**HIGH COST PROGRAM REMITTANCE STATEMENT**

**AS OF #statement month# #statement date# #statement year #**

| Disbursements for Month, Year | SAC# | ST | IAS | HCL | SNA | ICLS | FHCS | HCM | LSS | SVS | IS | CAF | ICC | CACM | RBE | ACAM | CAF | AK | CAFII | Auction | PR | Mobile | Mobile | PR | Fixed | VI | Fixed | VI | ACAM II | RDOF | EACAM |
|------------------------------|------|----|-----|-----|-----|------|------|-----|-----|-----|----|-----|------|------|-----|-----|-----|-----|--------|--------|----|--------|--------|----|--------|-----|--------|----|--------|-----|--------|-----|--------|
| Total disbursement           | $350.00 |

**Beginning Balance:** ($50.00)

**Total Authorized Disbursement:** $350.00

**Adjustments**

- MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule ($20.00)
- MM/DD/YYYY: Disbursement netted against affiliate FCC Form 498 ID# Program Recoveries (+/-) ($150.00)

**Total Adjustments:** ($170.00)

**Total Actual Disbursement:** $130.00

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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### HIGH COST PROGRAM REMITTANCE STATEMENT

AS OF #statement month# #statement date# #statement year#

**Beginning Balance:** ($1,000,000.00)

| SAC | ST | IAS | HCL | SNA | ICLS | FHCS | HCM | LSS | SYS | IS | CAF | CACM | RBE | ACAM | CAF | BLS | AK | PLAN | PR | Auction | PR | Fixed | VI | Fixed | PR | Fixed | VI | Fixed | ACAM | RDOF | EACAM |
|-----|----|-----|-----|-----|------|------|-----|-----|-----|----|-----|------|-----|------|-----|-----|----|------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|
|     |    |     |     |     |      |      |     |     |     |    |     |      |     |      |     |     |    |      |     |         |     |         |     |         |     |         |     |         |     |         |     |
|     |    |     |     |     |      |      |     |     |     |    |     |      |     |      |     |     |    |      |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
|     |    |     |     |     |      |      |     |     |     |    |     |      |     |      |     |     |    |      |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |

**Disbursements for Month, Year**

<table>
<thead>
<tr>
<th>SAC#</th>
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</table>

**Total Authorized Disbursement**

$706,342.00

**ADJUSTMENT**

- **MM/DD/YYYY**: Disbursement offset to Filer #XXXXXX against Contributor obligation pursuant to Red Light Rule
- **MM/DD/YYYY**: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-)

**Total Adjustments**

$34,480.00

**Total Actual Disbursement:**

$759,760.00

If you have any questions, please contact USAC Customer Operations at [888] 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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Sample #1: The following is an example of a High Cost Program E-statement Attachment that service provider receives actual disbursement.

