KENTUCKY PUBLIC SERVICE COMMISSION
REPORT OF GROSS OPERATING REVENUES DERIVED FROM INTRA-KENTUCKY
BUSINESS FOR THE YEAR ENDING DECEMBER 31, 20____

LONG DISTANCE CARRIERS and OPERATOR SERVICES

Name of Utility Reporting __________________________________________________________

FEIN # (Federal Employer Identification Number) _______________________________________

Address of Utility: _____________________________________________________________ Phone: __________________

City: __________________________ State: ______ Zip: _______ Fax: ______________________

E-Mail: __________________________________________ Web Site: _________________________

Primary Regulatory Contact: _____________________________________________________

(Name) (Title)

* * * * * * * * * * * * * * * * * * * * * * * * * * * *

TOTAL GROSS INTRASTATE KENTUCKY REGULATED REVENUES............$________________
(to agree with assessable revenues figure on the back of this page)

* * * * * * * * * * * * * * * * * * * * * * * * * * * *

OATH

State of………………………… )

County of…………………… ) ss.

______________________________ being duly sworn, states that he/she is

______________________________ (Officer)

of the __________________________ that the

______________________________ (Official Title) (Utility Reporting)

above report of gross revenues is in exact accordance with ______________________.

(Officer) (Utility Reporting)

and that such books accurately show the gross revenues of: ______________________.

(Officer) (Utility Reporting)

derived from Intra-Kentucky business for the calendar year ending December 31, 20__________.

This the __________________ day of __________________________, 20__________

(Officer) (Title)  ________________________________

(Notary Public) (County) (Commission Expires)

REVENUES ARE CONSIDERED INTRA-KENTUCKY IF DERIVED
FROM CALLS THAT ORIGINATE AND TERMINATE WITHIN THE
STATE REGARDLESS OF WHERE THE CALL IS SWITCHED
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BUSINESS FOR THE YEAR ENDING DECEMBER 31, 20__

LONG DISTANCE CARRIERS and OPERATOR SERVICES

TELECOMMUNICATIONS UTILITIES RECONCILIATION FORM

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating Revenues</td>
<td>$____________</td>
</tr>
<tr>
<td>Additions:</td>
<td></td>
</tr>
<tr>
<td>Intrastate Uncollectibles</td>
<td>$____________</td>
</tr>
<tr>
<td>Other Uncollectibles</td>
<td>$____________</td>
</tr>
<tr>
<td>Total Additions</td>
<td>$____________</td>
</tr>
<tr>
<td>Deductions:</td>
<td></td>
</tr>
<tr>
<td>Non-Regulated Revenue</td>
<td>$____________</td>
</tr>
<tr>
<td>Interstate Revenues (List Below)</td>
<td>$____________</td>
</tr>
<tr>
<td>Total Deductions</td>
<td>$____________</td>
</tr>
<tr>
<td>RECONCILED ASSESSABLE REVENUES</td>
<td>$____________</td>
</tr>
</tbody>
</table>

Explanations/Comments: ____________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________