

NTAP PROGRAM (a/k/a Lifeline)

I hereby attest that _____ provides / does not provide (**circle one**) NTAP (Nebraska Telephone Assistant Program Service, (a/k/a Lifeline).

I am familiar with the Nebraska Public Service Commission's orders entered in Docket Number NUSF-2 and understand that pursuant to Neb. Rev. Stat. § 86-329 (2014) and Commission orders, I am required to exempt my subscribers currently participating in the NTAP from paying any portion of the Nebraska Universal Service Fund surcharge on basic local residential exchange service and any other services such as toll, caller-ID, touch-tone, etc., provided on the exempted line.

I attest that _____ has been and is presently exempting each subscriber participating in the NTAP from paying the NUSF surcharge on basic local residential exchange service and any other services such as toll, caller-ID, touch-tone, etc., provided on the exempted line.

For any lines which have not been properly exempted from application of the Nebraska Universal Service Fund surcharge, I affirm that _____ will give credit to such subscribers for any and all payments such subscribers made to the Nebraska Universal Service Fund.

I acknowledge that any failure to exempt each NTAP subscriber from paying the NUSF surcharge in the manner heretofore prescribed, and any other act or omission which is not in compliance with Commission Rules and Regulations and Commission Orders entered in Docket Number NUSF-2 will result in monetary penalties imposed on _____ by the Nebraska Public Service Commission.

NUSF REMITTANCES

I attest that []:

For the current Annual Report year (2023):

- Provided** end-user/retail telecommunications service in Nebraska.
- Provided** wholesale telecommunications service in Nebraska.
- Provides telecommunications service **but did not** provide telecommunications service in Nebraska.
- Does not** provide telecommunications service in Nebraska

If the company provided end-user/retail telecommunications service in Nebraska, I attest that for the current Annual Report year (2023) the company (select all that apply):

- Provided prepaid wireless telecommunications service in Nebraska as defined in Neb. Rev. Stat. § 86-902.
- Provided post-paid wireless telecommunications service in Nebraska.
- Provided wireline telecommunications service in Nebraska.
- Provided VOIP telecommunications service in Nebraska.
- Provided fixed local private line, radio paging services, alternative access & directory, switched toll, toll private line, or other toll service in Nebraska.

I am aware of the requirements of the Nebraska Telecommunications Universal Service Fund Act, Neb. Rev. Stat. § 86-316 et seq. (2014), Commission Rules and Regulations, and all applicable Commission orders related to the collection and remittance of the NUSF surcharge and have complied with all requirements. I am aware of the requirement in Neb. Admin. Code Title 291, Chapter 10, Section 002.02 that the NUSF surcharge shall be explicitly shown on subscribers' bills as "NE Universal Service" and have complied with this requirement.

I understand that NUSF pre-paid wireless remittance payments were to be remitted to the Nebraska Department of Revenue, pursuant to Neb. Rev. Stat. §§ 86-901 – 86-905.

I acknowledge that any failure to comply with the requirements of the NUSF Act, applicable Commission Rules and Regulations, and Commission orders may result in monetary penalties.

NUSF SUPPORT

I attest that [_____] (choose all that apply):

- Receives support from the NUSF High Cost Program
- Receives support from the NUSF Telehealth Program
- Receives support from the NUSF NTAP (Lifeline-Link/Up)
- Receives support from the Dedicated Wireless Program
- Receives support from the Broadband Grant Programs
- Did not receive** support from any of the above Programs

In accordance with Nebraska Universal Service Fund Rules and Regulations, Rule 004.06B, I hereby attest that all Nebraska Universal Service Funds received by [_____] for the previous calendar year were used solely for the provision, maintenance and upgrading of facilities and/or for other services for which the support received was intended, pursuant to Nebraska Universal Service Fund Rules and Regulations, Rule 004.04.

I acknowledge that failure to use NUSF support solely for the provision, maintenance and upgrading of facilities and services as required by Commission Rules and Regulations and Commission orders may result in monetary penalties and/or with support being withheld in whole or in part.

FEDERAL UNIVERSAL SERVICE SUPPORT

I attest that [_____] (choose all that apply):

- Receives support from the Connect America Fund Program
- Receives support from the Federal Mobility Fund Program
- Did not receive** support from either Federal Program

I hereby attest that all Connect America Fund and/or Mobility Fund support received by [_____] for the previous calendar year were used solely for the provision, maintenance and upgrading of facilities and/or for other services for which the support received was intended, pursuant applicable federal law.

I acknowledge that failure to use support solely for the provision, maintenance and upgrading of facilities and services as required may result in monetary penalties and/or with support being withheld in whole or in part.

TRSREMITTANCES

I attest that []:

For the current Annual Report year (2023):

- Provided** end-user/retail telecommunications service in Nebraska.
- Provided** wholesale telecommunications service in Nebraska.
- Provides telecommunications service **but did not** provide telecommunications service in Nebraska.
- Does not** provide telecommunications service in Nebraska

If the company provided end-user/retail telecommunications service in Nebraska, I attest that for the current Annual Report year (2023) the company (select all that apply):

- Provided prepaid wireless telecommunications service in Nebraska as defined in Neb. Rev. Stat. § 86-902.
- Provided post-paid wireless telecommunications service in Nebraska.
- Provided wireline telecommunications service in Nebraska.
- Provided VOIP telecommunications service in Nebraska.
- Provided fixed local private line, radio paging services, alternative access & directory, switched toll, toll private line, or other toll service in Nebraska.

I am aware of the requirements of the Telecommunications Relay System Act, Neb. Rev. Stat. § 86-301 et seq., Commission Rules and Regulations, and all applicable Commission orders related to the collection and remittance of the TRS surcharge.

I understand that TRS pre-paid wireless remittance payments are to be remitted to the Nebraska Department of Revenue, pursuant to Neb. Rev. Stat. §§ 86-901 – 86-905.

I acknowledge that any failure to comply with the requirements of the TRS Act, applicable Commission Rules and Regulations, and Commission orders may result in monetary penalties.

ENHANCED WIRELESS 911

I attest that **(choose all that apply):**

- Provides wireless service in Nebraska.
- Provides wireless service but does not provide wireless service in Nebraska.
- Provides prepaid wireless service in Nebraska.
- Does not** provide wireless service.

I am aware of the requirements of the Enhanced Wireless 911 Services Act, Neb. Rev. Stat. § 86-442 et seq. (2014), Commission Rules and Regulations, and all applicable Commission orders related to the collection and remittance of the Enhanced Wireless 911 surcharge and have complied with all requirements. I am aware of the requirement in Neb. Rev. Stat. § 86-457 that the Enhanced Wireless 911 surcharge appear as a separate line-item charge on the customer's billing statement and shall be labeled as "Enhanced Wireless 911 Surcharge" or a reasonable abbreviation of such phrase.

I acknowledge that any failure to comply with the requirements of the Enhanced Wireless 911 Services Act, applicable Commission Rules and Regulations, and Commission orders may result in monetary penalties.

All foregoing acknowledgements and attestations in this affidavit are true and correct to the best of my information and belief.

_____, Affiant
Company Officer's Signature
→ **(Cannot be a 3rd Party Filer)**

[Print Name of Affiant***]

[Affiant's Title***]

[Company Name***]

[Company Address***]

[Company City / State / Zip Code***]

[Affiant's Telephone Number***]

[Affiant's E-Mail Address***]

Acknowledged, subscribed, and sworn to me on this ____ day of _____, 2024.

(Affix Seal Here)

Notary Public

[*MUST BE COMPLETED***]**