



COMMONWEALTH OF KENTUCKY
TELECOMMUNICATIONS RELAY SERVICE FUND
TELECOMMUNICATIONS ACCESS PROGRAM FUND

Date _____

Reporting Month _____

Carrier Information	
Company Name	_____
Company Address	_____
Telephone / Fax	_____
Vendor Number	_____

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Wireless
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Monthly Access Line Data	
1. Total Access Lines in Service.....	_____
2. TRS Surcharge Per Access Line.....	\$0.02
3. Amount of TRS Surcharge Remitted to Fund	_____
4. TAP Surcharge Per Access Line.....	\$0.02
5. Amount of TAP Surcharge Remitted to Fund.....	_____

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

JP Morgan Chase Bank NA
Attn: Florence Hanley/ Ilona Kandarova
Escrow Services
4 New York Plaza, 21st Fl
New York, NY 10004



Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602