customer to be maintained every 12 months. Shortfall and Termination Charges may apply if minimum line required is not maintained or you disconnect Account(s) prior to expiration of Agreement.

Discounts are given one month in advance. Your bill may include a partial month and a month in advance of billing. Product changes may result in a charge for unused discounts previously given.

Local and Other Services

Monthly Charges

Charges from Nov 13 to Dec 12

Quantity	Description	Code	Item Rate	An
	Basic Services			
1	Computer Line	1FA	35.02	3
1	Federal Access Charge	9ZR	6.38	
1	Access Recovery Charge	9ZR42	1.00	

Total Monthly Charges $

USAC Schools & Libraries

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LAKE COUNTY SCHOOL DIST R 1
Billed Entity Number	142196
Form 471 Application Number	882954
Funding Request Number	2504326
Service Provider	
Attachment Number	CL $0
Narrative description of this Funding Request	Basic Telephone (POTS)

Service Type	**Service Description**	**Eligible Pre-Discount Cost**
1 Other	(POTS)	$416.52 ~~$0.00~~

Number of Telecom Lines (if applicable) 1

Recurring Charges	$34.71	**Non Recurring Charges**	
Monthly Recurring Charges	~~$0.00~~	**One-time non-recurring charges**	$0.00
Less Ineligible Amount (if any)	$0.00	**Less Ineligible Amount (if any)**	$0.00
Number of Months	12		$416.52
Eligible recurring charges	**$0.00**	**Eligible non-recurring charges**	~~$0.00~~
		Line item TOTAL	**$0**

Total:	$0.00
Funding Requested on 471:	~~$0.00~~ $416.52

Date Submitted **3/12/2013 1:32:54 PM**

OMB 3060-0806

Entity Number 142196 Applicant's Form Identifier Lake County 471 Y16

Contact Person Jim Abrahamson Phone Number 303-919-0842

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 8 of 9

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

PRIORITY 1
☒ Telecommunications Service
☐ Internet Access

PRIORITY 2
☐ Internal Connections Other than Basic Maintenance
☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
1603400010438 10

13 **SPIN – Service Provider Identification Number**
143005231

14 **Service Provider Name**
Century Link

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**
MTM

15c ☐ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number)
K719-111-6280-001M

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)
02/08/2013

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy)
07/01/2013

20a **Service End Date** (mm/dd/yyyy)
07/01/2014

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service)
$1,966.80

B. How much of the amount in A is ineligible?
0

C. Eligible monthly pre-discount amount (A minus B)
$1,966.80

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) 23,601.60

Non-Recurring Charges

F. Annual non-recurring charges
0

G. How much of the amount in F is ineligible?
0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
0

Total Charges

I. Total funding year pre-discount amount (E + H)
$23,601.60

J. Discount from Block 4 Worksheet 87%

K. Funding Commitment Request (I x J)
$20,533.39

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment CL9

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1508613

USAC Schools & Libraries

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LAKE COUNTY SCHOOL DIST R 1
Billed Entity Number	142196
Form 471 Application Number	882954
Funding Request Number	2504326
Service Provider	
Attachment Number	CL 9
Narrative description of this Funding Request	Basic Telephone

	Service Type	**Service Description**	**Eligible Pre-Discount Cost**
1	Other	Basic Telephone Circuit for School District	$23,601.60 ~~$0.00~~

Number of Telecom Lines (if applicable) 18

Recurring Charges		**Non Recurring Charges**	
Monthly Recurring Charges	1,966.80 ~~$0.00~~	**One-time non-recurring charges**	$0.00
Less Ineligible Amount (if any)	$0.00	**Less Ineligible Amount (if any)**	$0.00
Number of Months	12		$23,601.60
Eligible recurring charges	**$0.00**	**Eligible non-recurring charges**	~~$0.00~~
		Line item TOTAL	**$0**

Total:	$0.00
Funding Requested on 471:	~~$0.00~~ $23,601.60

Date Submitted **3/12/2013 1:32:54 PM**

CenturyLink™

LAKE CNTY SCHL DIST R1
ATTN RENA SANCHEZ
Bill Date: Nov 13, 2012
Account No: K-719-111-6280 00

Visit centurylink.com

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
$.00	$1,966.80	$1,966.80	Nov 29, 2012