**Sample of Fields on an Actual E-statement Attachment:** Example of a High Cost record. Please note, that X’s have been inserted into the FCC Form 498 IDs and StudyArea Codes to create a dummy record.

```
14302XXXX| High Cost ACH| testhc@hcxexample.com | usacstatement@universalservice.org| 1 | $36.00 | High Cost | As of February 16, 2024
Beginning Balance: ($20.00)
202401 | 14302XXXX | High Cost
ACH | 35X0X1 | NY | IAS | $1.00 | HCM | $2.00 | HCL | $3.00 | SNA | $4.00 | ICLS | $5.00 | FHCS | $6.00 | LSS | $7.00 | SVS | $8.00 | IS | $0.00 | CAFICC | $0.00 | CACM | $0.00
$0.00 | RBE | $0.00 | ACAM | $0.00 | CAFBLS | $0.00 | AKPLAN | $0.00 | CAFIIAUCTION | $0.00 | PRMobile | $0.00 | VIMobile | $0.00 | PRFixed | $0.00 | VIFixed
|$0.00 | ACAMII | $0.00 | RDOF | $0.00 | EACAM | $0.00
14302XXXX | IAS | $1.00 | HCM | $2.00 | HCL | $3.00 | SNA | $4.00 | ICLS | $5.00 | FHCS | $6.00 | LSS | $7.00 | SVS | $8.00 | IS | $0.00 | CAFICC | $0.00 | CACM | $0.00
RBE | $0.00 | ACAM | $0.00 | CAFBLS | $0.00 | AKPLAN | $0.00 | CAFIIAUCTION | $0.00 | PRMobile | $0.00 | VIMobile | $0.00 | PRFixed | $0.00 | VIFixed
|$0.00 | ACAMII | $0.00 | RDOF | $0.00 | EACAM | $0.00
*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of $5.00 on 02/16/24
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of ($5.00) on 02/16/24

Your Total Actual Disbursement: $6.00.

**Description of Fields on an E-statement Attachment:**

***Header
FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record) | As of Payment Date<br/Month Date, Year
***Detail Record
Beginning Balance: (Total Beginning Balance of Program Recovery)
YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | “IAS” | IAS record amount | “HCM” | HCM record amount | “HCL” | HCL record amount | “SNA” | SNA record amount | “ICLS” | ICLS record amount | “FHCS” | FHCS record amount | “LSS” | LSS record amount | “SVS” | SVS record amount | “IS” | IS record amount | “CAFICC” | CAFICC record amount | “CACM” | CACM record amount | “RBE” | RBE record amount | “ACAM” | ACAM record amount | “CAFBLS” | CAFBLS record amount | “AKPLAN” | AKPLAN record amount | “CAFIAUCTION” | CAFIIAUCTION record amount | “PRMobile” | PRMobile record amount | “PRFixed” | PRFixed record amount | “VIFixed” | VIFixed record amount | “EACAMII” | ACAMII record amount | “RDOF” | RDOF record amount | “EACAM” | EACAM record amount
***Footer
FCC Form 498 ID # | “IAS” | IAS Total | “HCM” | HCM Total | “HCL” | HCL Total | “SNA” | SNA Total | “ICLS” | ICLS Total | “FHCS” | FHCS Total | “LSS” | LSS Total | “SVS” | SVS Total | “IS” | IS Total | “CAFICC” | CAFICC Total | “CACM” | CACM Total | “RBE” | RBE Total | “ACAM” | ACAM Total | “CAFBLS” | CAFBLS Total | “AKPLAN” | AKPLAN Total | “CAFIAUCTION” | CAFIIAUCTION Total | “PRMobile” | PRMobile Total | “VIMobile” | VIMobile Total | “PRFixed” | PRFixed Total | “VIFixed” | VIFixed Total | “ACAMII” | ACAMII Total | “RDOF” | RDOF Total | “EACAM” | EACAM Total

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of Netting Amount on 02/16/24
Disbursement netted against affiliate FCC Form 498 ID Program Recoveries (+/-) in the amount of Netting Amount on 02/16/24

Your Total Actual Disbursement: Amount Disbursed.
Sample #2: The following is an example of a High Cost Program E-statement Attachment that service providers does not receive actual disbursement but has the remaining program recovery balance.

Sample of Fields on an Actual E-statement Attachment:
Example of a High Cost record. Please note, that X’s have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

| 14302XXXX | High Cost ACH | testhc@hcexample.com | usacstatement@universalservice.org | 1 | $36.00 | High Cost | As of February 16, 2024 Beginning Balance: ($20.00) |
| 202401 | 14302XXXX | High Cost ACH | 35X01X | NY | IAS | $1.00 | HCM | $2.00 | HCL | $3.00 | SNA | $4.00 | ICLS | $5.00 | FHCS | $6.00 | LSS | $7.00 | SVS | $8.00 | IS | $0.00 | CAFICC | $0.00 | CACM | $0.00 | RBE | $0.00 | ACAMII | $0.00 | RDOF | $0.00 | EACAM | $0.00 |

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount $25.00 on 02/16/24

Therefore, Your Remaining Program Recovery: ($9.00).

**Description of Fields on an E-statement Attachment:**

***Header***
FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record) | As of Payment Date <Month, Date, Year>

***Detail Record***
Beginning Balance: (Total Beginning Balance of Program Recovery)
YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | “IAS” | IAS record amount | “HCM” | HCM record amount | “HCL” | HCL record amount | “SNA” | SNA record amount | “ICLS” | ICLS record amount | “FHCS” | FHCS record amount | “LSS” | LSS record amount | “SVS” | SVS record amount | “IS” | IS record amount | “CAFICC” | CAFICC record amount | “CACM” | CACM record amount | “RBE” | RBE record amount | “ACAM” | ACAM record amount | “CAFBL$” | CAFBL$s record amount | “AKPLAN” | AKPLAN record amount | “CAFIAUCTION” | CAFIAUCTION record amount | “PRMobile” | PRMobile record amount | “VI$eMobile” | VI$eMobile record amount | “PRFixed” | PRFixed record amount | “VIFixed” | VIFixed record amount | “ACAMII” | ACAMII record amount | “RDOF” | RDOF record amount | “EACAM” | EACAM record amount

***Footer***
FCC Form 498 ID # | “IAS” | IAS Total | “HCM” | HCM Total | “HCL” | HCL Total | “SNA” | SNA Total | “ICLS” | ICLS Total | “FHCS” | FHCS Total | “LSS” | LSS Total | “SVS” | SVS Total | “IS” | IS Total | “CAFICC” | CAFICC Total | “CACM” | CACM Total | “RBE” | RBE Total | “ACAM” | ACAM Total | “CAFBL$” | CAFBL$s Total | “AKPLAN” | AKPLAN Total | “CAFIAUCTION” | CAFIAUCTION Total | “PRMobile” | PRMobile Total | “VI$eMobile” | VI$eMobile Total | “PRFixed” | PRFixed Total | “VIFixed” | VIFixed Total | “ACAMII” | ACAMII Total | “RDOF” | RDOF Total | “EACAM” | EACAM Total

