FCC Form
466 - A

Health Care Providers Universal Service

Internet Service Funding Request and Certification Form

(And Advanced Services Funding Request and Certification for Entirely Rural States)

Approval by OMB
3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 1 hour

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

1 HCP Name	**ABC Health Care**	2 HCP Number	**12345**
3 Form 465 Application #		4 Consortium Name (If any)	**RHC East**

5 Billed Entity Name	**RHC East**	6 Billed Entity's FCC RN	**2345678912**
7 Contact Name	John Doe		
8 Address Line 1	9 College Avenue		
9 Address Line 2			
10 City	Phoenix	11 State AZ	12 Zip 85086
13 Contact Phone #	**(888) 888-8888**	14 Fax # **(888) 888-8888**	15 E-Mail **JohnDoe@net.com**

16 Funding Year - Check only one box

[xxx] Year 2005 (7/1/2005-6/30/2006) [ ] Year 2006 (7/1/2006-6/30/2007) [ ] Year 2007 (7/1/2007-6/30/2008)

17 Give a brief description of the service for which support is requested:

Internet Access for the provision of health care

18 Percentage of HCP's service used for the provision of health care. (If less than 100%, please explain.) 100%

19 Location where service is provided:	**123 South Bend Street, Window Rock AZ**		
20 Service Provider Name	**Smith Internet**		
21 Service Provider Identification Number (SPIN)	**143004567**	22 Billing Account Number	**589764**
23 Contract Number (NA if no contract)	**NA**	24 Date contract signed or service selected	**7/1/2005**
25 Contract Expiration Date (NA if no contract)		26 Expected Service Start Date	**7/1/2005**
27 Were bids received in response to Form 465?	[ ] Yes	[xxx] No	If yes, submit copies.

28 Installation Charge (If applicable)		29 Monthly rate charge (Enclose documentation)	**100.00**

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

31 [xxx] Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

32 [xxx] I hereby certify that the billed entity requesting reduced rates will maintain complete records for the service for five years.

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

34 Signature		35 Date	**7/30/2005**
36 Printed name of authorized person	**Joe Smith**	37 Title or position of authorized person	**Director**
38 Employer of authorized person	**RHC East**	39 Employer's FCC RN	**1234567891**