Account Summary

Summary Bill

Previous Balance		1,964
Transferred Balance		1,964
Payment		$
Balance Forward	*Thank you for your payment*	
New Charges		
CenturyLink	**For questions, call:**	
Total New Charges	1 800 777-9594	1,966
		$1,966
TOTAL AMOUNT DUE		**$1,966**

CenturyLink™

LAKE CNTY SCHL DIST R1
ATTN RENA SANCHEZ
Bill Date: Nov 13, 2012
Account No: K-719-111-6280 001M

questions, call 1 800 777-9594
mary Bill

w Charges

	Amount
ounts	110.30
thly Charges	1,935.69
ctory Assistance	5.97
es, Fees and Surcharges	
Occupation	16.66
al 911	23.10
eral Universal Serv Fund	42.91
orado Universal Service Charge	46.17
communications Relay Service Fund	6.60
tal New Charges	**$1,966.80**

CenturyLink™

LAKE CNTY SCHL DIST R1
ATTN RENA SANCHEZ
Bill Date: Nov 13, 20
Account No: K-719-111

For questions, call 1 800 777-9594
Summary Bill

List of Accounts

Account	Account Code	Service Changes	Am
K 719 111-6280 001			
K 719 486-3053 416			
Circuit Number 29.BANA.68044..MS			[illegible]
K 719 486-3054 209			
Circuit Number 29.BANA.68045..MS			[illegible]
K 719 486-3071 722	LEADVILLE HS		
Circuit Number 29.BANC.68151..MS			[illegible]
K 719 486-6090 018			
Circuit Number 29.BANA.227176..MS			[illegible]
K 719 486-6091 115			
Circuit Number 29.BANA.227177..MS			[illegible]
K 719 486-6092 212			
Circuit Number 29.BANA.227178..MS			[illegible]
K 719 486-6143 148			
Circuit Number 101 T1 DLLNCOMADC0 LDVLCOAOHAA			62
K 719 486-6146 930			
Circuit Number 29.EPNA.222523..MS			[illegible]
K 719 486-6147 930			
Circuit Number 29.EPNA.222525..MS			11
2 719 486-2048 982			[illegible]
2 719 486-2706 717			[illegible]
2 719 486-3421 233			10
2 719 486-3767 337			13
2 719 486-3813 254			[illegible]
2 719 486-6800 149			30
2 719 486-9742 610			[illegible]
2 719 486-9992 881	HEADSTART		[illegible]
Total List of Accounts			$1,96

Summary of Services

Quantity	Description	Code
3	Addl Line-Pri Bus Flat	AFK
2	Channel Transmission-E&m	CE94X
11	Directory Listing	CLT
12	Block Of 20 Sequential DID Numbers	NGS
12	Ls31 Mcculloh Alarm	PCWTX
2	Trunk Termination	SZ61X
2	4-Wire Channel Connection	XCD4D
150	Per Mile, Over 50	XE9DF
2	Fixed Mileage, Over 50	XU9D6
12	Network Access Channel	1DC2X
1	Computer Line	1FA
8	Private Business Line	1FB
1	Private Business Line	1MB
1	DSS Fp T-1 W/trks 3Yr	4D1DM
2	SR Private Switch Per 100 Rec	9C2
2	ALI Private Switch Per 100 Rec	9DS
33	Federal Access Charge	9ZR
33	Access Recovery Charge	9ZR42

CenturyLink™

LAKE CNTY SCHL DIST
ATTN RENA SANCHEZ
Bill Date: Nov 13, :
Account No: K-719-1

For questions, call 1 800 777-9594
Summary Bill

Summary of Transferred Balance

Account		A
K	719 486-3053 416	
K	719 486-3054 209	
K	719 486-3071 722	
K	719 486-6090 018	
K	719 486-6091 115	
K	719 486-6092 212	
K	719 486-6143 148	
K	719 486-6146 930	
K	719 486-6147 930	
2	719 486-2048 982	
2	719 486-2706 717	
2	719 486-3421 233	
2	719 486-3767 337	
2	719 486-3813 254	
2	719 486-6800 149	
2	719 486-9742 610	
2	719 486-9992 881	

Total Transferred Balance $1,!

Summary of Payments

Date	Account	Amount
Oct 29	719-111-6280	1,964.49-

Total Payments $1,!