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount Netting Amount on 02/16/24

Therefore, Your Remaining Program Recovery: (Total ending balance of Program Recovery).
HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT
AS OF #statement month# #statement date# #statement year#

Attn: #REMITTANCE CONTACT FULLNAME#
# REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company’s High Cost Mobility Fund Support for the following period.

Beginning Balance: ($50.00)

<table>
<thead>
<tr>
<th>SAC</th>
<th>ST</th>
<th>Mobility I</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAC#</td>
<td>KY</td>
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</tr>
<tr>
<td>SAC#</td>
<td>KY</td>
<td>$100.00</td>
</tr>
<tr>
<td>SAC#</td>
<td>KY</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Total Authorized Disbursement: $350.00

Adjustment AMOUNT

MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule ($20.00)
MM/DD/YYYY: Disbursement netted against affiliate FCC Form 498 ID# Program Recoveries (+/-) ($150.00)

Total Adjustments ($170.00)

Total Actual Disbursement: $130.00

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.
HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT
AS OF #statement month# #statement date# #statement year#

Attn: #REMITTANCECONTACT FULLNAME#
# REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company’s High Cost Mobility Fund Support for the following period.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>($1,000,000.00)</td>
</tr>
<tr>
<td>SAC ST Mobility I Disbursements for Month, Year</td>
<td></td>
</tr>
<tr>
<td>SAC# WY</td>
<td>$706,342.00</td>
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<tr>
<td>Total Authorized Disbursement</td>
<td>$706,342.00</td>
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<tr>
<td>Adjustment</td>
<td></td>
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<tr>
<td>MM/DD/YYYY: Disbursement offset to Filer ID XXXXX against Contributor obligation pursuant to Red Light Rule</td>
<td>($20.00)</td>
</tr>
<tr>
<td>MM/DD/YYYY: Disbursement netted against affiliate FCC Form 498 ID# Program Recoveries (+/-)</td>
<td>$34,500.00</td>
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<tr>
<td>Total Adjustments</td>
<td>$34,480.00</td>
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<td>Remaining Program Recovery Balance</td>
<td>($259,178.00)</td>
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</tbody>
</table>

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.
Sample #1: The following is an example of a High Cost Mobility Fund Program E-statement Attachment that service provider receives actual disbursement.

Sample of Fields on an Actual E-statement Attachment:
Example of a High Cost Mobility Fund record. Please note, that X’s have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXXX|High Cost ACH|testhc@hcexample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund|As of February 16, 2024
Beginning Balance: ($20.00)
202401|14302XXXX|High Cost ACH|35X00X1|NY|Mobility I|$36.00
14302XXXX|Mobility I|$36.00

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of $5.00 on 02/16/24
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of ($5.00) on 02/16/24 Your Total

Actual Disbursement: $6.00.

Description of Fields on an E-statement Attachment:

***Header
FCC Form 498 ID | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record) | As of Payment Date<Month Date, Year>

***Detail Record
Beginning Balance: (Total Beginning Balance of Program Recovery)
YearMonth | FCC Form 498 ID | Customer Name | SAC # | State | “Mobility I” | Mobility I record amount

***Footer
FCC Form 498 ID | “Mobility I” | Mobility I Total

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of Netting Amount on 02/16/24
Disbursement netted against affiliate FCC Form 49B ID Program Recoveries (+/-) in the amount of Netting Amount on 02/16/24 Your Total

Actual Disbursement: Amount Disbursed.
Sample #2: The following is an example of a High Cost Mobility Fund Program E-statement Attachment that service provider does not receive actual disbursement but has the remaining program recovery balance.

Sample of Fields on an Actual E-statement Attachment:
Example of a High Cost Mobility Fund record. Please note, that X's have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXXX| High Cost ACH | testhc@hcexample.com | usacstatement@universalservice.org | 1 | $36 | High Cost Mobility Fund | As of February 16, 2024
Beginning Balance: ($20.00)
202401 | 14302XXXX | High Cost ACH | 35X0X1 | NY | Mobility I | $36.00
14302XXXX | Mobility I | $36.00

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount $25.00 on 02/16/24

Your Remaining Program Recovery: ($9.00).

Description of Fields on an E-statement Attachment:

***Header
FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record) | As of Payment Date
***Detail Record
Beginning Balance: (Total Beginning Balance of Program Recovery)
YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | “Mobility I” | Mobility I record amount

***Footer
FCC Form 498 ID # | “Mobility I” | Mobility I Total

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount Netting Amount on 02/16/24

Your Remaining Program Recovery: (Total ending balance of Program Recovery).