HIGH COST 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 Support for the following period.

Beginning Balance: ($50.00)

| SAC | ST | IAS | HCL | SNA | ICLS | FHCS | HCM | LSS | SVS | IS | CAF | ICC | CACM | RBE | ACAM | CAF | BLS | AK | PLAN | CAFH | Auction | PR | Mobile | VI | Mobile | PR | Fixed | VI | Fixed | ACAM | RDOF |
|-----|----|-----|-----|-----|------|------|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|----|-----|------|---------|----|--------|----|--------|----|--------|----|--------|-----|-----|
| SAC# | KY | $0.00 | $200.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| SAC# | KY | $0.00 | $200.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| SAC# | KY | $0.00 | ($50.00) | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

Total Authorized Disbursement: $350.00

ADJUSTMENT

$350.00

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)**

<table>
<thead>
<tr>
<th>SAC#</th>
<th>ST</th>
<th>IAS</th>
<th>HCL</th>
<th>SNA</th>
<th>ICLS</th>
<th>FHCS</th>
<th>HCM</th>
<th>LSS</th>
<th>SVS</th>
<th>IS</th>
<th>CAF</th>
<th>ICC</th>
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<th>RBE</th>
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<th>CAF</th>
<th>BLJ</th>
<th>AK PLAN</th>
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<th>PR Fixed</th>
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<th>VI</th>
<th>Fixed</th>
<th>VI</th>
<th>ACAM II</th>
<th>RDOF</th>
</tr>
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<tr>
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<tr>
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</table>

Total Authorized Disbursement: **($706,342.00)**

**ADJUSTMENT**

MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXX 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: **($740,822.00)**

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 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 10, 2021
Beginning Balance: ($20.00)
202101|14302XXXX| High Cost
ACH|35X01|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|ACAM|$0.00|CAFBL$|$0.00|AKPLAN|$0.00|CAFIUACTION|$0.00|PRMobile|$0.00|VIMobile|$0.00|PRFixed|$0.00|VIFixed|$0.00|ACAMII|$0.00|RDOF|$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|$0.00|CAFBL$|$0.00|AKPLAN|$0.00|CAFIUACTION|$0.00|PRMobile|$0.00|VIMobile|$0.00|PRFixed|$0.00|VIFixed|$0.00|ACAMII|$0.00|RDOF|$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 02/10/21
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of ($5.00) on 02/10/21

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 | “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$” | CAFBL$ record amount | “AKPLAN” | AKPLAN record amount | “CAFIUACTION” | CAFIIUACTION record amount | “PRMobile” | PRMobile record amount | “VIMobile” | VIMobile record amount | “PRFixed” | PRFixed record amount | “VIFixed” | VIFixed record amount | “ACAMII” | ACAMII record amount | “RDOF” | RDOF 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$” | CAFBL$ Total | “AKPLAN” | AKPLAN Total | “CAFIUACTION” | CAFIIUACTION Total | “PRMobile” | PRMobile Total | “VIMobile” | VIMobile Total | “PRFixed” | PRFixed Total | “VIFixed” | VIFixed Total | “ACAMII” | ACAMII Total | “RDOF” | RDOF 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 02/10/21
Disbursement netted against affiliate FCC Form 498 ID Program Recoveries (+/-) in the amount of Netting Amount on 02/10/21

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

Privileged and Contains Confidential Information

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.

<table>
<thead>
<tr>
<th>FCC Form 498 ID #</th>
<th>Customer Name</th>
<th>Customer Email Address</th>
<th><a href="mailto:usacstatement@universalservice.org">usacstatement@universalservice.org</a></th>
<th>Number of records</th>
<th>Total Amount Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>14302XXXX</td>
<td>High Cost</td>
<td><a href="mailto:testhc@hcexample.com">testhc@hcexample.com</a></td>
<td><a href="mailto:usacstatement@universalservice.org">usacstatement@universalservice.org</a></td>
<td>1</td>
<td>$36.00</td>
</tr>
</tbody>
</table>

As of February 10, 2021

Beginning Balance: ($20.00)

**Sample of Fields** on an Actual E-statement Attachment:

| 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 | "CAFIIAUCTION" | CAFIIAUCTION record amount | "PRMobile" | PRMobile record amount | "VIMobile" | VIMobile record amount | "PRFixed" | PRFixed record amount | "VIFixed" | VIFixed record amount | "ACAMII" | ACAMII record amount | "RDOF" | RDOF record amount |
|-----------|-------------------|---------------|-------|-------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|
| 202101 | 14302XXXX | High Cost | 35X01 | 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 | 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 |
| 202101 | 14302XXXX | High Cost | 35X01 | 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 | 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 |

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXX against Contributor obligation pursuant to Red Light Rule in the amount $25.00 on 02/10/21

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)

***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 | "CAFIIAUCTION" | CAFIIAUCTION Total | "PRMobile" | PRMobile Total | "VIMobile" | VIMobile Total | "PRFixed" | PRFixed Total | "VIFixed" | VIFixed Total | "ACAMII" | ACAMII Total | "RDOF" | RDOF Total

*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXX against Contributor obligation pursuant to Red Light Rule in the amount Netting Amount on 02/10/21

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></td>
<td>KY</td>
<td>$100.00</td>
</tr>
<tr>
<td>SAC</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>SAC</td>
<td></td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Total Authorized Disbursement: $350.00

Adjustment AMOUNT

MM/DD/YYYY: Disbursement offset to Filer ID XXXXXX 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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# Subject: #HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT: # FCC FORM 498 ID#

---

## 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>Beginning Balance:</th>
<th><strong>($1,000,000.00)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>SAC ST Mobility I</td>
<td>Disbursements for Month, Year</td>
</tr>
<tr>
<td>SAC# WY Mobility I</td>
<td>Total Authorized Disbursement</td>
</tr>
<tr>
<td>Mobility I</td>
<td><strong>$706,342.00</strong></td>
</tr>
</tbody>
</table>

**Adjustment**

- **MM/DD/YYYY:** Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule
  - AMOUNT: **($20.00)**

- **MM/DD/YYYY:** Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-)
  - AMOUNT: **$34,500.00**

**Total Adjustments**

- **AMOUNT: **$34,480.00**

**Remaining Program Recovery Balance:**

- **AMOUNT: **($259,178.00)**

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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 Mobility Fund Program E-statement Attachment Sample Guideline

E-Statement Attachment File Name: HC_FCC Form 498 ID_ Customer Email Address_Date.doc

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 10, 2021
Beginning Balance: ($20.00)
202101| 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 of $5.00 on 02/10/21
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of ($5.00) on 02/10/21

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 02/10/21
Disbursement netted against affiliate FCC Form 498 ID Program Recoveries (+/-) in the amount of Netting Amount on 02/10/21

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@hexample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund|As of February 10, 2021
Beginning Balance: ($20.00)
202101|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 02/10/21

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 | "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 02/10/21

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