Total CenturyLink Local and Other Services $1,!

For Your Information

Customers using Teletype (TTY) devices can direct their inquiries to CenturyLink at 1 800 223-3131, a TT

Go Green! Use Control Center at controlcenter.centurylink.com to view your billing and service information on-line and enroll in Paperless Billing or One Page Direct.

Charges for your monthly service are billed one month in advance. CenturyLink should receive your payment for the total amount due on or before the due date on your bill. If you are unable to pay by the due date, please contact Customer Service to avoid possible collection action. In some states you may be assessed a charge for unpaid balances. Your basic telephone service will not be disconnected for non-payment of charges for: (1) CenturyLink Unregulated Services (or other itemized services) identified by an *, (2) services of other CenturyLink companies, or (3) services of other companies included in your bill. CenturyLink packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.

CenturyLink Unregulated Products & Services are not under the jurisdiction of your state commission.

To view the Tariff and Catalog Terms that govern your telephone services visit qwest.centurylink.com/legal

OMB 3060-0806

Entity Number 142196 Applicant's Form Identifier Lake County 471-Y16

Contact Person Jim Abrahamson Phone Number

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 7 of 9

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

PRIORITY 1
☒ Telecommunications Service
☒ Internet Access

PRIORITY 2
☒ Internal Connections Other than Basic Maintenance
☒ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
1603400010438 10

13 **SPIN – Service Provider Identification Number**
143005231

14 **Service Provider Name**
Century Link

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**
MTM

15c ☐ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number)
719-486-3423-309B

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)
02/08/2013

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy)
07/01/2013

20a **Service End Date** (mm/dd/yyyy)
06/30/2014

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service)
$52.84

B. How much of the amount in A is ineligible?
0

C. Eligible monthly pre-discount amount (A minus B)
$52.84

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) $634.08

Non-Recurring Charges

F. Annual non-recurring charges
0

G. How much of the amount in F is ineligible?
0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
0

Total Charges

I. Total funding year pre-discount amount (E + H)
$634.08

J. Discount from Block 4 Worksheet 87%

K. Funding Commitment Request (I x J)
551.65

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.**
You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment Ch 8

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1508613

USAC

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LAKE COUNTY SCHOOL DIST R 1
Billed Entity Number	142196
Form 471 Application Number	882954
Funding Request Number	2504313
Service Provider	
Attachment Number	CL 8
Narrative description of this Funding Request	POTS

Service Type	**Service Description**	**Eligible Pre-Discount Cost**
1 Other	one Business Line	$634.08 ~~$0.00~~

Number of Telecom Lines (if applicable) 1

Recurring Charges	$52.84	**Non Recurring Charges**	
Monthly Recurring Charges	~~$0.00~~	**One-time non-recurring charges**	$0.00
Less Ineligible Amount (if any)	$0.00	**Less Ineligible Amount (if any)**	$0.00
Number of Months	12		$634.08
Eligible recurring charges	**$0.00**	**Eligible non-recurring charges**	~~$0.00~~
		Line item TOTAL	**$0**

Total:	$0.00
Funding Requested on 471:	~~$0.00~~ $634.08

Date Submitted **3/12/2013 1:32:31 PM**

SPIN
14300 2531

CenturyLink™

WESTPARK ELEMENTRY SCHOOL
Bill Date: Nov 13, 2012
Account No: 719-486-3423 309B

Visit centurylink.com

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
$.00	$52.84	$52.84	Nov 29, 2012

Account Summary

Previous Balance				
Charges				52
Payment	Oct 26	*Thank you for your payment.*		52
Balance Forward				$
New Charges		**For questions, call:**	**Page**	
CenturyLink		1 800 777-9594	3	52
Total New Charges				$52

TOTAL AMOUNT DUE $52.

A balance over $45.00 left unpaid 30 days after bill date is subject to a 1.0% late payment charge.

CenturyLink™

WESTPARK ELEMENTRY
SCHOOL
Bill Date: Nov 13, 2012
Account No: 719-486-3423 309B

questions, call 1 800 777-9594

ɔw Charges

	Local and Other Services
nthly Charges	44.90
xes, Fees and Surcharges	
leral Excise at 3%	1.41
te Sales at 2.9%	1.37
unty Sales at 4%	1.88
al 911 at $.70 per access line	.70
leral Universal Serv Fund at 17.4%	1.20
orado Universal Service Charge	1.11
orado Telecommunications Relay Service Fund at $.20 per access line	.20
ephone Assistance Program at $.07 per access line	.07
btotal	$52.84

ɔtal New Charges $52.84

CenturyLink™

WESTPARK ELEMENTR'
SCHOOL
Bill Date: Nov 13, 2
Account No: 719-486

For questions, call 1 800 777-9594

Local and Other Services

Monthly Charges

Charges from Nov 13 to Dec 12

Quantity	Description	Code	Item Rate	Ai
	Basic Services			
1	Private Business Line	1FB	35.02	
1	Federal Access Charge	9LM	6.38	
1	Access Recovery Charge	9ZR23	.50	
	Optional Services			
1	* Non-Published Service	NPU	3.00	

Total Monthly Charges $

Taxes, Fees & Surcharges Summary

The detail listed below has been included in the New Charges on this bill. This summary is provided as information only.

Ar

Federal Excise at 3%
State Sales at 2.9%
County Sales at 4%
Local 911 at $.70 per access line
This surcharge, funds the cost of providing emergency services communications systems in your community.
Federal Universal Serv Fund at 17.4%
This charge recovers the amount CenturyLink contributes to the Federal Universal Service Fund. This fund helps keep local phone rates affordable for all Americans.
Colorado Universal Service Charge
This charge recovers the amount CenturyLink contributes to the Colorado Universal Service Fund. This fund helps keep basic exchange rates affordable.
Colorado Telecommunications Relay Service Fund at $.20 per access line
This charge funds relay centers that help hearing- and speech-impaired customers make and receive calls.

CenturyLink™

WESTPARK ELEMENTR'
SCHOOL
Bill Date: Nov 13, 2
Account No: 719-486

For questions, call 1 800 777-9594

Local and Other Services

Taxes, Fees & Surcharges Summary

A

Telephone Assistance Program at $.07 per access line
This charge funds the program used to provide telephone service to certain disadvantaged or disabled customers at a reduced rate.

Total Taxes, Fees and Surcharges Summary

Total CenturyLink Local and Other Services $

CenturyLink New Charges $

For Your Information

Customers using Teletype (TTY) devices can direct their inquiries to CenturyLink at 1 800 223-3131, a TT

Go Green! Use Control Center at controlcenter.centurylink.com to view your billing and service information on-line and enroll in Paperless Billing or One Page Direct.

Charges for your monthly service are billed one month in advance. CenturyLink should receive your payment for the total amount due on or before the due date on your bill. If you are unable to pay by the due date, please contact Customer Service to avoid possible collection action. In some states you may be assessed a charge for unpaid balances. Your basic telephone service will not be disconnected for non-payment of charges for: (1) CenturyLink Unregulated Services (or other itemized services) identified by an *, (2) services of other CenturyLink companies, or (3) services of other companies included in your bill. CenturyLink packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.

OMB 3060-0806

Entity Number 142196 Applicant's Form Identifier Lake County 471 y16

Contact Person Jim Abrahamsen Phone Number 303-919-0842

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 6 of 9

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

PRIORITY 1
- ☒ Telecommunications Service
- ☐ Internet Access

PRIORITY 2
- ☒ Internal Connections Other than Basic Maintenance
- ☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
1603400010438 10

13 **SPIN – Service Provider Identification Number**
143001157

14 **Service Provider Name**
Century Link

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**
MTM

15c ☐ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number)
410971649

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)
02/08/2013

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy)
07/01/2013

20a **Service End Date** (mm/dd/yyyy)
06/30/2014

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service)
$4,385.70

B. How much of the amount in A is ineligible?
0

C. Eligible monthly pre-discount amount (A minus B)
$4,385.70

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) $52,628.40

Non-Recurring Charges

F. Annual non-recurring charges
0

G. How much of the amount in F is ineligible?
0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
0

Total Charges

I. Total funding year pre-discount amount (E + H)
$52,628.40

J. Discount from Block 4 Worksheet 87%

K. Funding Commitment Request (I x J)
$45,786.70

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment CL 7

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1508613

USAC

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LAKE COUNTY SCHOOL DIST R 1
Billed Entity Number	142196
Form 471 Application Number	882954
Funding Request Number	2504305
Service Provider	
Attachment Number	CL 7
Narrative description of this Funding Request	Basic Telephone

	Service Type	**Service Description**	**Eligible Pre-Discount Cost**
1	Other	36 Lines, Basic Telephone service	4,385.70 ~~$0.00~~

Number of Telecom Lines (if applicable) 36

Recurring Charges	4,385.70	**Non Recurring Charges**	
Monthly Recurring Charges	~~$0.00~~	**One-time non-recurring charges**	$0.00
Less Ineligible Amount (if any)	$0.00	**Less Ineligible Amount (if any)**	$0.00
Number of Months	12		$52,628.40
Eligible recurring charges	**$0.00**	**Eligible non-recurring charges**	~~$0.00~~
		Line item TOTAL	**$0**

Total:	$0.00
Funding Requested on 471:	~~$0.00~~ 52,628.40

Date Submitted **3/12/2013 1:32:12 PM**

SPIN 143001157

CenturyLink

Attachment # CL 7

Account Name: LAKE COUNTY SCHOOL DISTRICT
Account Number: 410971649

P O Box 4300
Carol Stream, IL 60197-4300

Bill Date: Feb. 23, 2012

Previous Balance	Payments	Adjustments/ Credits	Current Charges
4,385.70	4,385.70 CR	0.00	4,385.70

Payment Summary

Previous Balance	4 385 70
Payment by check received on FEB 04	4 385 70 CR
Balance	**0.00**

Adjustments/Credits Summary

Adjustments to Previous Balance	0 00
Total Adjustments	**0.00**

Current Charge Summary

Monthly Charges	4 290 00
One-Time Charges	0 00
Usage Charges	0 00
Discount	0 00
Adjustments	0 00
Taxes, Fees, and Surcharges	95 70
Total Current Charges	**4,385.70**
* Basic Services	3,395.70
Other Services	990 00

Due Date Mar 14, 2012 Amount Due 4,385.70

* Failure to pay Basic charges may result in the disconnection of those services.

[illegible] CenturyLink [illegible] that your [illegible] is your [illegible]. Thank you [illegible] make [illegible] with your customers. For questions, or inquiries about additional services, call our Customer Contact Center at [illegible] or call your local CenturyLink representative.

PLEASE REMIT PAYMENT TO:

CenturyLink
P O Box 4300
Carol Stream, IL 60197-4300

410971649

Amount Due By Mar. 14, 2012 4,385.70

AB 01 077710 43645 B 301 C
LAKE COUNTY SCHOOL DISTRICT
107 SPRUCE ST
LEADVILLE, CO 80461-3661

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION
Please check here and complete reverse Thank You

000041097164930000000000000000000000022312000043857051000000

CenturyLink

Account Name: LAKE COUNTY SCHOOL DISTRICT
Account Number: 410971649

P.O. Box 4300
Carol Stream, IL 60197-4300

Bill Date: Jul. 23, 2011

[redacted]			
1,115.14	1,115.14 CR	3,066.58 CR	4,385.70

Payment Summary

Previous Balance	1,115.14
Payment by check received on JUL 05	1,115.14 CR
[redacted]	

Adjustments/Credits Summary

Adjustments to Previous Balance (Details on Page 3)	3,066.58 CR
[redacted]	

Current Charge Summary

Monthly Charges	4,290.00
One-Time Charges	0.00
Usage Charges	0.00
Discount	0.00
Adjustments	0.00
Taxes, Fees, and Surcharges	95.70
[redacted]	
* Essential Charges	3,395.70
Nonessential Charges	990.00

Due Date: Aug. 15, 2011 Amount Due [redacted]

* Failure To Pay Essential Charges May Result In Disconnection of Basic Local Services

[redacted]

PLEASE REMIT PAYMENT TO:

CenturyLink
P.O. Box 4300
Carol Stream, IL 60197-4300

410971649

Amount Due By Aug. 15, 2011 1,319.02

AB 01 071760 25789 B 288 C
LAKE COUNTY SCHOOL DISTRICT
107 SPRUCE ST
LEADVILLE, CO 80461-3661

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION
Please check here and complete reverse. Thank You ☐

0000410971649300000000000000000000000000723110000131902030000000